CLASS A and B WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF <u>Utilities, Inc. of Florida - Seminole County</u>

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (/)

BINDER 8 of 11

System(s):

Bear Creek Crystal Lake

DOCUMENT NUMBER-DATE

09074 OCT-28

EDGC-COMMISSION OF FRK

Bear Lake
Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Bear Lake

Docket No. 060253-WS

25.30-440(1) Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Bear Lake

Docket No. 060253-WS

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2005

P.02

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

	r	Out at a set	Water	Unit
		Chemical	Treatment	Price
County	System Name	Used	Heatment	
	ros of Calab	Chlorine	40-45 gpd	\$ 1.15/gai
Seminole	Weathersfield	Chlorine		
		Chemical	Water	Unit
	Contant Name	Used	Treatment	Price
County	System Name			
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
Seminore		TO A STREET HOUSE IN COLUMN		
	Control of the state of the sta	Chemical	Water	Unit
County	System Name	Used	Treatment	Price
				0.445/201
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
			W-to-	Unit
		Chemical	Water	Price
County	System Name	Used	Treatment	Frice
		Ohla da	3-4 gpd	\$ 1.15/gal
Seminole	Park Ridge	Chlorine	1-2 gpd	\$14.00/ gal
		Polyphosphate	1-2 dbg	\$14.00/ gg.
and the second		Chemical	Water	Unit
	Contam Nama	Used	Treatment	Price
County	System Name	Oseu		
Seminole	Phillips	Chlorine	2-3 gpd	\$ 1.15/gal
Seminole	1 11111100	Polyphosphate	1-2 gpd	\$14.00/ gal
	THE RESERVE AND A STATE OF THE PARTY.			
	Single Control of the School of Control of the School	Chemical	Water	Unit
County	System Name	Used	Treatment	Price
				0 d 45/col
Seminole	Crystal Lake	Chlorine	3-4 gpd	\$ 1.15/gal
		Polyphosphate	1-2 gpd	\$14.00/ gal
			Water 1	Unit
·		Chemical	Water	Price
County	System Name	Used	Treatment	FILE
		Chlorine	8-12 gpd	\$ 1,15/gal
Seminole	Ravenna		7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
		Chemical	Water	Unit
	Contam Nama	Used	Treatment	Price
County	System Name	USCU		
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
Seminore	Dear Lake			
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Journey				6.4.451
Seminole	Jansen	Chlorine	12-15gpd	\$ 1.15/gal
		Polyphosphate	2-3 gpd	\$14.00/ gal

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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
PINNELLAS COUNT	Y Y						}	
	Lake Tarpon	Liquid Chlorine	Yes	No	420	Gals	\$ 0.87	1.1 gal/day
		Ammonia	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>			L	<u> </u>	L	ــــــــــــــــــــــــــــــــــــــ	

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UTILITIES INC OF FL

09/26/2006

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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								
2114071 60 0117 1	GOLDEN HILLS	Liquid Chlorine	(Yes) No	Yes / No	1,325 GH	GALS	0.95/GAL	4.9 gals/de
		Ammonia	Yes/Na	- You / No				
	-							
	CROWNWOOD	Stick Chlora	Yes/No	(Yes/No	50 485	L83 4	2.16/18	0.2 L85/da
		Liquid Chlorine		Yes No	1,945 64			7-2 gals/da
		-Gas Chlorino	Yes/No	Yes/No				, ,
•		Liquid Chlorine	Yes I No	Yes/Na				
		Granular Chlory		(Yes)/No	100 485	Les :	1.48/LB	0.4 LB>/day
					(- ()			
					(so far)		(269 de	rys sofor)

PAGE 82 PAGE 04/05

P. 024

Bear Lake

Docket No. 060253-WS

25.30-440(3) Chemical Analyses

Test Year Ended December 31, 2005

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road

Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 E-Mail: uif@iag.net

June 15, 2005

Mr. Paul Morrison, Environmental Manager Drinking Water Program Florida Department of Environmental Protection 3319 Maguire Blvd. Orlando, Fl. 32803

Re:

Annual Nitrate and Nitrite Analysis, 2005

Chapter 62-550 FAC

Bear Lake

PWS ID# 3590069

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 2, 2005, for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe

Area Manager Manager

Enclosure

EC:

Patrick C. Flynn, Regional Manager, UIOF Scotty L. Haws, Assistant Operations Manager, UIOF

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: Bear Lak	
System Name: Deav Lak	PWS1.D. #: 3 7 9 0 0 6 9
System Type (check one):	Nontransient Noncommunity
Address: 1345 ALAKE AShe	er circle
City: Apopka	State: 1 ZIP Code: 32703
Phone #: 407-869-1919	Fax #:
E-Mail Address:	
•	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number: A051883	O / Location Code (If known):
Sample Date: U/2/05	Sample Time: 7/5 AM PM (Circle One)
Sample Location (be specific): POE @	BEAR LAKE WATER PLANT
Disinfectant Residual (Required when reporting	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** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of invalidated Sample)
☐Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach a results page for each site.
Sampler's Name: Terry Sillit	ÖE
Sampler's Phone #: 407-869-191	9 Sampler's Fax #: 407 - 869 - 6961
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by s	ampler)
1 15:00 11 5:11 700	O DONO TELO
i, Ismy W Sill Tool (Print Name)	(Print Title)
	e public water system and sample collection information is
complete and correct.	
Signature: 10 July	Tax solution
Orginature	Date: 4/14/05

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 Page 1 of

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) ATTACH CURRENT DOH ANALYTE SHEET* Florida Certification #: E53076 LabName: Advanced Environmental Labs - Orlando Certification Expiration Date: 6/30/2005 Address: 528 S. North Lake Blvd., Suite 1016 Telephone #: (407) 937-1594 Altamonte Springs, FL 32701 ANALYSIS INFORMATION (to be completed by lab Date Sample(s) Received: 6/2/2005 11:25:00 PWS ID (from page 1): Sample Number (From page 1) A051883-01 Lab Assigned Report Number or Job ID A051883 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Volatile Organics Disinfection Byproducts Synthetic Organics Inorganics Trihalomethanes All 21 All 30 ☐ All 17 Haloacetic Acids All Except Dioxin Partial 🗌 Partial ☐ Bromate Partial ✓ Nitrate Radionuclides Dioxin Only Chlorite ✓ Nitrite ☐ Single Sample Secondaries Asbestos Only Qtrly Composite** ☐ All 14 Partial ✓ Yes 🗌 No Were any analyses subcontracted? If yes, please provide DOH certification number E82574 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION Laboratory Manager I, Myrna Santiago (Print Name) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: * Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services. ** Please provide radiological sample dates and locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Analysis Info Satisfactory: Yes No Sample Collection Info Satisfactory Yes No Revised Report Requested (circle or highlight group(s) above) Replacement Sample(s) Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) ${\sf Reason}(s){:}\ \ \underline{\ }\ \ {\sf MCL}(s)\ {\sf Exceeded}$ Incomplete Report Detection(s) Missing Analyte Sheet(s) Analysis Unsatisfactory Location Unsatisfactory Other: Person Notified: Date Notified: Comments DEP/DOH Reviewing Official: Date Reviewed:



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

A051883

6/2/2005

6/2/05 11:25

6/9/2005

Report No.:

Date Sampled:

Date Received: Date Reported:

Client:

Utilities, Inc.

Project Name:

Bear Lake

Project Number:

PWS ID#: Attention:

Kathy Sillitoe

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: Bear Lake

Approved By:

Myrna Santiago, Laboratory 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 = S

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Report No.: A051883

Project Name: Bear Lake

Date/Time Sampled: 06/02/05 7:15

Matrix: Drinking Water

Date/Time Received: 6/2/05 11:25

PWS ID#:

Client Sample ID: 1

Sampled By: Terry Silhitoe

Site: Point of Entry Sample Number: A051883-01

Shipping Method: Client drop off

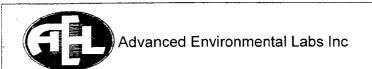
Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Алаlysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	0.014	U	SM4500NO3-F	0.014	6/3/2005	13:57	E82574
1041	Nitrite (as N)	1.0	mg/L	0.013	U	SM4500NO3-F	0.013	6/3/2005	13:57	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs 528 S North Lake Blvd, Ste 1016 Altamonte Springs, FL 32701

Client: UTI	LITIES, INC. (UTL-	A)	Project name	: BEAR LAKE	:		
Date/Time Rcvd: 6/2/	2005 11.25	Lo	g-In request number	: A051883			
Received by: BDI			Completed by	: BDM			
- -							
Cooler/Shipping I							
Courier: ⊠ AEL □ C	lient □ UPS □ Por	ny Express D Fed	IEx □ Other (describe	9):			
Type: ⊠ Cooler ☐ Bo	x □ Other (describe)					
Cooler temperature:	Identify the cooler ar	nd document the to	emperature blank or ic	e water measu	remen	it	
Cooler ID	1						
Temp (°C)	3						
	☐ Temp blank	☐ Temp blank	☐ Temp blank	☐ Temp blank		☐ Temp bl	ank
Temp taken from		☐ Cooler ☐ IR gun	☐ Cooler ☐ IR gun	☐ Cooler☐ IR gun		☐ Cooler☐ IR gun	
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):		☐ Thermometer (e	enter	☐ Thermor	meter (enter
Other Information Any discrepancies sho	ould be explained in t	CHECKLIST	ection below.		YES	NO	NA .
	eals on shipping contai						/
2. Were custody pa		1					
	apers properly filled or rrive in good condition		in labels)?		1	+	
			nalysis, preservatives)?		1	1 1	
6. Did the sample l	labels agree with the c	hain of custody?			/		
	ttles used for the tests				/		
	nple preservation tech		the label?		1	-	
	eceived within holding rials checked for the pr		Ac?		-	+	1
	ubbles present in the		03.	· · · · · · · · · · · · · · · · · · ·		1	1
			eck one: 🗆 NO ICE 🗆 BI	LUE ICE	1		
	emperature less than 6				/		
	Is checked and recorde			!			1
	mples are checked by containers provided by				1	+ +	
	ccepted into the labora				1		
	to split samples into					1	
Kit ID	Comments:						



Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando 528 South North Lake Blvd, S Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A051883 CustomerName: Utilities, Inc. Collector: Terry Silhitoe **AEL Jax** 6601 Southpoint Parkway Jacksonville, Fl 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

Check	if	Rush

La	b Code	Client Sample ID	Test	Natrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A05	1883-01	1	Nitrale (J)-DW	Drinking Water	6/2/2005	7:15	6/2/05 11:25	6/3/2005		250ml. Poly
A05	51883-01	1	Nitrite (J)-DW	Drinking Water	6/2/2005	7:15	6/2/05 11:25	6/3/2005		250ml. Poly

Gainesville Relinquisher:

Shipping Relinquisher: AEL Oourier

Shipping Receiver: AEL Çot

Jacksonville Receiver:

Advanced								
Advanced Environmental Laboratories, Inc. 6601 Southpoint Pkwy. • Jacksonville. FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574								
6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574								
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589								

Pat **A051883**

revised 8/01

	528 S. North Lake Blvd., Ste	e. 1016 • Altamonte Springs, F	L 32701 •	• Fax 352,3 407.937.15	94 • Fax 40	7.937.1597	• E53076						4			
CLIENT NAME:	Utilities Inc.	PROJECT NAME:			ear Lal			BOTTLE SIZE	JE I					-		
DRESS: 2	00 Weathersfield Ave	P.O. NUMBER/PROJECT NUMB	BER: 7	Bron.	Lake	WI	P	& TYPE	250						·	
Altamor	ite Springs, FL 32714	PROJECT LOCATION:	95													
IONE:	407-448-1715	FAX:												ŀ		
ONTACT:	Kathy Silitoe	SAMPLED BY: TERRE	51/10	c B	1374	9		풀	1					1		
STANDARD RUSH	TURN AROUND TIME:	1 //	MARKS/SPE	ECIAL INSTR	JCTIONS:			SIS REQUIRED	NO2			·			!	LAB NUMBER
								ANALYSIS	NO3/NO2							MBEF
WW=waste wat	er SW=surface water GW=groun	id water DW=drinking water	Т . :	OIL	A=air PLING	SO≃soil	SL≖sludge	Preserv	-	<u> </u>		 	 			
SAMPLE ID	SAMPLE DESC	CRIPTION	Grab Comp	DATE	TIME	MATRIX	NO. COUNT	Fieselv	<u>'</u>						Maring 1900	
1	Point of ENIRY	ale NOZ/NOZ	G	6/2/05	 	DW	1		X							~01
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I-lce		3) T=(Sodium Thiosulfate)		····			Relin	nquish by:		Date	Time	L	leceived by:	Date		Time
ipment	1 1	Sample Kit Cooler # RB D/T			1 2	177	, WAI	Redou	2	42/05	11-0	Dung) heigh	6/2/6	31 1	1
		AB D/T			3	 				1		 				
F	Via:	rio Bl.			4	1		·····				T				

ceived on Ice Yes No

QC | sent

received







John O. Agwunobi, M.D., M.B.A., M.P.H. Secretary

Laboratory Scope of Accreditation

Page 3 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane,	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
gamma-Hexachlorocyclohexane) Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachiorophenoi	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
рН	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

[&]quot;STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 E-Mail: uif@iag.net

August 29, 2005

Mr. Paul Morrison, Environmental Manager Drinking Water Program Florida Dept. of Environmental Protection 3319 Maguire Blvd. Orlando, Fl. 32803

Re:

Annual TTHM and HAA5s, 2005

Bear Lake Utilities, Inc. PWS ID# 3590069

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 12, 2005 and July 28, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe Area Manager

EC: Patrick Flynn, Regional Director, UIOF

Scotty L. Haws, Assistant Operations Manager

Page 1 of 1 Operations:600:616:3: 2:2005 Bear Lake TTHM..2005

DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s]) EXAMPLE REPORTING FORMAT

	MONITORING FREQUENCY: QUARTERLY X ANNUALLY				
	QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	YEAR: 2005			
SYSTEM INFORMATION					
PWS NAME: Bear Lake					
PWS ID NUMBER: 3590069	COUNTY: Seminole				
CONTACT PERSON: Scotty Haws PHONE NUMBER : 407-869-1919 EXT.234					
E-MAIL ADDRESS (optional):S.LHaws@Utilitiesinc-usa.com	FAX NUMBER (optional): 407-869-6961				

TTHM COMPLIANCE SUMMARY					HAA5 COMPLIANCE SUMMARY					
Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4	Last Four Quarters	QTR 1	QTR 1 QTR 2		QTR 4	
Actual Quarter/Year					Actual Quarter/Year					
Provide the number of TTHM samples taken during the last quarter*					Provide the number of HAA5 samples taken during the last quarter*					
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters					Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters					
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)				Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)						
Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)			Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)							

^{*}Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY								
TTHM COMPLIANCE SUMMARY	HAA5 COMPLIANCE SUMMARY							
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1					
Calculate the arithmetic average of all TTHM samples taken over the last year	55.6	Calculate the arithmetic average all HAA5s samples taken over the last year	33.7					
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO					

^{*}Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

^{**}If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
1210 Gay Street	MRT	7/12/05	0.6	Alexander Lorenzo	7/14/05	E502.2	Advanced Enviromental Laboratories # E82574	55.6
		:						

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
1210 Gay Street	MRT	7/28/05	.9	Kathy Sillitoe	8/5/05	EPA552.2	Advanced Environmental Laboratories E 82574	33.7

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please typ	e or print legibly)
System Name: BEAR LAKE	PWS I.D	#3590069
System Type (check one): Community Address: CAKE AS		
City: A POPKA Phone #: 407-869-1919 E-Mail Address: 5, C, HAU	Fax #: 40	, ZIP Code: 07-869-6961 C,
SAMPLE INFORMATION (to be completed Sample Number: A052400-01 Sample Date: 7/12/05 Sample Location (be specific): 1210 GAY	Location Code (if kn Sample Time:1	own);
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sai	nple (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**	☐Violation Resolution
Raw (at well or intake)	☐Clearance (permitting)	Replacement (of Invalidated Sample)
⊠Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:
☐Near First Customer		
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: <u>ALEXAN</u>	DER CORENZO	
Sampler's Phone #: <u>407-948-</u>	- <u>4207</u> Sampler's Fax #:	407-869-6961
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by s	sampler)	,
, <u>ALEXANDER COR</u> (Print Name)	<u> </u>	OPERATOR,
do HEREBY CERTIFY that the above complete and correct.	re public water system and samp	le collection information is
Signature: <u>Alkandu</u>	- Corenzo	Date: <u>8/15/05</u>

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 Page 1 of 8

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

LabName: Advanced	Environmental Labs - C	Orlando	Florida Certification #: E53076				
Address: 528 S. Nor	rth Lake Blvd., Suite 10	16	Certification Expiration Date: 6/30/2006				
Altamonte	Springs, FL 32701			Telephone #: (407) 937-1594			
ANALYSIS INFORMA	TION (to be completed	by lab					
PWS ID (from page 1).	:		Date Sa	mple(s) Received: 7/12/2005 4:50:00			
Lab Assigned Report N	Number or Job ID A052	400	Sample Numl	ber (From page 1) A052400-01			
Group(s) Analyzed Re	sults attached for comp	liance with chap	ter 62-550, F.A.C. (checl	k all that apply):			
Inorganics	Inorganics Synthetic Org		Volatile Organics	Disinfection Byproducts			
All 17	All 30		All 21	✓ Trihalomethanes			
Partial	All Exce	ept Dioxin	Partial	Haloacetic Acids			
☐ Nitrate	Partial		Radionuclides	Bromate			
☐ Nitrite	Dioxin C	Only		Chlorite			
Asbestos	Only		☐ Single Sample ☐ Qtrly Composite*	 Secondaries 			
			- Gury Composite	All 14			
				Partial			
Were any analyses sub	contracted?	s ☐ No		i writes			
f yes, please provide D	OH certification numbe	er E82574					
•							
ATTACH DOH ANALY	TE SHEET FOR EACH	SUBCONTRAC*	TED LAB				
ATTACH DOH ANALYT	TE SHEET FOR EACH						
ATTACH DOH ANALYT	TE SHEET FOR EACH		TED LAB FICATION				
		CERTI					
, Myrna Santiago	TE SHEET FOR EACH	CERTI					
, Myrna Santiago (Print Name)	, Laboratory	CERTII Manager	FICATION	ot all requirements of the			
, Myrna Santiago (Print Name) do HEREBY CERTIFY	, Laboratory	CERTII Manager cal data are corre	FICATION ect and unless noted me	et all requirements of the			
, Myrna Santiago (Print Name) to HEREBY CERTIFY	, Laboratory that all attached analytic Laboratory Accreditatio	CERTII Manager cal data are corre	ect and unless noted med	•			
Myrna Santiago (Print Name) to HEREBY CERTIFY National Environmental	, Laboratory	CERTII Manager cal data are corre	ect and unless noted med	•			
Myrna Santiago (Print Name) do HEREBY CERTIFY National Environmental Bignature:	that all attached analytic Laboratory Accreditation	CERTII Manager cal data are corre on Conference (N	ect and unless noted medeLAC).	7-26-05			
(Print Name) (Print Name) (Original Environmental Signature: (Failure to provide a valualysis results will results and provide a valualysis results will result will result with the results will result will result will result with the results will result will resu	that all attached analytic Laboratory Accreditation with the control of the reputation of the rep	CERTII Manager cal data are corre on Conference (N	ect and unless noted medeLAC). Date: ation number and a curre procement against the put	•			
, Myrna Santiago (Print Name) to HEREBY CERTIFY National Environmental Signature: Failure to provide a valualysis results will resu	that all attached analytic Laboratory Accreditation with the control of the contr	CERTII Manager cal data are corre on Conference (N	ect and unless noted medeLAC). Date: ation number and a curre procement against the put	7 - 26 -05			
(Print Name) (Prin	that all attached analytic Laboratory Accreditation with the control of the reputation of the rep	CERTII Manager cal data are correct Conference (No. 1997) DOH lab certificatort, possible enforce of Laboratory States	ect and unless noted medeLAC). Date: ation number and a curre procedure against the put Services.	7 - 26 -05			
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(Print Name) (Prin	that all attached analytic Laboratory Accreditation with a current Florida lit in rejection of the repation of the DOH Burea begical sample dates and MINATION (to be con	CERTII Manager cal data are correct Conference (Note: 1985) DOH lab certification, possible enfour of Laboratory State of Laboratory State Conference (Note: 1985) mpleted by DEP	ect and unless noted medicLAC). Date: stion number and a curre procement against the put Services. ach quarter. or DOH)	7 - 26 -05 Int Analyte Sheet for the attached olic water system for failure to sample			
(Print Name) (Prin	that all attached analytic Laboratory Accreditation alid and current Florida lilt in rejection of the repation of the DOH Burea ogical sample dates and MINATION (to be consatisfactory	CERTII Manager cal data are correct Conference (Note: 100 to 100	ect and unless noted medicLAC). Date: ation number and a curre orcement against the put Services. ach quarter. or DOH) Sample Analysis Inf	nt Analyte Sheet for the attached olic water system for failure to sample to Satisfactory:			
, Myrna Santiago (Print Name) to HEREBY CERTIFY National Environmental Bignature: Failure to provide a valualysis results will result in notific Please provide radiolo COMPLIANCE DETERMATE Tample Collection Info Signaple (s)	that all attached analytic Laboratory Accreditation with a current Florida lit in rejection of the repation of the DOH Burea logical sample dates and with a current Florida lit in rejection of the constitution of the DOH Burea logical sample dates and with a current Florida lit in rejection of the constitution of the DOH Burea logical sample dates and with a current Florida literature with a current Florida lit	Manager cal data are corresponded to the conference (Note: 1997) DOH lab certification, possible enforce of Laboratory (Included Labo	ect and unless noted medicLAC). Date: ation number and a curre procedure against the put Services. ach quarter. or DOH) Sample Analysis Inf	nt Analyte Sheet for the attached olic water system for failure to sample to Satisfactory:			
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Myrna Santiago (Print Name) do HEREBY CERTIFY National Environmental Bignature: Failure to provide a valualysis results will result in notific Please provide radiolo COMPLIANCE DETERMATE Example Collection Info Sample (s)	that all attached analytic Laboratory Accreditation with a lattached analytic Laboratory Accreditation with rejection of the repation of the DOH Burea and sample dates and wination (to be constatisfactory Yes Requested (circle or highling Required	Manager cal data are corresponded to the conference (Note: 1997) DOH lab certification, possible enforce of Laboratory (Included Labo	ect and unless noted med IELAC). Date: ation number and a curre procedure against the put Services. ach quarter. or DOH) Sample Analysis Inf. Revised Report Report Report Reported	nt Analyte Sheet for the attached olic water system for failure to sample to Satisfactory:			
Myrna Santiago (Print Name) do HEREBY CERTIFY National Environmental Signature: Failure to provide a variantly sis results will result in notificate Please provide radiology COMPLIANCE DETERM Sample Collection Info Signature Replacement Sample(s) Additional Monitoring Reason(s): MCL(s)	that all attached analytic Laboratory Accreditation with a lattached analytic Laboratory Accreditation with rejection of the repation of the DOH Burea and sample dates and wination (to be constatisfactory Yes Requested (circle or highling Required	CERTII Manager cal data are correct Conference (No. 1) DOH lab certification, possible enforce of Laboratory (1) d locations for each conference by DEP Manager Moght group(s) above thight group(s) at the conference of Laboratory (1) Manager Detection	ect and unless noted med IELAC). Date: ation number and a curre procedure against the put Services. ach quarter. or DOH) Sample Analysis Inf. Revised Report Report Report Reported	nt Analyte Sheet for the attached olic water system for failure to sample to Satisfactory:			
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Myrna Santiago (Print Name) do HEREBY CERTIFY National Environmental Signature: Failure to provide a variant in notification of the second	that all attached analytic Laboratory Accreditation with a lattached analytic Laboratory Accreditation of the repetition of the repation of the DOH Burea and segical sample dates and satisfactory Yes Requested (circle or highlight Required (circl	CERTII Manager cal data are correct on Conference (No. 1) DOH lab certification, possible enforce of Laboratory (St. 1) d locations for each possible of Laboratory (St. 1) mpleted by DEP Moght group(s) above thight group(s) above thight group(s) at Location	ect and unless noted medicLAC). Date: Date	nt Analyte Sheet for the attached olic water system for failure to sample to Satisfactory: (a) Yes (a) No stequested (circle or highlight group(s) above (a) Incomplete Report			

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

A052400

7/12/2005

7/12/05 16:50

7/21/2005

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

Utilities, Inc.

Project Name:

Bear Lake

Project Number:

PWS ID#:

Attention:

Kathy Sillitoe

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:** Bear Lake

Approved By:

Myrna Santiago, Laboratory 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 = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Bear Lake

Matrix: Drinking Water

PWS ID#: Client Sample ID: 1

Site: 1210 GAY

Sample Number: A052400-01

Report No.: A052400

Date/Time Sampled: 07/12/05

Date/Time Received: 7/12/05 16:50

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

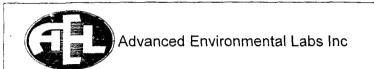
Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
2941	Chloroform		ug/L	36		E502.2	0.31	7/14/2005	16:12	E82574
2942	Bromoform		ug/L	0.36	U	E502,2	0.36	7/14/2005	16:12	E82574
2943	Bromodichloromethane		ug/L	14		E502.2	0.38	7/14/2005	16:12	E82574
2944	Dibromochloromethane		ug/L	5.6	5.6	E502.2	0.28	7/14/2005	16:12	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs 528 S North Lake Blvd, Ste 1016 Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)		Project name: BEAR LAKE								
Date/Time Rcvd: 7/12	2/05 16	.50	Log-	In request number:	: A052400					
Received by: BDI	M			Completed by:	: RPG					
Cooler/Shipping	nformation:									
		ny Express III F	edE:	x 🖺 Other (describe	١٠					
Courier: ☐ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe):										
Type: ☑ Cooler ☐ Box ☐ Other (describe) Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement										
Cooler ID	1					Ī				
	2									
Temp (°C)	☐ Temp blank	☐ Temp blank		☐ Temp blank	☐ Temp blank		☐ Temp bl	lank		
Temp taken from	Cooler IR gun	☐ Cooler☐ IR gun		☐ Cooler☐ IR gun	☐ Cooler☐ IR gun		☐ Cooler ☐ IR gun			
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (en ID):	nter	☐ Thermometer (enter ID):	☐ Thermometer (did):	enter	☐ Thermon ID):	meter (enter		
 Were custody paragraph Were custody paragraph Did all bottles are Were all bottle large Did the sample large Were correct board Were proper samples re Were all VOA variable Were samples in large Were samples in large Were sample paragraph Were sample paragraph Wore: VOA sample 	cals on shipping containances properly include apers properly filled or prive in good condition abels complete (sample labels agree with the cattles used for the tests apple preservation technology with the property of the	d with samples? ut (ink, signed, m n (unbroken)? le #, date, signed, hain of custody? indicated? niques indicated times? resence of air bub VOA vials? et ice? If "No," of	on the obles?	ysis, preservatives)? e label? one: □ NO ICE □ BI	UE ICE			<i>y</i>		
16. Were samples as	ccepted into the labora	itory?				1				
	to split samples into	other bottles?					/			
Kit ID	Comments:									

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando 528 South North Lake Blvd, S Altamonte Springs FL 32701 Contact Person: Myrna Santiago

Project #: A052400 Customername: Utilities, Inc.

Collector: Alexander Lorenzo

Check if Rush

Jacksonville, FI 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

AEL Jax 6601 Southpoint Parkway

Collect Date / Time Receive Date Due Date # Bottles Bottle Type (Prec.)	40mL VOC vial
# Bottles	
Due Date	7/26/2005
Receive Date	05 11:05 7/12/05 16:50
Time	11:05
Collect Date	7/12/2005
	Drinking Water
Test	(VACI)
Client Sample ID	
Lab Code A052400-01	

Orlando Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Coorier

Jacksonville Receiver:

Date/Time: 7/(3/05)

Date/Time: 7

Page 1 of 1

0(·	LAB	NUMBER	}					Time	0(9)		
24(Date	7(12/57		
A052400	Jan 18		-						Received by:	in B. meisten		
									Time	1650 Been		
									Date	Milos IL		
	BOTTLE SIZE = 2 & TYPE = 6 %	BEQUIRED	sisyjana S'MHT	Preserv I,T	×				Relinquish by:	Towns 7		
04.363.9354 • E82574 630.4327 • E84589 ax 352.367.0050 • E82620 937.1594 • Fax 407.937.1597 • E53076	ke	02	SO-soil SL-shudge	MATRIX COUNT	E MANG				Relinqu	Warne 1		
ax 904.363.9354 • E82574 813.630.4327 • E84589 • Fax 352.367.0050 • E821 407.937.1594 • Fax 407.93	Bear Lake	XANDER CORENZ REMARKS/SPECIAL INSTRUCTIONS	OIL A=air	SAMPLING DATE TIME	1 72					-	3 8	4
4.363.9350 • Fa 330.9616 • Fax 8 • 352.367.1500 195. FL 32701 •	VUMBER:	ACEXANDER REMARKS/SPECIAL		Grab	ŋ							
sonville, FL 32216 • 90 mpa, FL 33619 • 813.6 Sainesville, FL 32606 1016 • Altamonte Sprin	PROJECT NAME: P.O. NUMBER/PROJECT NUMBER:	FAX: SAMPLED BY: ACC	ler DW=drinking water	IPTION					N≃(HNO3) T≃(Sodium Thiosulfate)		D/T	
6601 Southpoint Pkwy Jacksonville, FL 32216 - 904,363,9350 - Fax 904,363,9354 - E82574 9610 Princess Palm Ave Tampa, FL 33619 - 813,630,9616 - Fax 813,630,4327 - E84589 2106 NW 67th Place, Ste. 7 - Gainesville, FL 32606 - 352,367,1500 - Fax 352,367,0050 - E82620 528 S. North Lake Blvd., Ste. 1016 - Altamonte Springs, FL 32701 - 407,937,1594 - Fax 407,937,1	ESS. 200 Weathersfield Ave Pattamonte Springs E1 22744		SW-surface water GW-ground water DW-drinking water	SAMPLE DESCRIPTION	1210 GAY DR.				S=(H2SO4	Method Sample Kit Via: RB		Via: Trip BI.
	CLIENT NAME: ADDRESS: 200 Altamonte	PHONE: 407-8 CONTACT: TUR STANDARD	RUSH WW=waste water	SAMPLE ID	-				I-Ice H=(HCI)	omprient Out		Ret







John O. Agwunobi, M.D., M.B.A., M.P.H. Secretary

Laboratory Scope of Accreditation

Page 4 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Type	Effective Date
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium .	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Coluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Coluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Cotal coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
otal coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
otal haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
otal trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
otal trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
oxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
rans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
ans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
richloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
richloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
richloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
urbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
inyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
'inyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
(ylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
(ylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
linc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please typ	pe or print legibly)					
System Name: Bear Lake	PWS I.D	0.#:3590069					
System Type (check one):	Nontransient Noncommunity	☐Transient Noncommunity					
Address: 1345 LAKE Ashe	R CIRCLE						
City: ApopKa	State: 41	ZIP Code: 32703					
Phone #: 407-869-1919	Fax #: <u>식</u> 0	Fax#: 407-869-6961					
E-Mail Address: S.L. Haws @ 1							
SAMPLE INFORMATION (to be completed							
	Location Code (if kn						
Sample Date: 7-28-05							
Sample Location (be specific): 1210							
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:					
Sample Type (Check Only One)	Reason(s) for Sa	mple (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**	☐Violation Resolution					
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)					
Max Residence Time	Other:						
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:					
☐Near First Customer							
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach	2-550.550(4) for requirements and a results page for each site.					
Sampler's Name: Kathy Sillit	06						
Sampler's Phone #: 407-869-1919	Sampler's Fax #:	407-869-6961					
Sampler's E-Mail Address: K.S.II. to €							
CERTIFICATION (to be completed by s	sampler)						
I, Kathy S.11:10 E (Print Name)	, <u>AREA</u>	MANAGER (Print Title)					
do HEREBY CERTIFY that the abov complete and correct.							
Signature: Kan Som		Date: 8-26-05					

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

ATTACH CURRENT DOH ANA		inpleted by lab - Please type or	, p				
LabName: Advanced Environn	nental Labs - Orlando	Florida Certification #: E53076					
Address: 528 S. North Lake 8	Blvd., Suite 1016	Certification	Expiration Date: 6/30/2005 6/37 1206				
Altamonte Springs,	FL 32701		Telephone #: (407) 937-1594				
ANALYSIS INFORMATION (to	be completed by lab						
PWS ID (from page 1):		Date Sampl	e(s) Received: 7/28/2005 2:35:00				
Lab Assigned Report Number o	r Job ID A052636	Sample Number (From page 1) A052636					
Group(s) Analyzed Results atta	ched for compliance with ch	apter 62-550, F.A.C. (check all	that apply):				
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts				
☐ All 17	All 30	All 21	Trihalomethanes				
Partial	All Except Dioxin	Partial	Haloacetic Acids				
Nitrate	Partial	Radionuclides	Bromate				
Nitrite	Dioxin Only	Single Sample	Chlorite				
Asbestos Only		Ctrly Composite**	Secondaries				
			All 14				
Mara any analysas subsantrast	nd2 🕡 Von 🗀 Na		Partial				
Were any analyses subcontracte							
If yes, please provide DOH certi							
ATTACH DOH ANALYTE SHEE	T FOR EACH SUBCONTRA	CTED LAB					
	CER	TIFICATION					
I, Myrna Santiago	, Laboratory Manager	<u> </u>					
(Print Name) do HEREBY CERTIFY that all a	tarbed analytical data are or	arrest and unless noted most o	Il requirements of the				
National Environmental Laborate			in requirements of the				
Signature:	Spritago	Date:	8/24/05				
* Failure to provide a valid and of analysis results will result in reject and may result in notification of the	tion of the report, possible e	nforcement against the public	Analyte Sheet for the attached water system for failure to sample,				
** Please provide radiological sar	mple dates and locations for	each quarter.					
COMPLIANCE DETERMINATIO	N (to be completed by DE	P or DOH)					
Sample Collection Info Satisfacto	ry 🏿 Yes 🌋 No	Sample Analysis Info S	atisfactory: 🙀 Yes 🌃 No				
Replacement Sample(s) Requeste	d (circle or highlight group(s) abo	ve) 夏 Revised Report Requ	ested (circle or highlight group(s) above)				
Additional Monitoring Require	d (circle or highlight group(s)	above)					
Reason(s): 🍙 MCL(s) Exceeded	Detec	ction(s)	Incomplete Report				
Missing Analyte S Cher:		ion Unsatisfactory	Analysis Unsatisfactory				
Person Notified:		Date	Notified:				
Comments							



A052636

7/28/2005

7/28/05 14:35

8/23/2005

Report No.:

Date Sampled:

Date Received:

Date Reported:



Client:

Utilities, Inc.

Project Name:

Bear Lake

Project Number:

PWS ID#:

Attention:

Kathy Sillitoe

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: Bear Lake

Approved By:

Myrna Santlago, Laboratory 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 =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Report No.: A052636

Project Name: Bear Lake

Date/Time Sampled: 07/28/05 7:45

Matrix: Drinking Water

Date/Time Received: 7/28/05 14:35

PWS ID#:

Client Sample ID: 1

Sampled By: Kathy Sillitoe

Site: 1210 GAY

Shipping Method: Client drop off

Sample Number: A052636-01

Disinfection Byproducts

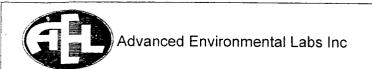
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/5/2005	14:21	E82574
2451	Dichloroacetic Acid		ug/L	13		E552.2	0.56	8/5/2005	14:21	E82574
2452	Trichloroacetic Acid		ug/L	17		E552.2	0.60	8/5/2005	14:21	E82574
2453	Bromoacetic Acid		ug/L	0.50	i	E552.2	0.34	8/5/2005	14:21	E82574
2454	Dibromoacetic Acid		ug/L	3.2	/237	E552.2	0.45	8/5/2005	14:21	E82574

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

MDL Method Reporting Limit

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

U The compound was analyzed for but not detected.



Advanced Environmental Labs 528 S North Lake Blvd, Ste 1016 Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A)			Project name	BEAR LAKE	<u>:</u>		
Date/Time Rcvd: 7/28/05 14.35		14.35 Log	-In request number	: A052636			
Received by: RPG			Completed by	: RPG			
Cooler/Shipping	Information:						
Courier: □ AEL ⊠ C		ny Express □ FedE	x □ Other (describe):			
Type: ⊠ Cooler □ Bo			·	,			
Cooler temperature:	Identify the cooler a	nd document the ten	nperature blank or ic	e water measi	ıremei	nt	
	_	I			7		
Cooler ID	1						
Temp (°C)	2						
Temp taken from	□ Temp blank☒ Cooler	☐ Temp blank☐ Cooler	☐ Temp blank ☐ Temp blank ☐ Cooler ☐ Cooler			☐ Temp blank ☐ Cooler	
Temp measured with	☐ IR gun☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (ID):	enter	☐ IR gun☐ Thermometer (enter ID):	
Any discrepancies should be explained in the "Comments" section below. CHECKLIST 1. Were custody seals on shipping container(s) intact? 2. Were custody papers properly included with samples?							NA ✓
			11.10		/		
	apers properly filled or		labels)?		1		
4. Did all bottles arrive in good condition (unbroken)?							
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?							
6. Did the sample labels agree with the chain of custody?7. Were correct bottles used for the tests indicated?							
8. Were proper sample preservation techniques indicated on the label?						 	
9. Were samples received within holding times?							-
	ials checked for the pr)		1	<u> </u>	1
	ubbles present in the V		······································				1
12. Were samples in direct contact with wet ice? If "No," check one: □ NO ICE □ BLUE ICE							
13. Was the cooler temperature less than 6°C?							
14. Were sample pHs checked and recorded by Sample control?							1
NOTE: VOA samples are checked by laboratory analysts.							•
15. Were the sample containers provided by AEL?16. Were samples accepted into the laboratory?							
17. Was it necessary to split samples into other bottles?							
		Affer bottles:					
Kit ID	Comments:						

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando 528 South North Lake Blvd, S Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A052636 CustomerName: Utilities, Inc. Collector: Kathy Sillitoe AEL Jax 6601 Southpoint Parkway Jacksonville, FI 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052636-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	7:45	7/28/05 14:35	8/11/2005		40mL Vial Amber

Orlando Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

|--|

Advanced Environmental Laboratories, Inc.

حول	9610 Princess Palm Ave. • 2106 NW 67th Place, Ste.	, inc. acksonville, FL 32216 • 904.363 Tampa, FL 33619 • 813.630.90 7 • Gainesville, FL 32606 • 352 te. 1016 • Altamonte Springs, F	616 • Fax 8 .367.1500 •	13.630,432 Fax 352.36	7 • E84589 67.0050 • E	82620	• E53076				<i>\</i>	\	5263	36	-	·
CLIENT NAME:	Utilities Inc.	PROJECT NAME:		В	ear Lak	æ		BOTTLE SIZE	٠. ــ		Γ	YQ.		, 0		
ADDRESS: 2	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMB	ER:					& TYPE	40mL Vials			la de la constante de la const	t]
Altamor	nte Springs, FL 32714	PROJECT LOCATION:														1
PHONE:	407-448-1715	FAX:														
CONTACT:	Kathy Sillitoe	SAMPLED BY:	5:11:	Joc.				REQUIRED		ļ						
	TURN AROUND TIME:	RE	REMARKS/SPECIAL INSTRUCTIONS:				7 8 1								5	
STANDARD								RE						•		LAB
RUSH								<u>Si</u>				<u> </u>				Z
, 10311								ANALYSIS	1							NUMBE
		t I							HAA]				
WW≃waste wa	ater SW=surface water GW=grou	nd water DW=drinking water		OIL	A=air	SO=soil	SL≃słudge	4								22
SAMPLE	SAMPLE DES	CRIPTION	Grab Comp	SAM	PLING	MATRIX	NO. COUNT	Preserv	NH4CI							
ID .			Comp	DATE	TIME	ļ.,	COON				ingt in second	(S. J.				
1	1210 GAY St	CL2=.9	G	1/28	0745	XXVV	3		Х							
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								3.5								
1-lce	H=(HCI) S=(H2SO4 N=(HNC	03) T≖(Sodium Thiosulfate)	<u> </u>	····			Relir	nquish by:		Date	Time	1	eceived by:	Dat	e T	Time
Shipment	1	Sample Kit Cooler#			1	Rly	Canda	Low	ins	7/28/05	1435	121		1/28/	15 14	35
Out		RB D/T			2	<u> </u>				' ' -	ļ.,	1'-				
Ret	1 1	AB D/T Trip Bl.			3	 				-	 	 				
Received on Ice		QC sent	1 ^m l	eceived	<u> </u>						1 			revised	8/01	







Page 1 of 27

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Type	Effective Date
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1,2-Trichlorgethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
I,I-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
,2-Dichtorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
,2-Dichtoroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
.4-Dichforobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Machlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	1/21/2005
lluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
antimony	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Intimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Arsenic	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
trazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
arium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
senzone	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
enzenc	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
enzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
eryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
s(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
romoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
romochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
3romodichloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574







Laboratory Scope of Accreditation

Page 2 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	Effective Date
3romodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
is-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
sis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochtoromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574







Laboratory Scope of Accreditation

Page 3 of 27

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State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
ron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP.	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Vitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Vitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Vitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Dxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
H	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Pieloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
otassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574







Laboratory Scope of Accreditation

Page 4 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

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FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Type	Effective Date
ilica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
odium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
tyrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
tyrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
ulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
urfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
etrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
etrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
hallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
oluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
oluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
otal coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
otal coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
otal haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
otal trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
otal trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
oxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
rans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
rans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
richloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
richloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
richloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
urbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
inyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
'inyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
(ylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
(ylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
ine	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

Bear Lake

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005



See page 4 for instructions.

Centeral Information for the Nonth/Year of: January 2004	F	bage 4 for instructions.												
PWS Name: Bear Lake				4										
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive	A. P	ublic Water System (P	WS) Information											
Number of Service Connections at End of Month: 2-1 Total Population Served at End of Month: 795	$ \overline{0}$	PWS Name: Bear Lake	·			PWS Identification Number: 35	90069							
Number of Service Connections at End of Month: 2.2.\ Total Population Served at End of Month: 795 PWS Owner: Utilities, Inc. of Florida Contact Person's Title: Regional Director				Community Trans										
PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Persons' Maling Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714	1	Number of Service Co			Total Population S	rved at End of Month: 795								
Contact Person's Mailing Address: 200 Weathersfield Ave. Contact Person's Telephone Number: 407-869-1919 Contact Person's Fear Number: 407-869-6961 Contact Person's E-Mail Address: p. c.flynn@utilitiesinc-usa.com 8. Water Treatment Plant Information Plant Address: 200 Weathersfield Ave. City: Altamonte Springs Plant Address: 200 Weathersfield Ave. Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators Lead/Chief Operators Lead/Chief Operators Terry Sillitoe C Sof-2 Mon-Fri Sam-4-30 p.m. Other Operators: C Terry Sillitoe C Sof-2 Mon-Fri Sam-4-30 p.m. Terry Sillitoe C Sof-2 Mon-Fri Sam-														
Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesine-usa.com B. Water Treatment Plant Information Plant Name: Utilites, Inc. of Florida Plant Address: 200 Weathersfield Ave. Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C License Operators License Class License Number Day(s)Shift(s) Worked					Contact Person's T	tle: Regional Director								
Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flvnn@utilitiesinc-usa.com B. Water Treatment Plant Information Plant Address: 200 Weathersfield Ave. Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000 Plant Category (per subsection 62-699-310(4), F.A.C.): V Licensed Operators Lead/Chief Operators Plant Class (per subsection 62-699-310(4), F.A.C.): V City: Altamonte Springs State: Fl Zip Code: 32714 Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators City: Altamonte Springs State: Fl Zip Code: 32714 Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators City: Altamonte Springs City: Altamonte Springs State: Fl Zip Code: 32714 Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators City: Altamonte Springs City: Altamonte Springs State: Fl Zip Code: 32714 Plant Class (per subsection 62-699-310(4), F.A.C.): C Licensed Operators City: Altamonte Springs City		Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp	rings State: Fl Zip C	Code: 32714							
B. Water Treatment Plant Information Plant Name: Utilities, inc. of Florida Plant Address: 200 Weathersfield Ave. Type of Water Treated by Plant: Termitted Maximum Day Operating Capacity of Plant gallons per day: 259,000 Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: Terry Sillitoe C 5642 Mon-Fri 8am-4:30 p.m. Terry Sillitoe C 12749 Sat. 8am-4:30 p.m. Terry S														
Plant Name: Utilites, Inc. of Florida Plant Address: 200 Weathersfield Ave. Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000 Plant Category (per subsection 62-699,310(4), F.A.C.): IV Plant Class (per subsection 62-699,310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked														
Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: F1 Zip Code: 32714 Type of Water Treated by Plant: Rew Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Mike Gavaletz C 5642 Mon-Fri 8am-4.30 p.m. Other Operators: Terry Sillitoe C 12749 Sat. 8am-4.30pm II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical featers; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten	B. V													
Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators Licensed Operators: Mike Gavaletz C 5642 Mon-Fri 8am-4:30 p.m. Other Operators: Terry Sillitoe C 12749 Sat. 8am-4:30pm Day(s)/Shift(s) Worked Sat. 8am-4:30pm II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical teet rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten	Γ	Plant Name: Utilites, I	nc. of Florida			Plant Telephone Number: 407-8	369-1919							
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators Lead/Chief Operator: Other Operators: Name		Plant Address: 200 We	eathersfield Ave.		City: Altamonte S	rings State: Fl Zip	Code: 32714							
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators Lead/Chief Operator: Day(s)/Shift(s) Worked Day(s)/Shift(s) Worked		Type of Water Treated	by Plant: Raw Ground Water	Purchased Finishe	d Water									
Licensed Operators Lead/Chief Operator: Mike Gavaletz C 5642 Mon-Fri 8am-4:30 p.m. Terry Sillitoe C 12749 Sat. 8am-4:30 pm H. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten	Γ	Permitted Maximum D	Day Operating Capacity of Plant, gallons	s per day: 259,000										
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Other Operators: Terry Sillitoc C 12749 Sat. 8am-4:30pm II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten														
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NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten	i, in	e undersigned water tr	eatment plant operator licensed in riori	of my knowledge and be	lief. I certify that all d	inking water treatment chemicals used at t	his 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 rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten	NSI	F International Standar	d 60 or other applicable standards refer	enced in subsection 62-55	55 320(3) FAC Lals	certify that the following additional opera	tions records for this							
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten	plar	nt were prepared each	lay that a licensed operator staffed or vi	isited this plant during the	month indicated above	: (1) records of amounts of chemicals used	and chemical feed							
	rate	s: and (2) if applicable	appropriate treatment process perform	ance records. Furthermo	re, I agree to retain the	e additional operations records at the plant	site for at least ten							
years and to make them available for review upon request.														
Milael 1 Gavaly 2/3/04 Michael J. Gavaletz C5642	•	milala	(-A)	Michael I Cavaleta		C5642								
THE TOTAL CONTRACTOR OF THE PROPERTY OF THE PR	جني	nature and Date	January 20101	Printed or Typed Name		License Number								

PWS I	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida - BEAR LAKE													
Means Ult	III. Daily Data for the Month/Year of: January 2004 Means of Achieving Four-Log Virus Inactivation/Removal: *													
Type o	f Disinfe	ectant Residu	ıal Maintain	ed in Distributi	ion System:	⊠ Fı	ree Chl	orine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide	
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Calquistions, or L	Distinfectant Contact Time (D) at C	monstrate Fo ations Lowest CT Provided Before or at First Customer During	ur-Log Tengp. Valet.	linus Inactiv	ation, if Ap Minimum CT Required,	plicable* UV Lowest Operating	Dose Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
2	24	70,000 53,000									 	1.8		
3	34	40,000					-				 	1.0		
4	29	72,000		 								- 10		
5	29	73,000 54,000										1.0		
6	24	54,000										0.8		
7	7.4	44,000										1.0		
8	24	52,000				ļ	ļ		 			1.0		
9	29 29	37,000			<u> </u>	 						1.2		
10 11	24	64:000		 			 -	 		 				
12	24	29.000			 		 		 	 	 	1.0		
13	20	54,000 54,000	 	 					 		 	0.8		
14	24	54,000				 	 		 	 	 	1.0		
15	ąγ	66,000							 			0.9		
16	24	475000										10		
17	2Y	43,000										[.]		
18	24	69,000							<u> </u>		<u> </u>			
19	24	70,000	L	ļ	ļ	<u> </u>	<u> </u>	<u> </u>		ļ		0.)		
20	24	54,000	ļ			 	 	ļ	 	 	 	1.9		
21	34	56,000	 	 		 			 		 	1:0		
23	$\frac{2\gamma}{2\gamma}$	52,000		 	 -	 		 	 			0,0		
24	20	36,000	 	 	 		 	 	 	 	 	1,0		
25	27 27 27	74,000			 			 	 	 	1	2.		
26	20	74:000	 	†	1		1	 	 	 		1.3		
27	24	157,000										1.0		
28	24	145,000										(,0		
29	3 4	44,000										1,0		
30	3	49,000							1	-	1	1.0		
31	24	34,000		L	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u></u>	<u> </u>	<u></u>	<u></u>		[.]		
Total	0	56,000	<u> </u>											

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



See page 4 for instructions.

	page 4 for histractions	•											
		for the Month/Year of: February 2004											
Ā.	Public Water System (I	PWS) Information					· · · · · · · · · · · · · · · · · · ·						
	PWS Name: Bear Lake	e				PWS Identification N	umber: 3590069						
	PWS Type:	Community Non-Transient Non-Comm	munity Transier	nt Non-Community	Пс	onsecutive	umot: 337000						
	Number of Service Co	nnections at End of Month: 221		Total Population S	erved at E	End of Month: 774							
	PWS Owner: Utilities.	Inc. of Florida											
	Contact Person: Patric	k Flynn		Contact Person's T	itle: Regi	onal 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												
		ail Address: p.c.flynn@utilitiesinc-usa.com											
В.													
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919												
	Plant Address: 200 Wo			City: Altamonte S	orings	State: Fl	Zip Code: 32714						
	Type of Water Treated		Purchased Finished V										
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per o	day: 259,000										
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C												
	Licensed Operators		License Class	License Number		Day(s)/Shift	(s) Worked						
	Lead/Chief Operator:	Mike Gavaletz	С	5642		Mon-Fri 8an	والمراجع						
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8am-							
						· · · · · · · · · · · · · · · · · · ·							
П	. Certification by Lea	d/Chief Operator											
		eatment plant operator licensed in Florida, am	the lead/chief operato	or of the water treatn	nent plant	identified in Part Laft	is report. I gortify that the						
inf	ormation provided in th	is report is true and accurate to the best of my	knowledge and helief	I certify that all dr	inking w	ater treatment chemicals	used at this plant conform to						
NS	F International Standar	d 60 or other applicable standards referenced	in subsection 62-555 3	20(3) FAC Lalso	certify the	hat the following addition	anal operations records for this						
pla	nt were prepared each o	day that a licensed operator staffed or visited t	this plant during the me	onth indicated above	e: (1) reco	ords of amounts of chem	icals used and chemical feed						
rate	es; and (2) if applicable	, appropriate treatment process performance r	records. Furthermore,	agree to retain thes	e addition	nal operations records at	the plant site for at least ten						
yea	ars and to make them av	ailable for review upon request.		Ū		•	•						
	m 1 1 1	/ A. cidan											
	Michael"		hael J. Gavaletz			C5642							
Sig	gnature and Date	/ Prin	nted or Typed Name			License Nu	ımber						
	•	U											

PWS	Identific	ation Numbe	r: 3590069] I	lant Name	: Utili	tes, Inc. of	f Florida				
111. 1	Daily Dat	a for the Mo	onth/Year (f: February	2004								
Mean UI	s of Achi traviolet	eving Four-I Radiation	og Virus In	nactivation/Ren (Describe):	noval: *	Free C	hlorine		Chlorine I	Dioxide	□ O ₂	zone 🔲	Combined Chlorine (Chloramines)
Type	of Disinf	ectant Resid	ual Maintair	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	ilorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or	UV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if A	plicable*			
	1997			T	CT Calcu	iations				UV	Dose		
Day of the Month	Plant in Operation		Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or st First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp.	pH of Water, if Applicable	CT Required, mg-	Operating	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	66,000											Service Constitution
3	34	67,000		 								(,0	
4	24 24	50.000 \$3.000 57.000						<u> </u>	 			1.0	
5	24	53,000			 	 				<u> </u>	<u> </u>	0.9	
6	24	50,000		 	 	 	 	 	 	 	ļ	0.0	
7	1V	36.000		 		 	}	 	 	 	 	9.6	
8	24	65,000	 		 		 	} -	 	 	 -	0,3	
9	24	66,000			 	 	 	 	 		 	i.C	
10	24	59.000				 		 			 	1.0	
- 11	24	55,000			1.			 	 		 	1.0	
12	24	65,000										0.8	
13	24	55,000										1,0	
14	24	37,000		<u> </u>								1.0	
15	24 24	15,000	}	 				ļ					
17	37	47,000	 	 		ļ		 	ļ			0.9	
18	3V	6(1000	[1.0	
19	3 ¥	64000		 	 	 	 				} -	7.8	
20	28	55,000	l	 	 	 	 	 	 	}	 	0.3	
21	24	94,000	t	1	 		 	 	 	 	 	0.8	
22	24	73,000				<u> </u>	-	 	 	 	 		
23	24	73,000			1	T	 	 	 	 	 	0.7	
24	JY.	65,000								 	 	1.0	
25	24	53,000						 	 			0.8	
26	24	65,000										0.7	
27	29	52,000		 								60	
28	2Y 2Y	37,000 7000	 	 	 	ļ		ļ	<u> </u>			1.0	
30	-1	111000	 	 			 _	<u> </u>		<u> </u>	ļ		
31		}	 	 	 	 	├ ──	 	 	ļ	 		
Total		1672 005		<u></u>			L	L	<u></u>	<u> </u>	<u> </u>	J	

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



see	page 4 for instructions.	•											
1.	General Information	for the Month/Year of: March 2004											
A.	Public Water System (P	PWS) Information											
	PWS Name: Bear Lake	2			PWS Identification N	lumber: 3590069							
	PWS Type:	Community Non-Transient Non-Community	nity Transier	t Non-Community	Consecutive								
		nnections at End of Month: 221		Total Population S	Served at End of Month: 77 Y								
	PWS Owner: Utilities,	Inc. of Florida											
	Contact Person: Patricl	k Flynn	itle: Regional Director										
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte S	prings State: Fl	Zip Code: 32714							
		phone Number: 407-869-1919		Contact Person's F	Fax Number: 407-869-6961								
	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.com											
B.	3. Water Treatment Plant Information												
Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919													
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte S	prings State: Fl	Zip Code: 32714							
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water												
		Day Operating Capacity of Plant, gallons per day	: 259,000										
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C												
	Licensed Operators	Name	License Class	License Number	Day(s)/Shit	ift(s) Worked							
	Lead/Chief Operator:	Mike Gavaletz	С	5642	Mon-Fri 8a	ım-4:30 p.m.							
	Other Operators:	Terry Sillitoe	С	12749	Sat. 8an	1-4:30pm							
-	. Certification by Lea	d/Chief Operator											
Ĭt	he undersigned water tr	eatment plant operator licensed in Florida, am the	e lead/chief operato	or of the water treat	ment plant identified in Part Lof	this report. I certify that the							
inf	formation provided in th	is report is true and accurate to the best of my ki	nowledge and belief	I certify that all d	Irinking water treatment chemica	Is used at this plant conform to							
NS	SF International Standar	d 60 or other applicable standards referenced in	subsection 62-555.3	320(3), F.A.C. I als	so certify that the following addit	ional operations records for this							
pla	ant were prepared each o	day that a licensed operator staffed or visited this	s plant during the m	onth indicated abov	e: (1) records of amounts of cher	nicals used and chemical feed							
rat	es; and (2) if applicable	, appropriate treatment process performance rec	ords. Furthermore,	I agree to retain the	se additional operations records	at the plant site for at least ten							
ye	ears and to make them available for review upon request.												
	my In 11	Contraction allers	lra ti		05/10								
	111uul)		el J. Gavaletz		<u>C5642</u>								
Si	gnature and Date (Printed	l or Typed Name		License N	lumber							
		\mathcal{O}											

PWS	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
III. D	III. Daily Data for the Month/Year of: March 2004												
Means	of Achi	eving Four-L Radiation	og Virus In	activation/Rem (Describe):	noval: *	Free Cl	hlorine	□ C	hlorine I	Dioxide	Oz	zone 🔲 (Combined Chlorine (Chloramines)
Type	of Disinf	ectant Residu		ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			c	T Calculations, or I	JV Dose, to De					plicable*			
				CT Calculations UV Dose									
Day of the Month	Plant in	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	CT Required, mg-	Lowest Operating UV Dose, mW- sec/cm ²	UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	71.000										1.1	
2	27	47/000										1,0	
3	24	56,000										1.0	
4	24 3 4	60,000		ļ								0.9	
6	24	45,000				<u> </u>	 		ļ		ļ	(.0	
7	- YC	63.000		·			 	 	 	 	 	0.8	
8	- ýč	64,000		}	 		-		 			0.9	
9	34	58 000							 			1.0	
10	24	\$1,000		 		 	 		1			(-0	
11	24	53.000		 	 							0.9	
12	24	63,000							1			0.9	
13	24	48.000										0.7	
14	¥	75,000											
15	3 Ψ	75,000					ļ					1.0	
16 17	24 24	50000					ļ		ļ			0.8	
18	24	55,000	ļ	· 			-	 	 	ļ	ļ <u> </u>	0.7	
19	<u> </u>	58 000		 	 		 	 	 -	 		(,0	
20	34	74,000		 		 	 					1-1	
21	34	68 000	<u> </u>	 	 	 	 	 	 	 	 		
22	ay	68,000			1		1			 	-	1.0	
23	74	37.000	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		†		<u> </u>			0.8	
24	QΨ	65,000										1.2	
25	٧٤	66 000										0.8	
26	34	41/500										1.0	
27	24	38'000										0.7	
28	24	80.000	L		<u> </u>								
29	γç	80,000		 	ļ		-			<u> </u>	<u> </u>	10	
30	AC AC	47,000	ļ		 	 	ļ			<u> </u>	 	1.0	
Total	- 	55,000		I	L	<u> </u>	Щ	<u> </u>	<u> </u>	L	Ц	0.8	
Averag	e	158 000	-										

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





See page 4 for instructions.

	page 4 for instructions.							12 - SOME SERVER					
	General Information												
Ā. _.	Public Water System (P	WS) Information	n										
	PWS Name: Bear Lake	2					PWS Identification N	lumber: 3590069					
	PWS Type:	Community	Non-Transient Non-Community	Transier	nt Non-Community Consecutive								
	Number of Service Co	nnections at End	of Month: 221		Total Population S	Served at I	End of Month: 774						
	PWS Owner: Utilities,	Inc. of Florida											
	Contact Person: Patric	k Flynn		onal Director	Director								
	Contact Person's Maili	ng Address: 200	Weathersfield Ave.		City: Altamonte Springs State: Fl Zip Code: 32714								
	Contact Person's Telep	hone Number: 4	107-869-1919		Contact Person's F	ax Numb	er: 407-869-6961						
		n's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
В.	Water Treatment Plant Information												
Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919													
	Plant Address: 200 We		State: Fl	Zip Code: 32714									
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water													
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000												
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C												
	Licensed Operators		Name	License Class	License Number		Day(s)/Shir	t(s) Worked					
	Lead/Chief Operator:	Mike Gavaletz		С	5642		Mon-Fri 8a	ım-4:30 p.m.					
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8an	n-4:30pm					
								_					
							· · · · · · · · · · · · · · · · · · ·						
		<u> </u>		<u> </u>	<u> </u>	<u> </u>							
П	. Certification by Lea	d/Chief Operat	O.					· · · · · · · · · · · · · · · · · · ·					
			perator licensed in Florida, am the le	ad/chief operato	or of the water treat	ment nlan	t identified in Part I of	this report. I certify that the					
			and accurate to the best of my know										
			plicable standards referenced in sub										
			ed operator staffed or visited this pla										
			atment process performance records										
yea	ars and to make them av	ailable for revie	w upon request.				•	•					
		i A	cletay										
	mulael	varal	S/S/OY Michael J.	+ 			C5642						
Si	gnature and Date	77	Printed or	Typed Name			License N	lumber					

PWS	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
111. Daily Data for the Month/Year of: April 2004													
Means	of Achi	eving Four-I	Log Virus In	activation/Rem	oval: *	Free Cl	lorine	[] C	hlorine I	Dioxide	По	zone (Combined Chlorine (Chloramines)
		Radiation		(Describe):									(2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Type	of Disinfo	ectant Resid	ual Maintair	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			U	T Calculations, or I	JV Dose, to De	monstrate Fo lations	ur-Log	Vicus Inactiv	ation, if A	plicable*	Dose		
				1	. 12 Sept. 1970	Lowest CT					Duse	Lowest	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Disinfectant Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer	Temp,		CT	Operating	UV Dose	at Remote	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	During Peak Flow,	of Water	pH of Water, if	Required,	UV Dose, mW-	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ¹	sec/cm	System, mg/L	System Components Out of Operation
$\frac{1}{2}$	38	65,000 53,000									1.0		
3	JÝ -	44,000		 							0.8		
4	24	97,000									9.7		
5	24	97,000									0.8		
7	2Y 2Y	70,000 57,000		<u> </u>							(.0		
8	34	75,000	 	 					 		1.0	ļ	
9	24	55,000									1.0	 	
10	34 34	48,000							 		0.7		
11		86,000		<u> </u>									
13	24	36,000 44,000		 					ļ		1.0		
14	34	54,000		 					 		0.7	 	
15	24	50,000									1.0	<u> </u>	
16	74	60,000									(4		
17	14 20	45,000		 		 			 	 _	1.0		
19	24	84,000		 							0.7		
20	24	75,000							<u> </u>		1.0	<u> </u>	
21	24	83,000									7.1		
22 23	27	6°1,000 78,000		 					ļ		11		
24	24	38,000		 				<u> </u>	 	 -	1.0		
25	24	76,000		<u> </u>					 		1.0	 	
26	2Ψ	96,000									0.6		
27	<u> 14</u> 14	\$5,000		ļ						ļ	1.2		
29	1 7	80,000		 		-				 	08		
30	ĴŸ	55,000							 	· · · · · ·	12	 -	
31													
Total		2013,000											

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





See page 4 f	or instructions.				•								
l. General	Information	for the Month/Year o	f: May 2004										
		WS) Information											
PWS Na	me: Bear Lake						PWS Identification	Number: 3590069					
PWS Ty	pe: 🛛 C	Community No	n-Transient Non-Community	Transier	nt Non-Community	Co	nsecutive						
Number	of Service Co	nnections at End of M	onth: 221		Total Population S	erved at E	nd of Month: 774						
PWS O	wner: Utilities,	Inc. of Florida											
Contact	Person: Patricl	k Flynn			Contact Person's T								
Contact	Person's Maili	ng Address: 200 Weat	hersfield Ave.		City: Altamonte Springs State: FI Zip Code: 32714								
Contact	Person's Telep	hone Number: 407-86	9-1919		Contact Person's F	ax Numbe	r: 407-869-6961						
	Person's E-Ma												
Number: Villites, Inc. of Florida Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919													
								mber: 407-869-1919					
		eathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714					
	Water Treated		The state of the s	nased Finished V	Vater								
		Day Operating Capacity bsection 62-699.310(4	y of Plant, gallons per day: 25	9,000	[n] (a) (62-699.310(4), F.A.C.						
	ed Operators	the state of the s	Name	License Class		5 20 20 20		ift(s) Worked					
11 12 12 12 12 12 12 12 12 12 12 12 12 1	nief Operator:			С	5642			8am-4:30 p.m.					
Other C	perators:	Terry Sillitoe		С	12749		Sat. 8a	m-4:30pm					
		<u></u>											
98.00													
													
				 									
LASSINE	A CONTRACTOR OF THE SECOND	<u> </u>		<u></u>		<u> </u>							
II. Certifi	cation by Lea	d/Chief Operator											
I, the under	signed water tr	eatment plant operator	r licensed in Florida, am the le	ead/chief operate	or of the water treat	ment plant	identified in Part I of	f this report. I certify that the					
information	provided in th	is report is true and ac	curate to the best of my know	ledge and belief	t. I certify that all d	rinking wa	ater treatment cnemic	als used at this plant conform to itional operations records for this					
NSF interna	ational Standar	d ou or other applicable	retor staffed or visited this pla	ant during the m	onth indicated above	e: (1) reco	ords of amounts of che	emicals used and chemical feed					
rates, and (prepareu each (2) if annlicable	annronriate treatmen	t process performance records	E. Furthermore.	I agree to retain the	se addition	nal operations records	at the plant site for at least ten					
vears and to	make them av	ailable for review upo	on request.	, rururermore,	r ugree to return the		· · ·						
y varo mia n	4	A .	-										
$\gamma \gamma$	ulas	1 (ravate	6/4/04 Michael J.	. Gavaletz			C5642						
Signature a	nd Date	///	Printed or	Typed Name			License	Number					

PWS	Identifica	ation Number	r: 3590069	······································	F	lant Name	: Utilit	es, Inc. of	Florida				
	III. Daily Data for the Month/Year of: May 2004												
		eving Four-L Radiation		activation/Rem (Describe):	oval: *	Free Cl	nlorine	□ C	hlorine [Dioxide	[] Oz	zone 🔲	Combined Chlorine (Chloramines)
				ied in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	(hloramines)	Chlorine Dioxide
			Č	l' Calculations, or l	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ar	plicable*		inoramines)	
				T The state of the	CT Caleu	Lowest CT				UV	Dose	Lowest	
						Provided					10	Residual	
				Disinfectant Concentration	Contact Time (T) at C	Before or at First			Minimum	Lowest	Minimum	Disinfectant Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.		· cr	Operating	UV Dose	at Remote	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	pH of Water, if	mg-	UV Dose, mW-	mW∗	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month	Operation 29	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm²		System, mg/L	System Components Out of Operation
2	24 24	66,000					\vdash		 	net	11-3	1.3	
3	27	67,000										1.0	
5	24	49,000 64,000						 -				1.2	
6	27	69,000										1.0	
8	٦9 24	62,000 52,000										101	
9	Σγ ΣΥ	79,000		 		 	-	 	 		 	1.0	
10	24	80,000										1.0	
11	24 24	63,000		<u> </u>	 	-	<u> </u>		 			1.6	
13	24	75,000		1	-	 	<u> </u>		 	 	 -	1.0	
14	24,	65,000										[1]	
15 16	14 24	S(1000			 					 	}	(1)	
17	24	82,000										1.0	
18	27 -27	59,000 75,000										0,9	
20	2y	71,000		 	 	}		 	 			0.9	
21	3.V	58,000										1.0	
22 23	29 24	50,000 94,000			 	 					<u> </u>	1-1-1	
24	24	99,000										1.0	
25 26	24 24	66,000 88,000	ļ <u></u>									0.8	
27	27	33,000		 	 	 	-	-	 	 	 	1.0	
28	27	86,000										7.8	
29 30	2 <u>y</u>	56,000		 	 	 -	 	 	 		ļ	1.0	
31	27	104,000									 	0.9	
Total		2,236,000											

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



ROBSA	WATER
See page 4 for instructions.	FILE COPY
1. General Information for the Month/Year of: June 2004	
A. Public Water System (PWS) Information	
PWS Name: Bear Lake	PWS Identification Number: 3590069
PWS Type:	ransient Non-Community Consecutive

	PWS Name: Bear Lake PWS Identification Number: 3590069													
			Non-Transient Non-Com	munity Transie	nt Non-Community	Co	nsecutive							
I	Number of Service Co	nnections at End	of Month: 22		Total Population Served at End of Month: 777									
	PWS Owner: Utilities,	Inc. of Florida												
	Contact Person: Patric	k Flynn			Contact Person's T	itle: Regio	onal Director							
1	Contact Person's Maili	ng Address: 200	Weathersfield Ave.		City: Altamonte S	prings	State: Fl	Zip Code: 32714						
	Contact Person's Telep	hone Number: 40	07-869-1919		Contact Person's Fax Number: 407-869-6961									
	Contact Person's E-Ma	il Address: p.c.fl	ynn@utilitiesinc-usa.com											
В.	B. Water Treatment Plant Information													
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919													
ļ	Plant Address: 200 We	eathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714						
	Type of Water Treated	by Plant:	Raw Ground Water	Purchased Finished										
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000													
	Plant Category (per su			Plant Class (per su	bsection 6	2-699.310(4), F.A.C.)	: C							
	Licensed Operators		Name	License Class	License Number			t(s) Worked						
	Lead/Chief Operator:	Mike Gavaletz		С	5642			um-4:30 p.m.						
	Other Operators:	Terry Sillitoe		С	12749			1-4:30pm						
	Outer Operators.													
					<u> </u>									
					1									
														
		.												
	. Certification by Lea													
								this report. I certify that the						
								ls used at this plant conform to						
								ional operations records for this						
pia	nt were prepared each (ay that a licensed	operator started or visited	this plant during the m	ionth indicated abov	e: (1) reco	rds of amounts of cher	nicals used and chemical feed at the plant site for at least ten						
	es; and (2) if applicable ars and to make them av			records. rurmermore,	i agree to retain the	se addition	iai operations records a	at the plant site for at least ten						
ye	_		-											
	mulai	1) Gava	teg 7/1/04 Mi	chael J. Gavaletz	 	· · · · · · · · · · · · · · · · · · ·	C5642							
Sig	Signature and Date													

Means of Achieving Four-Log Virus Inactivation Removal: * Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)	PWS	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	111. 1	aily Dat	a for the Me	onth/Year (f: June 2004									
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide	Mean	of Achi	eving Four-L	og Virus In	activation/Rem	oval: *	Free Cl	hlorine		hlorine I	Dioxide		zone 🗀	Combined Chloring (Chloremines)
CT Calculations or VIVDoes Consonerman Foundable Consonerman	U	raviolet	Radiation	Other	(Describe):					mormo i	DIOXIGO		conc []	combined chlorine (Chlorantines)
CT Calculations, or U-Disease to Description Descripti	Type	of Disinf	ectant Residu	ual Maintair	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	olorine (C	(hloramines)	Chlorine Diovide
Day of House Net Quantity Consider Time Description Consideration				C	l'Calculations, or	JV Dose to D	monstrate Fo	NIC-LOR	Virus Inactiv	ation if A	plicable*	100		5 Chrotine Dioxide
Day of Hours Net Quantity of Finished Peak Plow Concentration Conc	*										UV	Dose		
Net Counting Disjustification Concentration Concentrat				province in							12.5		Lowest	
Net Country Characteristics Characteristic					Disinfectant	Contact Time	Before or		1.1		de abore	140.00	Disinfectant	
Day of Hours Hours Hours Hours Hours Water Hours Water Hours Hou			Net Quantity		Concentration	(T)#C		_		Minimum	Lowest	Minimum	Concentration	
the Plant in Month Operation Produced gas Peak Flow, Plant Flow, Produced gas Peak Flow, Plant Flow, P	Day of	Hours	of Finished	14.57	First Customer	Point During	Customer	Jemp.	nH of		Operating	UV Dose	at Remote	
	the	Plant in	Water		During Peak	Peak Flow	Peak Flow.	Water,	Water, if	me-	mW-	mW-	Distribution	consignity of Abnormal Operating Conditions; Repair
2		Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L*	sec/cm ²	sec/cm²	System, mg/L	System Components Out of Operation
3 24 4 3000			102 000		 		 	<u> </u>			<u> </u>			
4	3	29	92,000		 		 	 	 		 			
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Maximum 102 000						•								

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



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See page 4 for instruction	ons.			•	Report Real College of 1							
L. General Informati	on for the Month/Year of: July	2004	1									
A. Public Water Systen												
PWS Name: Bear L	ake			PWS Identification	Number: 3590069							
PWS Type:	Community Non-Transient Non-Commu	nity Transie	Transient Non-Community Consecutive									
Number of Service	Connections at End of Month: 221		Total Population Served at End of Month: 774									
PWS Owner: Utilit	ies, Inc. of Florida											
Contact Person: Par	rick Flynn		Contact Person's Title:	Regional Director								
Contact Person's M	ailing Address: 200 Weathersfield Ave.		City: Altamonte Spring	State: Fl	Zip Code: 32714							
Contact Person's To	elephone Number: 407-869-1919		Contact Person's Fax N	umber: 407-869-6961								
Contact Person's E-	Mail Address: p.c.flynn@utilitiesinc-usa.com											
	. Water Treatment Plant Information											
Plant Name: Utilite					umber: 407-869-1919							
	Weathersfield Ave.		City: Altamonte Spring	s State: Fl	Zip Code: 32714							
Type of Water Trea		Purchased Finished	Water									
	n Day Operating Capacity of Plant, gallons per da	y: 259,000										
	subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsec	tion 62-699.310(4), F.A.C	C.): C							
Licensed Operato		License Clas	a License Number	Dovoy8								
Lead/Chief Operate		C	5642	Mon-Fri	8am-4:30 p.m.							
Other Operators:	Terry Sillitoe	C	12749	Sat. 8	3am-4:30pm							
	RAYMOND HARRISH	C	12740									
			 									
			 									
			 									
			<u> </u>									
II. Certification by	.ead/Chief Operator											
	r treatment plant operator licensed in Florida, am t	he lead/chief opera	tor of the water treatment	plant identified in Part I	of this report. I certify that the							
information provided in	n this report is true and accurate to the best of my l	cnowledge and beli	ef. I certify that all drinki	ng water treatment chemi	cals used at this plant conform to							
NSF International Stan	dard 60 or other applicable standards referenced in	subsection 62-555	.320(3), F.A.C. I also cer	tify that the following add	ditional operations records for this							
plant were prepared ea	ch day that a licensed operator staffed or visited th	is plant during the	month indicated above: (1)	records of amounts of ch	nemicals used and chemical feed							
rates; and (2) if applica	ble, appropriate treatment process performance re-	cords. Furthermore	, I agree to retain these ad	ditional operations record	ls at the plant site for at least ten							
years and to make then	available for review upon request.											
Kremm of	tarish 8-2-2004 Mich	ael J. Gavaletz	C5642									
Signature and Date	Printe	ed or Typed Name			Number							
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or Maintenance Work that Involves Taking Water				11 TOPA		Apply Apply	Post Ploy.	Strang Strang	Post Flow	Nator .	ni malq	эqт
State (Besty) of Alexannel Operating Conditions; Repair		Approved the		外押。	10%	Control (South Dating	FIRST CORROBOL		bodaini 710		Day of
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* Refer to the instructions for this report to determine which plants must provide this information.

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See page 4 for instructions.

366	page 4 for instructions.							
	General Information I		ros: August 2004					
Α. ϳ	Public Water System (P	WS) Information						
[PWS Name: Bear Lake						PWS Identification Nu	mber: 3590069
l	PWS Type:	Community	Non-Transient Non-Community	Transien	t Non-Community		nsecutive	
[Number of Service Con	nnections at End of	Month: ユスし		Total Population S	Served at E	and of Month: 774	
	PWS Owner: Utilities,	Inc. of Florida						
	Contact Person: Patrick	k Flynn			Contact Person's T			
- 1	Contact Person's Maili	ng Address: 200 W	eathersfield Ave.		City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number: 407	-869-1919		Contact Person's I	ax Numbe	er: 407-869-6961	
	Contact Person's E-Ma	il Address: p.c.flyn	n@utilitiesinc-usa.com					
В.	Water Treatment Plant	Information						
i	Plant Name: Utilites, I	nc. of Florida					Plant Telephone Num	
	Plant Address: 200 We				City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated			ased Finished V	Vater			
			city of Plant, gallons per day: 25	9,000				
	Plant Category (per su	bsection 62-699.31	0(4), F.A.C.): IV		Plant Class (per si	ubsection (62-699.310(4), F.A.C.):	
	Licensed Operators	。这样叫称"大大哥"	Name	License Class	License Number	W. C. S.	Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Mike Gavaletz		С	5642		Mon-Fri 8an	n-4:30 p.m.
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8am-	4:30pm
					<u> </u>			
					<u> </u>			
				<u> </u>	<u> </u>	<u> </u>		
		DCD: CO						
, L	. Certification by Lea	restment plant oner	ator licensed in Florida, am the le	ad/chief operat	or of the water treat	tment nlan	t identified in Part Loft	nis report. I certify that the
l, l	ne undersigned water the	reatment plant oper	accurate to the best of my know	ledge and helie	f I certify that all	drinking w	ater treatment chemicals	s used at this plant conform to
N	SF International Standar	rd 60 or other appli	cable standards referenced in sub-	section 62-555.	320(3), F.A.C. I al	so certify t	that the following addition	onal operations records for this
nla	ant were prepared each	day that a licensed	operator staffed or visited this pla	ant during the m	onth indicated abo	ve: (1) rec	ords of amounts of chem	ricals used and chemical feed
rai	tes: and (2) if applicable	e. appropriate treatn	nent process performance records	s. Furthermore,	I agree to retain the	ese àdditio	nal operations records a	t the plant site for at least ten
ve	ars and to make them a	vailable for review	upon request.	•	•			
, ,		4 -		Caralata			C5642	
_		Gavate	0 0 0 0	. Gavaletz				b.on
Si	gnature and Date	()	Printed or	Typed Name			License N	umoer

PWS	WS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
HI. D	111. Daily Data for the Month/Year of: August 2004												
Means	of Achi	eving Four-I	og Virus In	activation/Rem	ioval: *	Free Cl	nlorine	ПС	hlorine L	Dioxide	Oz	one 🔲 (Combined Chlorine (Chloramines)
		Radiation	Other	(Describe):					·				· ·
Type	of Disinf	ectant Resid	ual Maintair	ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
				Calculations, or	CT (Sign	ations (C	M-FOR	Ande Thech	evon it Ar	plicable*	Dose		
		4.	44.70		4.76	Lowest CT		1.75				Lowest	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
1 2				Concentration	(T) #C	at Pirst		7.74	Minimum	Lowest	Minimum	Disinfectant Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at	(T) at C Mesquestient	Customer	Temp.		CT.	Cotration	UV Dose	at Remote	
the	Plant in	Water	Peak Flow	Pirst Customer During Peak	Point During Peak Flow.	During. Peak Flow.	of Wester,	pH of Water, if	resquired,	UV Dose,	Required,	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C ,	Applicable	min/L	sec/cm	mW- sec/cm²	System, mg/L	System Components Out of Operation
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31	24	46,000										1.0	
Total	See And See See	1352,000	1		·								

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





See page 4 for instructions.

356	page 4 for mistructions.										
1.	General Information f	or the Month/Year of: Sect 1204									
۹.	Public Water System (P	WS) Information									
	PWS Name: Bear Lake					PWS Identification No	ımber: 3590069				
	PWS Type: \boxtimes C	community Non-Transient Non-Communi	ty Transie	nt Non-Community		nsecutive					
- (Number of Service Cor	nnections at End of Month: 221		Total Population S	Served at E	nd of Month: 774					
- 1	PWS Owner: Utilities,	Inc. of Florida									
	Contact Person: Patrick	k Flynn		Contact Person's 7							
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte S	prings	State: Fl	Zip Code: 32714				
	Contact Person's Telep	hone Number: 407-869-1919		Contact Person's I	ax Numbe	r: 407-869-6961					
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com									
В.	Water Treatment Plant										
	Plant Name: Utilites, In	nc. of Florida				Plant Telephone Num					
	Plant Address: 200 We			City: Altamonte S	prings	State: Fl	Zip Code: 32714				
	Type of Water Treated		rchased Finished	Water							
		Day Operating Capacity of Plant, gallons per day:	259,000								
		bsection 62-699.310(4), F.A.C.): IV				52-699.310(4), F.A.C.):					
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift	(s) Worked				
	Lead/Chief Operator:	Mike Gavaletz	C	5642		Mon-Fri 8ar	n-4:30 p.m.				
	Other Operators;	Terry Sillitoe	С	12749		Sat. 8am	-4:30pm				
]				
	Land to the same										
					<u> </u>						
	l. Certification by Lea	d/Chief Operator									
		eatment plant operator licensed in Florida, am the	lead/chief operat	tor of the water treat	ment plant	identified in Part I of t	his report. I certify that the				
inf	formation provided in th	his report is true and accurate to the best of my kn	owledge and belie	ef. I certify that all	drinking w	ater treatment chemical	s used at this plant conform to				
	information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this										
pla	ant were prepared each	day that a licensed operator staffed or visited this	plant during the r	nonth indicated abo	ve: (1) reco	ords of amounts of chen	nicals used and chemical feed				
rat	tes; and (2) if applicable	, appropriate treatment process performance reco	rds. Furthermore	, I agree to retain the	ese addition	nal operations records a	t the plant site for at least ten				
ye	ars and to make them av	vailable for review upon request.									
	am 1 1 A	/ A salmati				05645					
_	mulael	Gavaly 10/5/04 Michael	J. Gavaletz			C5642					
Si	gnature and Date	/ / Printed	or Typed Name			License N	umber				
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* Refer to the instructions for this report to determine which plants must provide this information. 000 to car 2! Average mumixaM





	page 4 for instructions.						-
1.	General Information	for the Month/Year of: Oct 2004					<u> </u>
A.	Public Water System (F	PWS) Information					
	PWS Name: Bear Lake					PWS Identification N	lumber: 3590069
		Community Non-Transient Non-Community	nity Transie	nt Non-Community	ПСо	nsecutive	<u></u>
		nnections at End of Month: 221		Total Population S	Served at E	nd of Month: 774	
	PWS Owner: Utilities,						
	Contact Person: Patric			Contact Person's	Title: Regio	onal Director	
		ing Address: 200 Weathersfield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714
		phone Number: 407-869-1919		Contact Person's I	ax Numbe	r: 407-869-6961	
_	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.com					
В.	Water Treatment Plant						
	Plant Name: Utilites, I					Plant Telephone Nun	nber: 407-869-1919
	Plant Address: 200 We			City: Altamonte S	Springs	State: Fl	Zip Code: 32714
	Type of Water Treated		urchased Finished V	Vater			
	Permitted Maximum E	Day Operating Capacity of Plant, gallons per day	: 259,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per si	ubsection 6	2-699.310(4), F.A.C.):	C
	Licensed Operators		License Class	License Number	Section 1	Day(s)/Shif	t(s) Worked
	Lead/Chief Operator:		C	5642		Mon-Fri 8a	m-4:30 p.m.
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8am	n-4:30pm
					<u> </u>		
		<u></u>		<u> </u>	<u> </u>		
П	. Certification by Lea	d Chief Operator					
i, t	he undersigned water tro	eatment plant operator licensed in Florida, am th	e lead/chief operato	or of the water treat	ment plant	identified in Part I of t	his report. I certify that the
*****	ormanon provided in in	is report is true and accurate to the best of my kr	lowledge and belief	Legitify that all d	lrinkino wa	ter treatment chemical	e used at this plant conform to
117	i miemanonai Standard	d ou of other applicable standards referenced in s	Subsection 62-555 3	120(3) FAC 1ale	o certify th	at the following additi	anal anamations resource for this
Piu	iii were prepared cach d	iay ulal a ncenseu operator statted of visited this	i hiant during the m	anth indicated abou	10. () LOVO	rde of amounts of cham	wisala waad awd abawiaal faad
	es, and (2) is applicable,	, appropriate treatment process performance recovailable for review upon request.	ords. Furthermore,	I agree to retain the	se addition	al operations records a	it the plant site for at least ten
, 50	as and to make mem av	anable for review upon request.					
	mulael	Garate 11/4/04 Michael	el J. Gavaletz			C5642	
Sig	gnature and Date	Printer	or Typed Name			License N	k.a
_		()	or Typou Haille			License N	umber

PWS Id	WS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
III. Da	III. Daily Data for the Month/Year of: Oct 2009												
Means of	of Achie	ving Four-L	og Virus In	activation/Rem		Free Cl	lorine	C	hlorine D	ioxide	Oz	one C	Combined Chlorine (Chloramines)
		Radiation	Other (ad in Distribut	on Caretain	KZ =	on Old	lanin s		Line A CI	1	5.1	O Chloring Dismid
Type of	Disinte	ciani Residi	iai iviaintain	Calculations of	ION System:	monetrate Re	ree Ch	IOTINE Virus Inactiv		oined Ch	norme (C	hloramines)	Chlorine Dioxide
[]				Calculations, or	ा (ग.स्मान)	ations 🖖			100	יעט יי	Dose *	3 (4, 5, 5)	
				Lowest Residual Disinfectant Concentration	Disinferen	Lowest CT			-	1.0	*	Lowest	
1 1				Disinfectant	Contact Time	Before or	1		100	2.94	100	- Residual Disinfectant	
		Not Quantity		Concentration (C) Before or at	(T) #C	at First		.,,	Minimum	Lowes	Ministra	Concentration	
Day of	Hours	of Finished		First Customer	Point During	During	of	all of	Required		-0.294		Repergency of Abnormal Operating Conditions; Repair
		Water Produced, gal	Peak Flow	During Peak	Prek Flow,	Peak Flow.	Water.	picof Water, if	mg-	mW.	my.	Company of the Compan	
	24	41,000	Rate gpd	Flow, mg/L	minutes	me-min/L	ر بارد ا	Applicable	mu/L	SCC CHI	建加州 加州	System, mg/L	On Maintenance Work that Involves Taking Water System Components Out of Operation
	24	QuiPL										1.n 8.8	
3		62,000											
5		49,000					 			L	 	0.8	
6	24	53,000										1.0	
7 8	24 24	55,000 12,000										1.0	
9		40,000					 					0.9	
10	⊇Ÿ	65,000			<u> </u>	<u> </u>					 	1-0	
11	24	62,000										0,8	
13	24 24	39,000 59,600			ļ		<u> </u>					9,9	
14	50	40,050	<u> </u>	 	<u> </u>	 	 				 	1-0 0.8	
15	24	56,000									 	1.0	
16	갲	36,000 56,000										0.9	
	24	56,000	 	 		 		 		 	<u> </u>	1.0	
19	24	51,000 59,000				<u> </u>				 	 	0.8	
20	24	59,000										0,8	
22	24 24	39, 500 55,000					 	 	 		 	2.7	
23	24	39,000			 	 	├─	 			 	1.0	
	Pς	66,000											
25	22	67,000 43,000			ļ	<u> </u>						1.0	
27	24	57,000	 	 	 	 	-	 	 	 	 	0.8	
28	77	49,000									 	1.0	
30	17 17	53,000 44,000		 								0.8	
31	11	63,000	 	 		 	 	-			 	0.9	
Total	1.00	1,585,005	-	1				1		L		I	
Aviacea	27 77 77 77	1 61 61	1										

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



See page 4 for instructions.

	page 4 for manactions.										
	General Information			νΥΥ							
A. ˌ	Public Water System (P	WS) Information									
	PWS Name: Bear Lake		······································				PWS Identification	Number: 3590069			
			Non-Transient Non-	Community Transi	ent Non-Community	ПСо	nsecutive	_			
	Number of Service Co		of Month: ユスし		Total Population S	erved at E	nd of Month: 77 \				
	PWS Owner: Utilities,	Inc. of Florida									
	Contact Person: Patricl				Contact Person's T	itle: Regio	onal Director				
	Contact Person's Maili				City: Altamonte S	prings	State: Fl	Zip Code: 32714			
	Contact Person's Telep				Contact Person's F	ax Numbe	er: 407-869-6961				
_	Contact Person's E-Ma	il Address: p.c.fly	nn@utilitiesinc-usa.c	om							
B.	Water Treatment Plant										
	Plant Name: Utilites, 1	nc. of Florida					Plant Telephone No	umber: 407-869-1919			
	Plant Address: 200 We				City: Altamonte S	prings	State: Fl	Zip Code: 32714			
	Type of Water Treated		Raw Ground Water	Purchased Finished	Water						
	Permitted Maximum D	Day Operating Cap	pacity of Plant, gallons	s per day: 259,000							
	Plant Category (per su	bsection 62-699.3			Plant Class (per su	bsection 6	2-699.310(4), F.A.C	.): C			
	Licensed Operators		Name	License Clas	E License Number	apper of the	Day(a)(S)	itt(s) Worked			
	Lead/Chief Operator:	Mike Gavaletz		C	5642			8am-4:30 p.m.			
	Other Operators:	Terry Sillitoe		C	12749		Sat. 8	am-4:30pm			
		ļ									
			····								
		<u> </u>		. <u> </u>							
11	. Certification by Lea	d-Chief Operator									
I, t	he undersigned water tr	eatment plant oper	rator licensed in Florid	da am the lead/chief oners	tor of the water treat	ment nlant	identified in Part I o	f this report. I certify that the			
inf	ormation provided in th	is report is true an	d accurate to the best	of my knowledge and beli	ef I certify that all d	rinking wa	iter treatment chemic	als used at this plant conform to			
142	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 ISF 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										
hia	ant 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										
rau	es; and (2) it applicable.	, appropriate treati	ment process perform:	ance records. Furthermore	, I agree to retain the	se additior	al operations records	s at the plant site for at least ten			
yea	ers and to make them av	ailable for review	upon request.		-		•	•			
	mulas	Gavata	1212104	Michael J. Gavaletz			C5642				
Sic	gnature and Date	July	7 - 11 - 7	Printed or Typed Name				Number			
٠.٤	,	()		Trinica of Typea Name			License	Number			

PWS Identific	/S Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida											
III. Daily Da	1. Daily Data for the Month/Year of: NOV 2004											
Means of Ach	ieving Four-L	og Virus In	activation/Rem		Free Ch	lorine	C	hlorine D	ioxide	Oz	one [] (Combined Chlorine (Chloramines)
Ultraviolet			Describe):						, ,			
Type of Disin	ectant Residu	ual Maintain	ed in Distribut Calculations or I	ion System:	∑ Fı	ree Ch	orine	☐ Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
		U.	Carcina one, or i	CT Calcu	ations at FO	u-Lu	Atta turcia	MENT II VD	OUCHOUP IV	Dose		
\$ \$, A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 18 8	Lowest CT Provided	701	7 () () () () () () () () () (31.54	Lowest Resident	
			Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or	1.5				1.3	Alala Managara	
			Concentration	· m = c	at Piret.	1	1.7	Minimum	Lowest	1	Concentration at Remote	
Day of Hours	Not Quantity of Finished		(C) Before or at First Customer	Measurement Point During	as Pinas. Custossar During	Testa. Of		्टा	Operation	UV Does	at Remote Point is	Emergency of Abnormal Operating Conditions; Repair
the Plant in	Water	Peak Flow	During Prek	Peak Plow,	Peak Pleve mg-min/L	Valor	Water, If	ma-	mW.	The state of	Point is a Chatribanion System, ma/L	or Maintenance Work that Involves Taking Water
Month Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm	sec/on	System, mg/L	System Components Out of Operation
2 24	64 000 4 1/ 000		 	 						ļ	מֹת	
3 2 24	68,000										1.0	
4 37	45,000										1.0	
5 24 6 24	43,000		ļ								0.8	
7 24	64,000		 	 			 				<u> </u>	
8 24	65,000		 			 				 	10	
9 24	48:000										0,8	
10" 24	99,000 53,000										1-0	
11 24	38,000	ļ	 	 						 	0.8	
13" 24	40,000	 	 	 	 	 	 	 	 	 	0.0	
14 14	66,000										1,0	
15 24	67,005										1.0	
16 24 17 24	14 4 000 168:000	ļ	 	 		ļ	ļ	 			1-49	
18 24	60 000	 	 	 	 		 	 		 	1-1-1-	
19 24	58,050									<u> </u>	1 1.1	
20 <u>X</u> Ý	40,000										1,0	
21 <u>14</u> 22 <u>14</u>	70,060 70,0∞		 	 	ļ	 -	 -	 	ļ	 -	1.0	
23 24	52,000		 	 	 	 		 	 	 	0.8	
24 14	157,000						 	1			2.8	
25 24	52 000										1.0	
26 24 27 24	34,000	}	ļ	 	ļ	 	ļ	ļ	ļ		0.8	
	52,000	 	 	 	 	 	 	 	 	-	1-1-1	
29 24	< 3,000	 	 	 	 	†	 	 	 		i.0	
30 24	45,000										0.8	
Total		 	J		<u> L. </u>	1						
Average	627,000	4 < 0										

Maximum

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



See page 4 for instructions

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see page 4 for mist deficits.						O. 6				
I. General Information for the Month/Year of:	ec - 2004		•							
A. Public Water System (PWS) Information										
PWS Name: Bear Lake					PWS Identification N	umber: 3590069				
PWS Type: Community Non-Transien	t Non-Community	7 Transie	nt Non-Community	ПСо	nsecutive	uncor. 3370007				
Number of Service Connections at End of Month: 22	1				and of Month: 774					
PWS Owner: Utilities, Inc. of Florida										
Contact Person: Patrick Flynn			Contact Person's	Title: Regio	onal Director					
Contact Person's Mailing Address: 200 Weathersfield A	lve.		City: Altamonte S		State: Fl	Zip Code: 32714				
Contact Person's Telephone Number: 407-869-1919			Contact Person's I	ax Numbe	er: 407-869-6961					
Contact Person's E-Mail Address: p.c.flynn@utilitiesing	c-usa.com									
B. Water Treatment Plant Information						 				
Plant Name: Utilites, Inc. of Florida					Plant Telephone Num	nber: 407-869-1919				
Plant Address: 200 Weathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714				
Type of Water Treated by Plant: Raw Ground V		hased Finished V	Vater							
Permitted Maximum Day Operating Capacity of Plant,	gallons per day: 25	59,000								
Plant Category (per subsection 62-699.310(4), F.A.C.):		γ			2-699.310(4), F.A.C.):					
Licensed Operators Name Lead/Chief Operator: Mike Gavaletz		License Class		and the second	Day(s)/Shift	(s) Worked				
		С	5642		Mon-Fri 8ar	n-4:30 p.m.				
Other Operators Terry Sillitoe		<u> </u>	12749		Sat. 8am-	-4:30pm				
					· · · · · · · · · · · · · · · · · · ·					
										
						~				
										
		L		L						
II. Certification by Lead/Chief Operator										
, the undersigned water treatment plant operator licensed in	Florida, am the le	ad/chief operato	r of the water treats	nent plant	identified in Part I of th	is report. I certify that the				
ne 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 primation 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 F 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 part of the prepared each day, that a licensed operator steffed any licensed operators are feed any licensed operators.										
The standard of or other applicable standards	referenced in suns	さきくだいい カフェカカカース	20/3) F.A.C. Tale	a contiti, th	at the fallowing addition					
real wave property decided day that a necessed operator statted	i or visitea inis nia	nt dumpe the me	onth indicated above	a. (1) ragar	rda of amounts of abou	in the control and about the transfer of				
ates; and (2) if applicable, appropriate treatment process pe years and to make them available for review upon request.	riormance records	. Furthermore, I	agree to retain the	se addition	al operations records at	the plant site for at least ten				
	RAYMO	Nd ALANI	PARRISH		·· c-12	740				
ayroad the Parish 1/2/2005	Michael J.		, , ,		C5642					
Signature and Date		Typed Name	·		License Nu	mber				
/ ·	· · · · · · · · · · · · · · · · · · ·	Typed Haine			License Mu	moer				

PWS	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida - BEAR LAKE													
111.	11. Daily Data for the Month/Year of: Dec - 2004													
Mean	of Achi	ieving Four-I Radiation	Log Virus In	nactivation/Rem (Describe):	noval: *	Free Cl	lorine		hlorine I	Dioxide	Oz	zone []	Combined Chlorine (Chloramines)	
				ned in Distribut	ion System:	ΣĪF	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide	
				T Calculations, or								"	Comornio Brokies	
1				5 SE SE	CT Calcul	alione .				IIV	Dose -	at the second		
1	Lowest CT Mark Called Advantage Lowest CT													
} .			İ	Lowest Residual	Disinfectant.	Provided?	12		7000	1		Residual		
				Disinfectant	Contact Time	Before or.			7.7°%			Disinfectant	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		Net Quantity	ļ	Concentration	(T) at C	at Pirst		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Minimum	Lowest	Minimum	Concentration		
Day of	Hours	of Finished		First Customer	Point During	Customer	i emb.	pH of	Damired	Operating UV Dose,	Daguired	at Remote. Point in	Emergency or Abnormal Operating Conditions, Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,			Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water	
Month	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutos	mg-min/L	°C	Applicable		scc/cm ²		System, mg/L		
1	24	57.000										1.0		
2.€		49,000										1.1		
16.35		54,000										1,3		
7433		35,000										1,0		
5		62,000												
- 64F		63,000								ļ		1,0		
:://5.		44,000								ļ		0.7		
₩8.₩		58,000										0.8		
75.0%		48,000										1.0		
**103 **11家		52,000										0.8		
351232		34,000								ļ				
%13%	- (/ 	57,000								ļ		1 3		
145	3'// 	58,000 43,000										1.0		
15-	A7	49,000										1.0		
₹165	-	48,000										0.9		
17:		55,000										1.0		
183		36,000										1.2		
₹194		62,000									-			
205		63,000										1.0		
~214		56,000										0.8		
> 22 -		54,000										1,0		
23-7		35,000										2.0		
24-		44,000										1,8		
25		47,000										1.4		
~ 26 "		48.500												
277														
**28 **29														
30														
31 %	24	70,000										2.0		
Total		1,551,000		L								2.0		
Aueren		50,000	1									•		
		63 000	/											

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

FILE COPY





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

See page 4 for instructions.

	- page 1 to mondettone	•						
		for the Month/Year of: January/20	005					
A.	Public Water System (I	PWS) Information						
	PWS Name: Bear Lak	e					PWS Identification No	umber: 3590069
	PWS Type: 🖂 🤇	Community Non-Transient Non-	n-Community Tr	ansien	t Non-Community	Cor	secutive	
	Number of Service Co	nnections at End of Month: 222	F		Total Population S	erved at Er	nd of Month: 777	
	PWS Owner: Utilities.	Inc. of Florida						
	Contact Person: Patric	k Flynn			Contact Person's T	itle: Regio	nal Director	
	Contact Person's Mail	ing Address: 200 Weathersfield Ave.			City: Altamonte Sp	orings	State: Fl	Zip Code: 32714
	Contact Person's Teles	phone Number: 407-869-1919			Contact Person's F	ax Number	r: 407-869-6961	
	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa	.com					
B.	Water Treatment Plant	Information						
	Plant Name: Utilites, I	nc. of Florida					Plant Telephone Num	
	Plant Address: 200 W	eathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated	d by Plant: Raw Ground Water	Purchased Finis	shed V	Vater			
	Permitted Maximum I	Day Operating Capacity of Plant, gallo	ns per day: 259,000					
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV			Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	C
	Licensed Operators	Name	License	Class	License Number		Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Roy Mericle	С		13808		Tue - Fri 8 a.r	m 4:30 p.m.
	Other Operators:	Terry Sillitoe	C		12749		Sat. 8 A.M.	- 4:30 P.M.
		Ray Parrish	С		12740		Mon 8 A.M.	- 4:30 P.M.
	Contification by I	AlCl : CO						
	. Certification by Lea						identified in Dont Loft	his remort. I cortify that the
int	formation provided in the	reatment plant operator licensed in Flonis report is true and accurate to the be	orida, am the lead/chief of	perato	or of the water treat	nent piant	ter treatment chemical	e used at this plant conform to
NS	SF International Standa	d 60 or other applicable standards refe	st of fifty knowledge and	555	200(3) EAC Lale	o certify th	at the following addition	onal operations records for this
pla	ant were prepared each	day that a licensed operator staffed or	visited this plant during	the m	onth indicated abov	e: (1) reco	rds of amounts of chem	nicals used and chemical feed
rat	tes; and (2) if applicable	e, appropriate treatment process perfor	mance records. Further	more	I agree to retain the	se addition	al operations records a	t the plant site for at least ten
ye	ars and to make them a	vailable for review upon request.		,			- F	•
•	2	1						
	livent.	Whe 2-2-5	Roy J. Mericle				C13808	
Si	gnature and Date		Printed or Typed No				License N	umber

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PWS I	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida													
111. D	III. Daily Data for the Month/Year of: January/2005 Means of Achieving Four-Log Virus Inactivation/Removal: *													
Means	of Achie		og Virus In			Free Ch	lorine	ПС	hlorine D	ioxide	Oz	one 🔲 C	Combined Chlorine (Chloramines)	
Type o	f Disinfe	ectant Residu		ed in Distribut	ion System:	⊠ Fı	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide	
			C	Calculations, or l	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if An	plicable*				
					CT Calcul	ations			1	UV	Dose			
Day of	Hours	Net Quantity of Finished		Concentration (C) Before or at	Contact Time (T) at C Measurement	Lowest CT Provided Before or at First Customer	Temp.		CT	Lowest Operating	UV Dose	Lowest Residual Disinfectant Concentration at Remote		
the	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water	pli of Water, if	Required, mg-	UV Dose, mW-	Required,	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water	
	Operation			Flow, mg/L	minutes	mg-min/L	°C '	Applicable	Naim	sec/cm²	mW- sec/cm²	System, mg/L	System Components Out of Operation	
1	24	42,000										2.3		
2	24	60,000												
3	24	61,000 39,000						<u> </u>				1.8		
5	24	49,000	 	 	 				}		}	1.5		
6	24	54,000	 	 	 		 					1.3		
7	24	53,000					<u> </u>	 				1.5		
8	24	38,000										0.7		
9	24	59,000												
10	24 24	60,000										2.5		
12	24	55,000 49,000	 	 			 			<u></u>		2.5		
13	24	47,000	 	 	 	 	 	 	}	}		2.5		
14	24	44,000		<u> </u>	 		 	 	 	 	 	3.1		
15	24	43,000			 	 	 	 	 			2.8		
16	24	55,000									<u> </u>			
17	24	56,000										2.6		
18	24 24	44,000	↓	 								2.4		
20	24	48,000 51,000	<u> </u>	 	 		├	 		ļ		2.5		
21	24	44,000	 	 	 	 	 	 	 		 	2.5		
22	24	58,000		 	 	 	 	 	 	 		1.8		
23	24	64,000		†	†	 	\vdash	 	 	 	 	1.4		
24	24	64,000			†	T	†	 	 	 	1	1,8		
25	24	44,000								 		1.5		
26	24	41,000										2.0		
27	24	40,000										2.0		
28	24	59,000 42,000	 	 		<u> </u>	<u> </u>	<u> </u>				1.7		
30	24	65,000	 	 -	 	 	├	 	 			1.5		
31	24	66,000	 	 	 	 	 	 	 	 	 	1.50		
Total		1,594,000	 	1		<u></u>	ـــــلـ	1	<u> </u>	l	Ц	1.30	<u> </u>	
Averag	e	51,419												

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



see	page 4 for instructions.										
l.	General Information	for the Month/Year of: February/200	5		*						
A.	Public Water System (P	WS) Information									
	PWS Name: Bear Lake	e ·				PWS Identification Nu	ımber: 3590069				
		Community Non-Transient Non-C	Community Transier	nt Non-Community	Cor	nsecutive					
		nnections at End of Month: 222		Total Population Se							
		vner: Utilities, Inc. of Florida									
	Contact Person: Patricl			Contact Person's Title: Regional Director							
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl Zip Code: 32714							
		phone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961							
		uil Address: p.c.flynn@utilitiesinc-usa.co	m								
B.	Water Treatment Plant	Information									
	Plant Name: Utilites, I					Plant Telephone Num					
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Sp	rings	State: Fl	Zip Code: 32714				
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished	Water							
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	per day: 259,000								
		bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):					
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift	(s) Worked				
	Lead/Chief Operator:	Roy Mericle	. C	13808		Tue-Fri 8 a.n	n 4:30 p.m.				
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8 A.M 4:30 P.M.					
		Ray Partish	С	12740	Mon 8 A.M 4:30 P.M.						
	ļ										
	<u> </u>										
	ļ										
		<u> </u>				· · · · · · · · · · · · · · · · · · ·					
11	. Certification by Lea	d Chief Operator									
		eatment plant operator licensed in Florid	a am the lead/chief operat	or of the water treatr	nent plant	identified in Part I of t	his report. I certify that the				
inf	ormation provided in th	is report is true and accurate to the best of	of my knowledge and belie	f. I certify that all d	rinking wa	ater treatment chemical	s used at this plant conform to				
NS	SF International Standar	d 60 or other applicable standards referen	nced in subsection 62-555.	320(3), F.A.C. I also	o certify th	hat the following addition	onal operations records for this				
pla	int were prepared each of	day that a licensed operator staffed or vis	ited this plant during the n	onth indicated above	e: (1) reco	ords of amounts of chem	nicals used and chemical feed				
rat	es; and (2) if applicable	, appropriate treatment process performa	nce records. Furthermore,	I agree to retain the	se addition	nal operations records a	t the plant site for at least ten				
ye	ars and to make them av	vailable for review upon request.									
	1/6	Wa 2-28-05	Day I Mariala			C12000					
Q:	gnature and Date	- 12 1-10-US	Roy J. Mericle			C13808					
Οij	gnature and Date		Printed or Typed Name			License N	umber				

								—					
PWS		ation Number				lant Name			Florida				
				f: February/2		Aug							
Means	of Achi	eving Four-L	og Virus In	activation/Rem	oval: * [Free Ch	lorine	∐ C	hlorine D	ioxide	☐ Oz	one 🔲 🤇	Combined Chlorine (Chloramines)
		Radiation		(Describe):									
Type	of Disinfo	ectant Residu		ed in Distribut		⊠ Fı	ree Ch	lorine			lorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or I	UV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*		!	
					CT Calcul					UV	Dose	_	
					5	Lowest CT						Lowest Residual	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or					Minimu	Disinfectant	
				Concentration	(T) at C	at First			Minimu	Lowest	m UV	Concentration	
		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		m CT	Operating	1	at Remote	
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,		Point in	Emergency or Abnormal Operating Conditions; Repa
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation
<u> </u>	24	51,000										1.5	
2	24	51,000										1.5	
3	24	46,000										1.4	<u> </u>
4	24	52,000										1.4	
5	24	36,000	· · · · · · · · · · · · · · · · · · ·								ļ	1,4	
7	24	57,000						<u> </u>	<u> </u>		<u> </u>		
	24	57,000					L		<u> </u>			1.5	
8	24	59,000		ļ								0.6	
10	24	49,000					<u> </u>				<u> </u>	2.8	
	24 24	48,000		<u> </u>								1.5	
11	24	51,000										1.3	
13	24	41,000 57,000	ļ <u>.</u>						ļ	<u> </u>	<u> </u>	1.1	
14	24	57,000		<u> </u>			 		<u> </u>		<u> </u>		
15	24	46,000	ļ.,			ļ	L		ļ		<u> </u>	1.0	
16	24	64,000										1.0	
17	24	68,000							ļ		ļ	1.1	
18	24	50,000							<u> </u>	<u> </u>	}	1.0	
19	24	51,000	ļ- 	 						ļ	1	0.9	
20	24	65,000		 	 			ļ	 	ļ	 	0.8	
21	24	66,000		 	 				├ ───		1	1.0	
22	24	60,000	 	 	 			 	 		1	0.9	
23	24	59,000		 	 	 	-	 	 	ļ	1	2.5	
24	24	52,000		 	 	 		 	 		 		
25	24	61,000	 			 	 	 	 		 	1.5	
26	24	36,000	 		 	 	-	 	 	 	ļ	1.1	
27	24	55,000		 	 		 	 	 		 	1.1	
28	24	56,000				 		 	 	├	 	12	
29	24		 	 		 			 	 	+	1.3	
30	24	· · · · · · · · · · · · · · · · · · ·	 	 				 	 	 	 	 	<u> </u>
31	24	t	 	 	 		 	 	 	 	+	 	
Total		1,501,000	 	<u> </u>	<u> </u>	<u> </u>	1	<u>. </u>	J	<u> </u>	.L	J	
Average	е	53,607	1										

68,000

Maximum

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing SYSTEM/SUB #:

MONTHMEAR: Fob

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
_14						
15						
16						
17						
18						
19		1				
20						
21						
22						
23						
24						
25						
26						
27						
28	14"	5			3,000	WTP-ORP
29						
30						
31						

Type Code

- Water breaks
 Flushing hydrants
 Meter defect
- 4) Construction
 5) Other

FILE COPY





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

See page 4 for instructions.

		for the Month/Year of: January/2005										
Α.	Public Water System (F											
	PWS Name: Bear Lake					PWS Identification Nu	mber: 3590069					
		Community Non-Transient Non-Community	/ Transier	nt Non-Community		onsecutive						
	Number of Service Co	nnections at End of Month: 222		Total Population S	erved at E	End of Month: 777						
	PWS Owner: Utilities,											
	Contact Person: Patric	k Flynn		Contact Person's T	itle: Regio	onal Director						
	Contact Person's Maili	ing Address: 200 Weathersfield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714					
	Contact Person's Teler	phone Number: 407-869-1919		Contact Person's F		er: 407-869-6961						
	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.com										
B.	Water Treatment Plant	Information										
	Plant Name: Utilites, I					Plant Telephone Numb	per: 407-869-1919					
	Plant Address: 200 We			City: Altamonte S	prings	State: Fl	Zip Code: 32714					
	Type of Water Treated		hased Finished V		 							
	Permitted Maximum [Day Operating Capacity of Plant, gallons per day: 2:	59,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C											
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
Lead/Chief Operator: Roy Mericle C 13808 Tue - Fri 8 a.m 4:30 p.m.												
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8 A.M 4						
		Ray Parrish	С	12740		Mon 8 A.M	4:30 P.M.					
						······································						
	•											
	. Certification by Lead	d/Chief Operator										
I, t	ne undersigned water tre	eatment plant operator licensed in Florida 41-1	and/ahinf			11 1						
info	ormation provided in th	eatment plant operator licensed in Florida, am the le is report is true and accurate to the best of my know	eau/enier operate	of or the water treatm	nent plant	identified in Part I of thi	s report. I certify that the					
, ,,	a michiamona stanuar	u oo oi ouler applicable standards referenced in siib	section 62-555 3	20(3) FAC Tale	a cortificat	not the following addition	and apparations records for this					
P	ar more propared cacit d	iay mai a neelised operator statted or visited this his	ant during the ma	anth indicated above	o· (1) reco	rde of amounte of chami	cale used and chamical food					
	oo, and (2) is applicable,	appiopitate deathlent process performance record	s. Furthermore	agree to retain the	se addition	nal operations records at	the plant site for at least ten					
yea	ars and to make them av	ailable for review upon request.			or addition	iai operations rootus at	and plant site for at loadt ton					
		4										
	and 1	2/4 2-2-5 Roy J. Me	ricle			C13808						
Sig	nature and Date	Printed or	Typed Name			License Nur	nher					

PWS	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
HII. D	aily Dat	a for the Mo	mth/Year e	f: January/20	105								
Means	of Achie		og Virus In	activation/Rem (Describe):		Free Cl	lorine	ПС	hlorine D	ioxide	Oz	one [](Combined Chlorine (Chloramines)
				ed in Distribut	ion System:	X F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
1750		octain record	C	l' Calculations, or l	IV Dose to De						I I	inoral lines)	
						ations	17.55			UV	Dose		
				Lowest Residual Disinfectant	Disinfectant Contact Time	Lowest CT Provided Before or						Lowest Residual Disinfectant	
		Not Quantity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum CT	Lowest	Minimum UV Dose	Concentration at Remote	
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,		Water,	Water, if	mg-	mW-	mW•	Distribution	or Maintenance Work that Involves Taking Water
Month	Operation 24	Produced, gal 42,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	ି°C	Applicable	min/L	sec/cm ²	sec/cm*	System, mg/L	System Components Out of Operation
	24	60,000		 		<u> </u>	 	 	 			2.3	
3	24	61,000		 			 	 				1.8	
4	24	39,000			 	 		 	 			1.5	
5	24	49,000							-			1.5	
6	24	54,000		1								1.3	
7	24	53,000										1.5	
8	24	38,000										0.7	
9	24	59,000											
10	24 24	60,000 55,000	ļ	 			ļ	ļ	<u> </u>		<u> </u>	2.5	
12	24	49,000	ļ	 			 	 	 -		ļ	2.5	
13	24	47,000		 	 	ļ	 		ļ			2.5	
14	24	44,000	}	 	 	 	 	 	 	ļ		3.I	
15	24	43,000		 	 		 	 	 		 	2.8	
16	24	55,000				1	 		 		 		
17	24	56,000			1				 		 	2.6	
18	24	44,000						1				2.4	
19	24	48,000										2.5	
20	24	51,000										2.5	
21	24	44,000	ļ	 								1.8	
23	24	58,000 64,000	 	 			├ ──				<u> </u>	1.4	
24	24	64,000	 	 	<u> </u>	 	ļ		 		 _		· · · · · · · · · · · · · · · · · · ·
25	24	44,000	 	 	 		 	 	 	ļ	<u> </u>	1.8	
26	24	41,000	 	 		 	├─-	 	 	 	 	2.0	
27	24	40,000		 	 	 	 	2.0					
28	24	59,000	1			 	 	 	 	 	 	1.7	
29	24	42,000	1	1			 	 	 	 	 	1.5	
30	24	65,000			1		T	1	1	 	 	1	
31	24	66,000						1		† — — —	 	1.50	
Total		1,594,000										*	
Averag	e	51,419	ŀ										

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



See	page 4 for instructions.				FII	F COPY						
		or the Month/Year of: March/2005										
	Public Water System (P											
<u>٦</u> . [PWS Name: Bear Lake				PWS Identification N	umber: 3590069						
Ì		Community Non-Transient Non-C	Community Transien	t Non-Community C	onsecutive							
]		nnections at End of Month: 222	Community Transfer	Total Population Served at								
Ì	PWS Owner: Utilities,			Total Topulation Serves as								
- 1	Contact Person: Patrick			Contact Person's Title: Reg	ional Director							
		ng Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714						
		hone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961								
		il Address: p.c.flynn@utilitiesinc-usa.co	om									
В.	Water Treatment Plant											
	Plant Name: Utilites, I	nc. of Florida			Plant Telephone Num							
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714						
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V	Vater								
		Day Operating Capacity of Plant, gallons	per day: 259,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
	Licensed Operators	(s) Worked										
	Lead/Chief Operator: Roy Mericle C 13808 Tue - Fri 8 a.m 4:30 p.m.											
	Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M.							
		Ray Parrish	C	12740	Mon 8 A.M.	- 4:30 P.M.						
		[
]											
]											
		L		l								
	. Certification by Lea											
Ī, t	the undersigned water tr	eatment plant operator licensed in Florid	da, am the lead/chief operato	or of the water treatment plan	nt identified in Part I of t	his report. I certify that the						
inf	formation provided in th	is report is true and accurate to the best	of my knowledge and belief	f. I certify that all drinking v	water treatment chemical	s used at this plant conform to						
NS	SF International Standar	d 60 or other applicable standards refere	enced in subsection 62-555.3	320(3), F.A.C. I also certify	that the following additi	onal operations records for this						
pla	ant were prepared each	day that a licensed operator staffed or vis	sited this plant during the m	onth indicated above: (1) rec	cords of amounts of cher	nicals used and chemical feed						
rat	es; and (2) if applicable	, appropriate treatment process performa	ance records. Furthermore,	l agree to retain these additi	onal operations records a	it the plant site for at least left						
ye	ars and to make them av	vailable for review upon request.										
	1/90	When 3-31-5	Roy J. Mericle		C13808							
Si	gnature and Date	11 m 212	Printed or Typed Name		License N	umber						
51	Britaire and Date	Finded of Typed Name										

PWS	WS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
				f: March/200									
Means	of Achie	eving Four-L	og Virus In	activation/Rem	oval: *	Free Ch	lorine	□с	hlorine D	ioxide	Oz	one 🗌 🤇	Combined Chlorine (Chloramines)
	Ultraviolet Radiation Other (Describe): pe of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide												
Type	or Distric	ectant Residu	iai Maintair	red in Distribut	On System:	monetrate Fo	ree Chi	lorine	Com	bined Ch	iorine (C	nioramines)	
			<u> </u>	Calculations, or C	CT Calcul		m-rog	VII LES THACTIV	ation, it Ap	UV	Dose		
						Lowest CT				40.5		Lowest	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or			Sec. 27.			Residual Disinfectant	
				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at	Measurement		Temp.		СТ	Operating	UV Dose	at Remote	
the	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	Required, mg-	mW-	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month		Produced, gal		Flow, mg/L	minutes	mg-min/L	°C .	Applicable		sec/cm ²		System, mg/L	System Components Out of Operation
	24	55,000										1.3	
3	24 24	62,000 62,000				<u> </u>		 	<u> </u>			1.4	
4	24	50,000		 			 	ļ				1.3	
5	24	43,000					 	 			<u> </u>	0.8	
6	24	74,000											
7	24	74,000										2.0	
9	24	53,000 53,000		 	ļ		ļ	ļ				1.1	
10	24	43,000	 		 		 					1.4	
11	24	47,000	<u> </u>						 -		 	0.9	
12	24	47,000				l						0.8	
13	24	62,000											
15	24	62,000 63,000							<u> </u>			1.2	
16	24	40,000	 			<u> </u>		 	 		 	1.2	
17	24	37,000		<u> </u>		<u> </u>		 	 	 	 -	1.0	
18	24	37,000							1			1.4	
19 20	24 24	34,000 49,000	ļ	ļ								1.1	
21	24	49,000	 	 	 		 				<u> </u>		
22	24	39,000		 -		 		 	 	 	 	1.0	
23	24	35,000					 	 	 	 		1.2	
24	24	42,000										1.0	
25 26	24	40,000 36,000										1.3	
27	24	48,000		}	 	<u> </u>	 		 	ļ		1.2	
28	24	49,000	 	 	 	 	 	 	 	 	 	1.1	
29	24	54,000				 	 	 	 	 	 	0.8	
30	24	52,000										0.7	
31 Total	24	54,000 1,545,000	 									1.60	
Average	e	1,345,000	ł										

Maximum

74,000

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

BEAR LAKE PWS: 3590069 CUP: 8348

MONTH: March YEAR: 2005

OPERATOR: C13808

					WEL	L				
DATE		PSI	TOTAL GPD	FLOW METER	HOUR METER	HRS	Bleach Pump 1		COMMENTS	
	evious	66	56,000	10743	350.3	4.5		2.75		RS
1	0900	62	55,000	10798	354.8	4.5	Markety Chesister (C)	2.75	A	
2	2900	54	62,000	10860	359.8	5.0	<u> </u>	2.75	A/C	RZ
3	0700	53	62000	10972	3140	54		3,75	A) c	حق/
4	0825	52	50,000	10972	369.8	4.1		2117	A/C Part	RS
5	2600	60	43000	11015	37217	314	 	2.75	Bacts	الاسكا
6	1		7	11013	3/0//	~ /	ļ	2,75	ADJ STEWER A	75
7	0900	61	148,000	11163	384.5	211	<u> </u>	7 -7 -		
8	0910	66	53,000	11216		12.1		2,75	ADJ STEMEN + TO 2.75	RA RS
9	0855	62	53,000	11269	388.8	4,3		2.75	Bleach 80g	
10	0915	67	43,000	11267	393.1	4.3		2.75		R5
11	0745		115 000	11312	396.6	3.5		2.75	Alcopul 1 1 5 5	725
12	0745	67	47,000	11359	400,5	3.8		2.75	PRV install, Boil Water	93
13	6003	66	77,000	11406	43413	3,8		2,75		3
14	0850	- A	194		1					
15		60	124,000	11530	4/4.4	10.1		2.75	A/c	RAND
	1325	56	63,000	11593	419.4	5.0		2.75		
16	1005	59	40,000 37,000 37,000 31,000	11633	422.7	3.3		2.75	Stenner #2 3.00	RS
17	072c	59	37 000	11470	125:7	3,0		3.00	A.ic C. I.	(C)
18	VZ + CXCZ	40_	37,000	11707	128.8	31/		3.00	A/C see Log	<u>_</u>
19	0600	56	34,000	11741	431:5	2.7		7	The 500 cos	- 23
20	1	0 -	1	V7	104	5		3.0		<i>F</i>
21	0815	60	98,000	11839	439.5	8.0		-		
22	0845	55	39,000	11878				3.0		RAP
23	0700	62	35 000	1.0.2	442.6	3.1		3.0		25
24	0750	8 11	35 OCA 42,000	1/2/2	145:5	29		3.0		15
25	0730	64	210 000	11933	748 - 7	3.42		3.0		7<
26	200	60	40,000	11875	4521	7.2		3.0		20
27	080	64	3/ 1000	119 1 3 11855 11895 1203 1	148.9 452.1 455.0	3.42		3.0		The state of the s
28	0915	1. 6.	1							\boldsymbol{v}
29		60	97,000	12128	462.9	7.9		3.0	INTERCONNECT - SEE LOG	aZ
	0925	58	54,000	12182	467.2	4.3		3.0	Stenner 9 3.5	
	0915	62	52,000	12234	471.4	4.2		3.5	Stenner + 3.75	NE SEE
31	1000	60	54,000	12288	475.8	4.4		3.75	212/11/21 1 20/2	/(4)
	VG				•	1.			 1888	
	1IN		4.00	7.00						
	1AX							31,3		
TC	DTAL									

BEAR LAKE PWS: 3590069

CUP: 8348

MONTH: March
YEAR: 2005
OPERATOR: C13808

INTERC	ONNECT	HSP#	1	HSP#	† 2			C	HLORIN	E		
FLOW METER	GALLONS	HOUR METER	HRS	HOUR METER	HRS	ORP	POE	Remote	Gallons Read	Gallons Used	Gallons Calculated	DOSE
26740		6290.4 6293.9	3.5 3.5	6091.9	3.4 3.5	705	1.7	1.3 1.3	225	7.5	4.4	8.2
26700		6298.0	4.1	6099.2	3,8	705	1.7	1.4	215	5.0 5.0	4.9	8.2
		630211	3.2	6103:1	34	705	2.0	11.3	210	5:0	5.0	8.4
		6305.3	3,2	6106.2	3.1	705	1.2	1.0	205	5.0	4.0	8.4
		4308.1	2,8	6108,2	2.0	700	1.0	0.8	200	5.0	3.3	8.1
		1236	0-	P	Cr C						6.4	9.0
		6317.8	9.7	6118.0	9.8	710	2.4	2.0			6.5	9.2
		6321.1	3.3	6121.3	3.3	705	1.4	1.1			4.2	8.3
26700		6327.3	2.2	6124.5	3.2	705	1.5	1.4				
NO COL		633007	3.3 2.9 3/1	6127.3	12 0		1.5	1.0			ļ	
		6333: 7	3.0		2.9	705	1,5	0,9				
		6000 : 1	0,10	Ge133+1	27	705	1.5	0,8			ł	
		6341.4	8.0	6140.8	7.7	700	2.0	1.2				
		6345.4	4.0	6144.6	3.8	700	1.4	1,2				~
		6348.0	2.6	6147.1	3.8 2.5 2.3	685	1.2	1.0				
TO 187 7 20 ACT ACT 15		1635014	214	6149,4	2,3	695		112				
244500		635217	2.3	6149,4	2.5	700	1.5	100				
		6355.0	3.43	6157.1	2.2	700	1,3	1.1				
		6361.6		Cillo I	7	S- /-		, ,				
58,400	31,700	6364.1	2,5	6160,5	6,7	705	1.5	1.0				
	Sign	1311 5	2,4	6162.9	2.4	690	1.4	1.1				
74.900		636812	5.7	6165,2	23	395	1,7	1.2		·		
		2372.0	2, 4	1174.5	200	670	1.2	1.0			· · · · · · · · · · · · · · · · · · ·	
		6372.0 6374.3	2.3	6172.9	2.6	290	1.5	1.3				
			2.0	· · · · · · · · · · · · · · · · · · ·		40	7.43	/ -				
3146		6380.8	6.3	6178,9	6.1	690	1.4	1.1				
0		6384.3	3.5	61823	3.4	675	1.2	19.8				
95100	36,700	6387.7	3.4	6185.5	3.2	690	1.5	0.7				
	1	6391.4	3,7	6189.0	4,5	705	2.1	1.6				
											\$5.7 · · · · · · · .	
	68,400											
						44 ST 1992 St						

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

See	page 4 for instructions.											
		for the Month/Year of: April/2005										
Α.	Public Water System (F	WS) Information										
	PWS Name: Bear Lake	>			PWS Identification N	umber: 3590069						
		Community Non-Transient Non-C	Community Transien	t Non-Community	Consecutive							
		nnections at End of Month: 222		Total Population Served a	End of Month: 777							
	PWS Owner: Utilities.	Inc. of Florida										
	Contact Person: Patric			Contact Person's Title: Re	gional Director							
		ng Address; 200 Weathersfield Ave.		City: Altamonte Springs	State: F1	Zip Code: 32714						
		phone Number: 407-869-1919		Contact Person's Fax Nun	ber: 407-869-6961							
		nil Address: p.c.flynn@utilitiesinc-usa.co	om									
B.	Water Treatment Plant											
	Plant Name: Utilites, I				Plant Telephone Nun	iber: 407-869-1919						
	Plant Address: 200 Wo			City: Altamonte Springs	State: Fl	Zip Code: 32714						
	Type of Water Treated		Purchased Finished V									
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000											
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C											
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
	Lead/Chief Operator:	Roy Mericle	c	13808	Tue - Fri 8 a.	m 4:30 p.m.						
	Other Operators:	Terry Sillitoe	С	12749	Sat. 8 A.M.	- 4:30 P.M.						
	o and o position.	Ray Parrish	С	12740	Mon 8 A.M	- 4:30 P.M.						
	{											
	ĺ											
	1											
	. Certification by Lea											
1, 1	he undersigned water tr	reatment plant operator licensed in Floric	la, am the lead/chief operate	or of the water treatment pl	ant identified in Part 1 of	his report. I certify that the						
INI	ormation provided in th	is report is true and accurate to the best	of my knowledge and belief	i. I certify that all drinking	water treatment chemica	s used at this plant contorn to						
nic nic	or international Standar	d 60 or other applicable standards refere day that a licensed operator staffed or vis	enced in subsection 62-333.	onth indicated shows: (1) r	y that the following addit	nicals used and chemical feed						
rat	es, and (3) it applicable	e, appropriate treatment process performa	siled this plant during the m	onui muicateu above. (1) i Lagree to retain these addit	tional operations records:	at the plant site for at least ten						
ve	ars and to make them a	vailable for review upon request.	ance records. I didactinore,	1 agree to retain those activ	norm operations recoves	tio pain one to the course to the						
پ و												
	1600	Mu 5-3-05	Roy J. Mericle		C13808							
Si	gnature and Date		Printed or Typed Name		License N	lumber						

PWS I	WS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
111. D	aify Dat	a for the Mc	mth/Year o	: April/2005					<u>i.</u> .		· · · · · · · · · · · · · · · · · · ·		
				activation/Rem	oval: *	Free Ch	lorine	ПС	hlorine D	ioxide	Oz	one (Combined Chlorine (Chloramines)
		Radiation		Describe):							-		· · · · · · · · · · · · · · · · · · ·
				ed in Distribut	ion System:	ΧF	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
- 7 2 3			C	Γ Calculations, or	UV Dose, to De	monstrate Fo	ur Log	Virus Inactiv			Age Sec		
1					CT Calcul			or nerrosare		UV	Dose		
	1					Lowest CT				N. 1864 (AST)		Lowest	
1				Lowest Residual	Disinfectant	Provided		1				Residual	
				Disinfectant Concentration	Contact Time (T) at C	Before or at First			Minimu	Lowest	Minimu m UV	Disinfectant Concentration	
		Net Quantity		(C) Before or at		Customer	Temp.		m CT	Operating		at Remote	
Day of		of Finished		First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
the Month	Plant in	Water	Peak Flow	During Peak	Peak Plow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Nonth	Operation 24		Rate, gpd	Plow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	seo/cm²	sec/cm²	System, mg/L	System Components Out of Operation
2	24	60,000 37,000		 	 		 					1.3	
$\frac{2}{3}$	24	63,000			 				 			1.3	
4	24	63,000	 		 			 	 			2,0	
5	24	57,000		 	 			 	 			1.8	
6	24	56,000	<u> </u>				 	 	 			1.7	
7	24	69,000		1	1			<u> </u>	1		1	1.8	
- 8	24	36,000										2.0	
9	24	50,000										2.0	
10	24	81,000	<u> </u>										
11	24	82,000						ļ				1.6	
12	24	57,000	}		<u> </u>			 			 	3.0	
14	24	60,000	 	<u> </u>	}	ļ			 	ļ	 	2.2	
15	24	54,000		 	 		ļ	 	 		 	1.9	
16	24	51,000	 	 	 	 	 	 	 	 	 	1.6	
17	24	81,000			 	 	 	 	 	 		1	
18	24	82,000	· · · · · · · · · · · · · · · · · · ·		 	 	 	 	 	 	 	1.8	
19	24	58,000				†	<u> </u>	·	1			1,6	
20	24	73,000			1		İ					1.6	
21	24	71,000										1.5	
22	24	52,000										1.5	
23	24	56,000	 		<u> </u>	<u> </u>		ļ	 	<u> </u>	<u> </u>	1.5	
24	24	71,000	 	 			 	 	 	ļ		<u> </u>	
26	24	71,000 39,000	 	 	 	 	 	 	 			1.4	
27	24	55,000	 	 	 	 	 	 	 	 	 	1.4	
28	24	60,000	 	 	+	 	 	+	 	 	 	1.4	
29	24	51,000	 	 	 	 	 	 	+	 	 	1.2	
30	24	57,000	1		1	 	1	 	 		 	1.4	
31			L	1	1		1		1	1	†		
Total		1,813,000				· 							
Avera		60,433	3										
Marin	MINA	85 000	1										

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

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

See page 4 for instructions.

		for the Month/Year of: May 200	5									
۹.	Public Water System (F											
	PWS Name: Bear Lake	9					PWS Identification	Number: 3590069				
		Community Non-Transient No	n-Community	Transien	t Non-Community	Co	onsecutive					
	Number of Service Co	nnections at End of Month: 222			Total Population S	erved at I	End of Month: 777					
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patric	k Flynn			Contact Person's T	itle: Regi	onal Director					
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.			City: Altamonte Sp	orings	State: Fl	Zip Code: 32714				
	Contact Person's Teler	phone Number: 407-869-1919			Contact Person's F	ax Numb	er: 407-869-6961					
	Contact Person's E-Ma	nil Address: p.c.flynn@utilitiesinc-usa	.com									
В.		Information		·								
	Plant Name: Utilites, I				,7500 100	· · · · · · · · · · · · · · · · · · ·	Plant Telephone Nu	mber: 407-869-1919				
	Plant Address: 200 Wo				City: Altamonte Sp	prings	State: Fl	Zip Code: 32714				
	Type of Water Treated					· ~						
	Permitted Maximum I	Day Operating Capacity of Plant, gallo	ns per day: 259,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C											
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
Lead/Chief Operator: Kathy Sillitoe C 13094 MonFri. Days												
	Other Operators; Alexander Lorenzo C 13756 Mon. & Wed. Days											
	•	Terry Sillitoe		В	12749			& Sat. Days				
		Roy Mericle		С	13808			ays 5/1 - 5/17/05				
		Roger Holsapple		C	7436		Tue	s. Days				
							· · · · · · · · · · · · · · · · · · ·					
							······································					
							· · · · · · · · · · · · · · · · · · ·					
π	l. Certification by Lea	A/Chiof Ossumton										
					6.1							
int	formation provided in th	eatment plant operator licensed in Flo is report is true and accurate to the be	rida, am the lead/chi	er operato	or of the water treatr	nent plan	it identified in Part I of	this report. I certify that the				
NS	SF International Standar	d 60 or other applicable standards refe	or of the Knowledge	anu bener	. I certify that an di	rinking w	that the following addition	als used at this plant conform to				
pla	ant were prepared each	day that a licensed operator staffed or	visited this plant dur	ing the m	onth indicated above	o certify t	ords of amounts of che	micals used and chemical feed				
rat	es, and (2) if applicable	, appropriate treatment process perfor	nance records Furt	hermore	I agree to retain the	c. (1)1cc se additio	ords of amounts of the	at the plant site for at least ten				
ye	ars and to make them av	vailable for review upon request.		,	. abioe to return the	o additio	mai operations records	at the plant site for at least ten				
	1000											
$\overline{\mathcal{R}}$	air du	6-2-05	Kathy Sillitoe				C-13094					
Si	gnature and Date		Printed or Typeo	l Name			License 1	Number				

PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida													
шь	III. Daily Data for the Month/Year of: May 2005												
Means	eans of Achieving Four-Log Virus Inactivation/Removal: *												
Type o	of Disinfe	Disinfectant Residual Maintained in Distribution System: Free Chlorine											
1			C	Calculations, or l	JV Dose, to De	monstrate Fo	ur-Log '	Virus Inactiv					
					CT Calcul						Dose	ne l	
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	During	Temp. of Water,	pH of Water, if Applicable	OT:	Lowest Operating	Minimum UV Dose Required, mW-	at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	61,000					5000,10	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Marine Constitution		
2	24	61,000										1.4	
3	24	48,000										1.5	
5	24	54,000 37,000					ļ	ļ			ļ	1.6	
6	24	47,000										1.6	
7	24	44,000		 					— —		}	2.2 1.8	
8	24	65,000			 			 		 		1.0	
9	24	65,000		 	 			 	 			1.8	
10	24	55,000		·						 	<u> </u>	1.5	
11	24	59,000			1							1.5	
12	24	50,000										1.4	
13	24	52,000	ļ									1.2	
14	24	64,000	ļ									1.3	
15 16	24	79,500 79,500		ļ							<u> </u>		
17	24	61,500				 	 		<u> </u>		ļ	1.8	
18	24	61,500		 	 			ļ					Daily check not completed reported to P. Morrison
19	24	36,000	 			 	-		 	 	 -	1.8	
20	24	80,000	 	 	 	 	 	 	 	 	 	1.6	
21	24	50,000				 		 	 	 	 	1.4	
22	24	82,000				 	T	t	t	 		t	
23	24	82,000										1.6	
24	24	57,000										2.0	
25	24	53,000		ļ								1.2	
27	24	6,000 44,000	ļ	 	<u> </u>	 	<u> </u>		L			1.0	
28	24	70,000	 -	 	 		<u> </u>			<u> </u>	<u> </u>	1.3	
29	24	81,500	 	 	 	 	<u> </u>	 	 	 	<u> </u>	1.4	
30	24	81,500	 	 	 	 	 	 	 	 	 	 	
31	24	61,000	 	 	 	 	├──	 		 	 	1.80	
Total		1,828,000		. .	- 		L	<u> </u>	<u> </u>		L	1.80	<u> </u>
Averag	e	58,967	1										

82,000

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

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May 2005 A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows: Polymer Dose, ppm = Acrylamide Level, %† = B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows: Polymer Dose, ppm = Epichlorohydrin Level, %† = C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate):	Ы	WS Identification Number: 3590069	Plant Name: Utilites, I	Plant Name: Utilites, Inc. of Florida							
A. Is any polymer containing the monomer <u>acrylamide</u> used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows: Polymer Dose, ppm = Acrylamide Level, %† =											
Follows: Polymer Dose, ppm = Acrylamide Level, % [†] = B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows: Polymer Dose, ppm = Epichlorohydrin Level, % [†] = C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate):	77	V. Summary of Use of Polymer Containing Acrylamide, Po	olymer Containing Ep	ichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May 2005							
Follows: Polymer Dose, ppm = Acrylamide Level, % [†] = B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows: Polymer Dose, ppm = Epichlorohydrin Level, % [†] = C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate):	A.	Is any polymer containing the monomer acrylamide used at the	e water treatment plant	? No Yes, and the polymer dose and the acrylamide level in the polymer are as							
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows: Polymer Dose, ppm = Epichlorohydrin Level, %† = C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate):		follows:	• 								
polymer are as follows: Polymer Dose, ppm = Epichlorohydrin Level, % [†] = C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate):		Polymer Dose, ppm =		Acrylamide Level, % [†] =							
polymer are as follows: Polymer Dose, ppm = Epichlorohydrin Level, % [†] = C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate):	В.	Is any polymer containing the monomer epichlorohydrin used	at the water treatment	plant? No Yes, and the polymer dose and the epichlorohydrin level in the							
C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate):											
Type of Sequestrant (polyphosphate or sodium silicate):				Epichlorohydrin Level, % [†] =							
	C.		ent plant? 🗌 No 🔲	Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:							
		Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silic									
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =		If sodium silicate is used, the amount of added plus naturally	occurring silicate, in m	ng/L as SiO ₂ =							

^{*} 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 acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.





see	page 4 for instructions.													
١.	General Information	for the Month/Year of: June/2005												
۸. ِ	Public Water System (P	WS) Information												
	PWS Name: Bear Lake	2					PWS Identification N	umber: 3590069						
	PWS Type:	Community Non-Transient Non-C	Community	Transien	t Non-Community	ПСо	nsecutive							
	Number of Service Co	nnections at End of Month: 222			Total Population Se	erved at E	and of Month: 777							
	PWS Owner: Utilities,	Inc. of Florida												
	Contact Person: Patric	k Flynn			Contact Person's Ti	tle: Regio	onal Director							
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.			City: Altamonte Sp	rings	State: Fl	Zip Code: 32714						
	Contact Person's Telep	phone Number: 407-869-1919	er: 407-869-6961											
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com													
В.	Water Treatment Plant Information													
	Plant Name: Utilites, Inc. of FloridaPlant Telephone Number: 407-869-1919Plant Address: 200 Weathersfield Ave.City: Altamonte SpringsState: FlZip Code: 32714													
	Plant Address: 200 We		State: Fl	Zip Code: 32714										
	Type of Water Treated			nased Finished W	/ater									
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: 25	9,000										
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C													
	Licensed Operators	Name		License Class	License Number			Day(s)/Shift(s) Worked						
	Lead/Chief Operator:	Kathy Sillitoe		С	13094	Mon Fri Days								
	Other Operators:	Alexander Lorenzo		Mon- Th	ur. Days									
		Terry Sillitoe		В	12749		Thur. Fri. &	k Sat. Days						
	<u> </u>		······································											
П	. Certification by Lea	d/Chief Operator												
l, t	he undersigned water tr	eatment plant operator licensed in Florid	a. am the le	ad/chief operato	r of the water treatn	nent plant	identified in Part Loft	his report. I certify that the						
1111	ormation provided in th	is report is true and accurate to the best of	of mv know	ledge and belief	I certify that all dr	inking wa	ater treatment chemical	s used at this plant conform to						
IND	r mternational Standar	d ou or other applicable standards referen	nced in sub:	section 62-555 3	20(3) FAC Lalso	certify th	hat the following additi	onal operations records for this						
μıa	iii were prepared each o	day that a licensed operator staffed or vis	sited this pla	ant during the ma	onth indicated above	e: (1) reco	ords of amounts of chen	nicals used and chemical feed						
lat	es, and (2) if applicable	, appropriate treatment process performa	ince records	. Furthermore, l	agree to retain thes	e addition	nal operations records a	it the plant site for at least ten						
yea	irs and to make them av	vailable for review upon request.						-						
1		litre 7-28-05	Kathy Sill	itoe			C-13094							
Sig	gnature and Date		Printed or	Typed Name			License N	umber						

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PWS	Identifica	ation Numbe	r: 3590069		I	lant Name	: Utilit	es, Inc. of	Florida				
111. 1	Daily Dat	a for the M	onth/Year	of: June/2005									
Mean	s of Achi		Log Virus In	nactivation/Ren (Describe):	noval: *	Free Cl	hlorine		Chlorine D	Dioxide	☐ O ₂	zone 🔲 (Combined Chlorine (Chloramines)
Type	of Disinf	ectant Resid		ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or	UV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if Ar	plicable*			
1					CT Calcu	lations	4.25.34				Dose		
Day of the Month	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water,	pH of Water, if Applicable	CT [§] Required, mg-	Operating	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	61,000								1		1.60	53-seas components out of Operation
2	24	41,000										1.80	
4	24	56,000	 	 								1.60	
5	24	60,000 60,500		<u> </u>	 	<u> </u>	ļ	ļ				1.60	
6	24	60,500	 	 		<u> </u>			ļ				
7	24	49,000	 	 	 			 		<u> </u>		1.80	
8	24	40,000	 	 	 	}	 	 	ļ	 _	<u> </u>	1.20	
9	24	51,000		 -	 		 -		 		 	1.00	0.11
10	24	29,000	 		 	 	 		 	 	 	1.40	Collected Bacts
11	24	55,000	 			 	├	 	 	 	 	1.40	
12	24	62,500				 	 	<u> </u>	 	 	 	1,40	
13	24	62,500							 -	 	 	1,20	
14	24	39,000							 	 	 	1.60	
15	24	56,000									1	1,40	
16	24	52,000								ļ — — —		1.00	
18	24 24	56,000	 	<u> </u>							T	1.20	
19	24	60,000 73,000	ļ	<u> </u>	ļ							1.20	
20	24	73,000	 	 	 		<u> </u>						
21	24	60,000	 	 	 		<u> </u>					1,00	
22	24	64,000	 	 	 		 		<u> </u>		<u> </u>	0.80	
23	24	45,000	 	 	 	 -	 -	 		ļ	<u> </u>	0.80	
24	24	59,000	 	 	 	 	-	 		ļ		1.40	
25	24	42,000		 	 				 			1.10	
26	24	69,000	1	 	1	 	 	 	 		 	1.30	
27	24	69,000	1		 	 	 	 	 	 	 	1.00	
28	24	46,000		1		 	 		 	 	}	0.80	
29	24	54,000			† 	 	 		 	 	 	1.00	
30	24	50,000				T			 	 	 	1.00	
31	24							 	 	 	}	1.20	
Total		1,655,000	1					-		<u> </u>			<u> </u>
Averag	verage 55,166]										

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



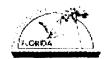


see page 4 for instructions.													
I. General Information	for the Month/Year of: July/2005												
A. Public Water System (F													
PWS Name: Bear Lake	2				PWS Identification N	umber: 3590069							
	Community Non-Transient Non-Community	Transien	t Non-Community	Cor	nsecutive								
	nnections at End of Month: 222	1	Total Population Se										
PWS Owner: Utilities,													
Contact Person: Patric		1	Contact Person's Ti	tle: Regio	nal Director								
Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl Zip Code: 32714										
	phone Number: 407-869-1919		Contact Person's Fa		r: 407-869-6961								
Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.com												
Water Treatment Plant Information													
Plant Name: Utilites, I					Plant Telephone Nun	nber: 407-869-1919							
Plant Address: 200 We			City: Altamonte Sp	rings	State: Fl	Zip Code: 32714							
Type of Water Treated		hased Finished V											
	Day Operating Capacity of Plant, gallons per day: 2:	59,000											
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C													
Licensed Operators	Name	License Class	License Number	t(s) Worked									
Lead/Chief Operator:	Kathy Sillitoe	С	13094	Mon Fri Days Mon- Thur. Days									
Other Operators:	Alexander Lorenzo	С	13756										
	Terry Sillitoe	В	12749	9 Thur. Fri. & Sat. Days									
				- '' 									
11. Certification by Lea	d/Chief Operator												
the undersigned water to	eatment plant operator licensed in Florida, am the le	ead/chief operate	or of the water treatm	ant plant	identified in Dont I aft	his report. I contifu that the							
nformation provided in th	is report is true and accurate to the best of my know	vledge and helief	n of the water treath. I certify that all de	inking wa	iter treatment chemical	s used at this plant conform to							
NSF International Standar	d 60 or other applicable standards referenced in sub	section 62-555.3	320(3), F.A.C. I also	certify th	at the following additi	onal operations records for this							
piant were prepared each of	lay that a licensed operator staffed or visited this plant	ant during the m	onth indicated above	e: (1) reco	rds of amounts of chen	nicals used and chemical feed							
rates; and (2) if applicable	, appropriate treatment process performance records	s. Furthermore,	I agree to retain thes	e addition	al operations records a	t the plant site for at least ten							
years and to make them av	vailable for review upon request.	• •	<u> </u>		•	•							
Vancon	+												
Kan Seli	Tor 8-3-05 Kathy Sill	litoe			C-13094								
Signature and Date	Printed or	Typed Name			License N	umber							

III. Daily Data for the Month/Year of: July/2005 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine Ultraviolet Radiation Other (Describe):															
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine															
Ultraviolet Radiation Other (Describe):															
Type of Disinfectant Residual Maintained in Distribution System:	ype of Disinfectant Residual Maintained in Distribution System: Free Chlorine														
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*															
CT Calculations UV Dose															
Lowest Residual Disinfectant Contact Time Before or At First Customer Point During During Of Plant in Water Dealt Class Contact Time Provided Before or At First Customer Point During During Of Ph of Required, UV Dose, Required, Point in Emergency or Abnorm	rmal Operating Conditions; Repair														
ute rain iii water Peak Flow During Peak Peak Flow, Peak Flow, Water, Water, if mg mW mW Distribution or Maintenance Wo	ork that Involves Taking Water														
20000 December 1 and 1 a	ponents Out of Operation														
1 24 37,000 2 24 50,000 0.6															
3 24 61,000															
4 24 61,000															
5 24 51,000															
6 24 64,000 1.2															
7 24 52,000 1.4 collected Bacts															
8 24 49,000 1.0 9 24 48,000 1.0															
9 24 48,000 10 24 50,500 0.70															
11 24 50 500															
12 24 46,000															
13 24 46,000															
13 24 40,000 0.8 14 24 39,000 0.4															
15 24 39,000															
16 24 40,000															
17 24 66,000															
18 24 66,000 0.8															
19 24 60,000 0.6 20 24 46,000 0.6															
20 24 46,000 0.8 21 24 60,000 0.8															
22 24 54 000															
23 24 71000															
24 24 64,000 0.6															
25 24 64 000															
26 24 61,000 1.0															
27 24 66,000															
28 24 77,000															
29 24 80,000															
30 24 64,000															
31 24															
otal 1,683,000 verage 56,100															
Maximum 80,000															

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





See	page 4 for instructions.	,												
1.	General Information	for the Month/Year of: AUG 05												
	Public Water System (P													
1	PWS Name: Bear Lake					PWS Identification N	lumber: 3590069							
		Community Non-Transient Non-Community	Transier	t Non-Community	Cor	nsecutive								
		nnections at End of Month: 222		Total Population Se	rved at Er	nd of Month: 777								
	PWS Owner: Utilities,													
	Contact Person: Patricl			Contact Person's Ti	tle: Regio	onal Director								
		ng Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl Zip Code: 32714										
		phone Number: 407-869-1919		Contact Person's Fa		er: 407-869-6961								
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com													
В.	B. Water Treatment Plant Information													
Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919														
	Plant Address: 200 We			City: Altamonte Sp	rings	State: Fl	Zip Code: 32714							
	Type of Water Treated		hased Finished V											
		Day Operating Capacity of Plant, gallons per day: 25												
		bsection 62-699.310(4), F.A.C.): IV	, ·	Plant Class (per sul	section 6	52-699.310(4), F.A.C.)	: C							
	Licensed Operators	Name	License Class	License Number			t(s) Worked							
	Lead/Chief Operator:	Kathy Sillitoe	С	13094	and the second s		Fri Days							
	Other Operators:	Alexander Lorenzo	C	13756	Mon- Thur. Days									
	Omai operatore.	Terry Sillitoe	В	12749		& Sat. Days								
		Allan Finch	С	7806										
			1											
			†											
NT.	Contification	1/61: 50												
	. Certification by Lea		1/-1:-6	Cil	1.	identification Don't of	this report. I contifu that the							
		eatment plant operator licensed in Florida, am the least report is true and accurate to the best of my know												
		its report is true and accurate to the best of my known about the applicable standards referenced in sub-												
pla	ant were prepared each	day that a licensed operator staffed or visited this pl	ant during the m	onth indicated above	· (1) reco	and the following additions of chei	micals used and chemical feed							
rat	es; and (2) if applicable	appropriate treatment process performance record	s. Furthermore	I agree to retain thes	e addition	nal operations records	at the plant site for at least ten							
ye	ars and to make them av	vailable for review upon request.				p-0.00.00.	r							
-		, , ,												
_	KORSO	The 9-6-05 Kathy Sil	litoe			C-13094								
Si	gnature and Date		Typed Name			License N	lumber							

D- -- 1

PWS I	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida													
111 1	III. Daily Data for the Month/Year of:													
Means	of Achie	eving Four-L	og Virus In	activation/Rem	oval· *	Free Ch	lorine	Пс	hlorine D	ioxide	Oz	one 🔲 🤇	Combined Chlorine (Chloramines)	
Ult	raviolet l	Radiation	Other (Describe):										
			al Maintain	ed in Distribut	ion System:	⊠F	ree Chl	orine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide	
- 7 pc (7 2 3 3 1 1	Totalit Rosida	CI	Calculations, or U	JV Dose, to De	monstrate Fo	ur-Log	/irus Inactiv	ation, if Ap	plicable*	and the second			
	1				CT Calcul	ations				" UV	Dose			
)	l					Lowest CT						Lowest Residual		
			- 1	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or	7.				1,27	Disinfectant		
			4 7 F B	Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration		
		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT	Operating	UV Dosc	at Remote		
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if Applicable	mg-" min/L	mW- sec/cm ²	mW-	Distribution System, mg/L	System Components Out of Operation	
Month	Operation 24	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	THE PARTY OF	SULCINS	over Milli	1.20	Bacts collected	
2	24	51,000		 	 		 	 	 	 	 	1.00		
3	24	72,000		<u> </u>	t	1						0.90		
4	24	77,000										0.70		
5	24	46,000										0.90		
6	24	76,000		<u> </u>			 		 	ļ	<u> </u>	0.80		
7	24	111,500		 	}	 			 	ļ	 	0.60		
8	24	111,500 68,000	ļ	<u> </u>	 -	 		 -	 	 	 	1.80		
10	24	40,000			 	 			 	 	 	1.00		
11	24	54,000			 	 -	 	<u> </u>	 	 	 	0.70	Malfuction Boil water bacts pulled	
12	24	27,000		 	 		1					0.70	Malfuction Boil water bacts pulled	
13	24	49,000										1.00		
14	24	62,000				1								
15	24	62,000					ļ		<u> </u>	↓	ļ	0.6		
16	24	42,000	ļ <u>.</u>	-	 		↓	<u> </u>		ļ	 	0.8		
17	24	76,000 63,000	 	 	 		+	 	 	 	 	0.6		
19	24	53,000		 		+	+	 	 	 	 	0.7		
20	24	64,000	 	}	 	 	 	 	 	 	1	0.6		
21	24	62,500		1	 	1	1	1	1	1	1			
22	24	62,500								1		0.9		
23	24	55,000										0.8		
24	24	53,000	<u> </u>				1				 	1.2		
25 26	24	77,000		-	<u> </u>	<u> </u>	1	\	1	 	 	0.9		
27	24	47,000 44,000	 		 	 	 	 	 	 	 	1.0		
28	24	64,500	 		 	 	┼	 	 		 	4.1		
29	24	64,500	 	+	 		+-	+	+	+	+	1.2		
30	24	54,000	 	-	+	 	+	+	+	 	 	1.1		
31	24	57,000	 	1	 	1	1	+	1	1	1	1.1		
Total		1,986,000			· · · · · · · · · · · · · · · · · · ·									
Avera	ge	64,064	7											

Maximum

140,000

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





See page 4 for instructions.					2 1 Jan Ser V						
I. General Information (for the Month/Year of: September 2005										
A. Public Water System (P											
PWS Name: Bear Lake					PWS Identification Nu	mber: 3590069					
	Community Non-Transient Non-Community	Transier	nt Non-Community	Cor	nsecutive						
	nnections at End of Month: 222		Total Population S	erved at E	nd of Month: 777						
PWS Owner: Utilities,											
Contact Person: Patricl			Contact Person's T	itle: Regio	nal Director						
	ng Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl Zip Code: 32714								
	hone Number: 407-869-1919		Contact Person's F	ax Number	r: 407-869-6961						
Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com										
B. Water Treatment Plant	Information										
Plant Name: Utilites, In	nc. of Florida				Plant Telephone Numl						
Plant Address: 200 We	athersfield Ave.		City: Altamonte S	prings	State: Fl	Zip Code: 32714					
Type of Water Treated	by Plant: Raw Ground Water Purc	hased Finished V	Vater								
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 2	59,000									
	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C								
Licensed Operators	Name	License Class	License Number		s) Worked						
Lead/Chief Operator:	Allan Finch	C	7806		Mon Fr	Mon Fri Days					
Other Operators;	Terry Sillitoe	В	13756		Thur. Fri. &	Fri. & Sat. Days					
	Roger Holsapple	С	7436		Weekend	Checks					
	Dominic Gentillucci	С	12562		Weekend Checks						
		ļ									
<u> </u>		<u></u>									
II. Certification by Lead	I/Chief Operator										
	eatment plant operator licensed in Florida, am the l	ead/chief operato	or of the water treatn	nent plant	identified in Part I of th	is report. I certify that the					
information provided in thi	is report is true and accurate to the best of my know	vledge and belief	. I certify that all di	rinking wa	ter treatment chemicals	used at this plant conform to					
NSF International Standard	d 60 or other applicable standards referenced in sub	section 62-555.3	20(3), F.A.C. I also	certify th	at the following addition	nal operations records for this					
plant were prepared each d	ay that a licensed operator staffed or visited this pl	ant during the mo	onth indicated above	e: (1) recor	ds of amounts of chemi	icals used and chemical feed					
rates; and (2) if applicable,	appropriate treatment process performance record	s. Furthermore,	I agree to retain thes	se addition	al operations records at	the plant site for at least ten					
years and to make them av	ailable for review upon request.										
Man Juice	M 10-3-05 Allan Fin	ch			C-7806						
Signature and Date		Typed Name			License Nu	mber					

PWS	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida													
III. Daily Data for the Month/Year of: September 2005 Means of Achieving Four-Log Virus Inactivation/Removal: *														
U	Ultraviolet Radiation Other (Describe):													
			ial Maintain	ed in Distribut	ion System:		ree Chi				lorine (C	hloramines)	Chlorine Dioxide	
			CI	Calculations, or l	JV Dose, to De	monstrate Fo		Virus Inactiv	ation, if Ap	plicable*				
					CT Calcul	ations Lowest CT				ŪΛ	Dose	Lowest		
	1			Lowest Residual	Disinfectant	Provided				110		Residual		
		ļ		Disinfectant	Contact Time	Before or	grande spake					Disinfectant		
		Net Quantity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum CT	Lowest Operating	Minimum UV Dose	Concentration at Remote		
Day of	Hours	of Finished	11.00	First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,		Water,	Water, if	mg.	mW-	mW∙,	Distribution System, mg/L	or Maintenance Work that Involves Taking Water System Components Out of Operation	
Monun	24	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm	System, mg/L	System Components Out of Operation	
2	24	47000										1.2		
3	24	43000										1.2.		
4	24	63500												
6	24	55000			<u> </u>	ļ						<u> </u>		
7	24	51000			<u> </u>							1.0		
8	24	47000		 	<u> </u>							0.9		
9	24	51000										0,9		
10	24	26000										1.2		
11	24 24	77000			}									
13	24	44000									 	0.9		
14	24	12000	<u> </u>									0.9		
15	24	67000										0.8		
16	24	68000										0.8		
17	24	55000						<u> </u>				2.2		
19	24	72000		<u> </u>	ļ			 				6,9		
20	24	72000		<u> </u>		 						0.8		
21	24	59000	İ			 					!	0.8		
22	24	58000										0.9		
23 24	24	60000	ļ <u>.</u>						ļ			k.j		
25	24	78000	<u> </u>			-					ļ	1.2		
26	24	78000		 							 	1.0		
27	24	62000			† — — —				 		 	1,2		
28	24	60000										0.8		
29 30	24	50000										0.8		
31	24	64000	 	 			ļ	 				0.8		
Total		~4	1,775,000	2		I	L	L	L	L	I	L		
		59.166	, ,, , , ,, , , , , , , , , , , , , ,	•										

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



See page 4 for instructions.

		or the Month/Year of: October 20	05											
A.	Public Water System (F	WS) Information												
	PWS Name: Bear Lake	;			PWS Identific	cation Number: 3590069								
	PWS Type:	Community Non-Transient Non	-Community Transier	t Non-Community	Consecutive									
	Number of Service Co	nnections at End of Month: 222		Total Population S	erved at End of Month: 7	77								
	PWS Owner: Utilities,	Inc. of Florida												
	Contact Person: Patric	k Flynn		Contact Person's T	tle: Regional Director									
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp	rings State	: Fl Zip Code: 32714								
		hone Number: 407-869-1919		Contact Person's F	x Number: 407-869-696	ol								
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com													
В.	B. Water Treatment Plant Information													
Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919														
Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714														
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water													
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000													
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C													
	Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked								
	Lead/Chief Operator:	Allan Finch	С	7806		Mon Fri Days								
	Other Operators:	Terry Sillitoe	В	13756	Т	hur. Fri. & Sat. Days								
	Ciner operators.	Roger Holsapple	С	7436		Weekend Checks								
		Dominic Gentillucci	С	12562		Weekend Checks								
	1													
_														
	I. Certification by Lea	d/Chief Operator	' 1			art Lof this raport. I certify that the								
l,	the undersigned water to	eatment plant operator licensed in Flo	rida, am the lead/chief operation	or of the water treat	nent plant identified in F	chemicals used at this plant conform to								
in	formation provided in the	of 60 or other applicable standards reference	st of my knowledge and belie	1. 1 Certify that an C	niking water treatment c	ng additional operations records for this								
n!	ort were prepared each	day that a licensed operator staffed or	visited this plant during the m	onth indicated above	e: (1) records of amounts	s of chemicals used and chemical feed								
ra Pi	tes: and (2) if annlicable	annropriate treatment process perfor	mance records. Furthermore.	I agree to retain the	se additional operations r	records at the plant site for at least ten								
		vailable for review upon request.	manor records. Turnismore,		or and and a processor of	•								
,		• •												
1	Man June	1 11-1-05	Allan Finch			-7806								
S	ignature and Date	<u> </u>	Printed or Typed Name		Li	icense Number								

Dans 1

PWS	PWS Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida												
111. Daily Data for the Month/Year of: October 2005													
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
				Describe):									
Type	of Disinf	ectant Residu	ial Maintain	ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C1	Calculations, or	JV Dose, to De CT Calcul	monstrate Fo	our-Log	Virus Inactiv	ation, if Ap				
					C1 Calcu	Lowest CT				UV	Dose	Lowest	
Lowest Residual Disinfectant Provided Residual													
1				Disinfectant	Contact Time	Before or						Disinfectant	
		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	T		Minimum	Lowest	Minimum	Concentration	y
Day of	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	CT Required	UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Rep
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm ²	sec/cm ²	System, mg/L	
1	24		57,000									6.8	
$\frac{2}{3}$	24 24		63000	ļ					ļ				
4	24	ļ	86,000 63000			ļ			<u> </u>			0.8	
5	24	[-	98,000			 	 	 	 	 	 	0.7	
6	24		40,000		 	 		 			 	0.7	
7	24		61,000	†		<u> </u>					ļ	0.7	
8	24		48,000								1	0,6	
9	24		60,000										
10	24		60,000									ابره	
11	24		57,000				ļ					0.7	
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14	24		67,000		 	ļ	├			 		0.7	collected 3 Bacts
15	24	ł · · · · · · · · · · · · · · · · · · ·	58,000	 	 	 	 	<u> </u>	 	 	 	0.7	
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18	24		55.000				ļ	†				0.7	
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21	24		63,000		ļ	<u> </u>	ļ				ļ	1.1	
23	24		73,500	}	 		├	 	 		-	1.0	
24	24	 	73500		 	0.9							
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29	24		66,000									L,Z	
30	24	<u> </u>	70,000										
31 Total	24	1 C 2 2 2 2 4 4	70,000		L	1	<u> </u>	<u></u>	<u> </u>		1	مال	
Avera		48 5000	1,889,00	. C									
LAVOIA	50	100,133	1										

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Maximum 98,000

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

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

See page 4 for instructions.

ce page 4 for histractions.													
l. General Information f		005											
. Public Water System (P	WS) Information												
PWS Name: Bear Lake	;			PWS Identification	Number: 3590069								
PWS Type: 🛛 C	Community Non-Transient Non-	Community Transien	t Non-Community	Consecutive									
Number of Service Cor	nnections at End of Month: 222		Total Population Serv	ved at End of Month: 777									
PWS Owner: Utilities,	Inc. of Florida												
Contact Person: Patrick	c Flynn		Contact Person's Title	e: Regional Director									
Contact Person's Mailin	ng Address: 200 Weathersfield Ave.		City: Altamonte Sprin	ngs State: Fl	Zip Code: 32714								
Contact Person's Telep	hone Number: 407-869-1919		Contact Person's Fax	Number: 407-869-6961									
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com Water Treatment Plant Information													
Water Treatment Plant Information													
Plant Name: Utilites, Inc. of Florida . Plant Telephone Number: 407-869-1919													
Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714													
Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V	Vater										
Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: 259,000											
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C													
Licensed Operators	Name	License Class	License Number	Day(s)/Sh	Day(s)/Shift(s) Worked								
Lead/Chief Operator:	ALLAN FINCH	С	7806	Mon	Fri. Days								
Other Operators:	Terry Sillitoe	В	12749	Thur	Sat. Days								
	Alex Lorenzo	С	13756	Mon	Fri. Days								
	Kathy Sillitoe	С	13094	Mon	Fri. Days								
II. Certification by Lea-	d/Chief Operator												
	eatment plant operator licensed in Florid	da am the lead/chief operato	or of the water treatme	nt plant identified in Part I of	this report. I certify that the								
	is report is true and accurate to the best												
NSF International Standard	d 60 or other applicable standards refere	enced in subsection 62-555	320(3) FAC Lalso	certify that the following addi	tional operations records for this								
plant were prepared each of	lay that a licensed operator staffed or vi	sited this plant during the me	onth indicated above:	(1) records of amounts of che	micals used and chemical feed								
rates; and (2) if applicable	, appropriate treatment process perform	ance records. Furthermore.	I agree to retain these	additional operations records	at the plant site for at least ten								
years and to make them av	railable for review upon request.	i evoluti i ui ui vi iii Olo,		and in the state of the state o	and promise out too de reads took								
Kan Sill	Ja 12-2-05	Kathy Sillitoe		C-13094	l								
Signature and Date		Printed or Typed Name		License	Number								

											51,233		Average
											000,752,1		[atoT]
	0.1											74	18
	0.1										34,000	74	30
Flushed 8,300 gallons	1.40										52,000	74	67
Fluched & 300 gallone	08.1										57,000	74	82
	00:1										000,72	74	LT
	00.1				 						000,09	74	56
	1.60	·			<u> </u>						42,000	74	52
	01,1				ļ	<u> </u>					54,000	74	74
	1.20										000'94	74	23
	07.0										29,000	74	77
	0L.0					ļ					005,26	ŧĩ	17
											008,28	74	70
	07.0										42,000	77	61
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	0L.0						l				000,92	54	1
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	08.0		<u> </u>			†	 			<u> </u>	000,44	74	
System Components Dut of Operation	Zystem, mg/L	cocyona,	Juio/oos	7/4141-84	Applicable	1	7/ 0100-800	minutes	T/BW MOR	Rate, gpd	Produced, 8al		dinoM
Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water	บดับกลับเราะน	-ANIII	a-win	redmuen'	To Hq 10 Hq	TOWAR !	Before or at First Customer During Peak Flow,	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Concentration (C) Before or at First Customer Customer	Peak Flow	Net Quantity of Finished Water	smoH mi malq mi malq	To year The
		980	*aldesile 7 VII	qA li ,noù	inis Inactiva	V <u>80</u> .1-10	nonstrate For thons	IV Dose, to Der CT Calcula	Calculations, or L	TO			
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combined Chlorine (Chloramines)	oue O	zo 🗌	əbixoi	O ənirolı	C	lorine	П Ртее Сћ		: November2 ctivation/Remo Describe):			of Achie	Means
				lorida	s, Inc. of I	Utilite	ant Name:	ld		6900658	tion Number:	dentifica	I SMd

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

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instructions.				
Information for the Month/Year of: December 2	.005			
A. Puc & Water System (PWS) Information				
PWS Name: Bear Lake			PWS Identification No	umber: 3590069
PWS Type: Community Non-Transient Non-	-Community Transien		onsecutive	
Number of Service Connections at End of Month: 222		Total Population Served at	End of Month: 777	
PWS Owner: Utilities, Inc. of Florida				
Contact Person: Patrick Flynn		Contact Person's Title: Reg		
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 Numl	oer: 407-869-6961	
Contact Person's F-Mail Address: p.c.flynn@utilitiesinc-usa.c	com			
B. Water Treatment Plant Information				
Plant Name: Utilites, Inc. of Florida			Plant Telephone Num	iber: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: Raw Ground Water	Purchased Finished V	Vater		
Permitted Maximum Day Operating Capacity of Plant, gallon	s per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection	62-699.310(4), F.A.C.):	C
Licensed Operators Name	License Class	License Number	Section 2. All the Land Land Control of the Control	
Lead/Chief Operator: ALLAN FINCH	С	7806	Mon F	
Other Operators: Terry Sillitoe	В	12749	Thur S	
Alex Lorenzo	C	13756	Mon F	
Kathy Sillitoe	С	13094	Mon F	ri. Days
- 244 - 216 A. Massille				
H. Certification by Lead/Chief Operator		Cal	nt identified in Part I of t	his report. I certify that the
II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Flor	rida, am the lead/chief operato	or of the water treatment pla	me identified in Fart For t	s used at this plant conform to
information provided in this report is true and accurate to the best	st of my knowledge and belle	1. I certify that all difficing	that the following additi	ional operations records for this
NSF International Standard 60 or other applicable standards refe	renced in subsection 62-333.	320(3), F.A.C. I also certify	cords of amounts of cher	nicals used and chemical feed
NSF International Standard 60 or other applicable standards reference plant were prepared each day that a licensed operator staffed or the standard for the sta	visited this plant during the m	Lagran to retain these addit	ional operations records	at the plant site for at least ten
rates; and (2) if applicable, appropriate treatment process perform	mance records. Furthermore,	ragree to retain these addit	ional operations records	
years and to make them available for review upon request.				
Dan Linel	Allan Finch		C-7806	
Signature and Date	Printed or Typed Name		License N	Number

Pate Water												000LIH1		[atoT]
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Solly the Month West of Becember 2005	(Chloramines)	One one	ZO	əbixo	iC aninoli	10 L	anino	LEFEE Ch						
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3 Identification Number: 3590069 Plant Name: Utilites, Inc. of Florida					phiol	2° HIC: OF F	ອາເມາດ	un ivame:	214		6900655	non Number:	rentifical	ISM
MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER					chinoli	1 30 001 3	~+:1:+1 1	· · · · · ·	-ια (

Average

Maximum

66,000

* 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 Plant Name: Utilites, Inc. of Florida PWS Identification Number: 3590069 IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2005 A. Is any polymer containing the monomer acrylamide used at the water treatment plant? 🔀 No 🗌 Yes, and the polymer dose and the acrylamide level in the polymer are as follows: Acrylamide Level, %[†] = Polymer Dose, ppm == B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows: Epichlorohydrin Level, %[†] = Polymer Dose, ppm = C. Is any iron or manganese sequestrant used at the water treatment plant? Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate): Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as $SiO_2 =$

 $^{^\}dagger$ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Bear Lake

Docket No. 060253-WS

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2005

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name <u>BEAR LAKE MANOR</u>	County Seminole PWS ID # 3590069
Plant Location <u>Lake Asher Circle, Apopka, FL</u>	Phone 407.869.1919
Owner Name Utilities, Inc. of Florida	Phone 407.869.1919
Owner Address 200 Weathersfield Avenue, Altamonte Spr	
Contact Person Patrick Flynn/Kathy Sillitoe Title Reg. Direction	
This Survey Date10/27/05 Last Survey Date	
•	
PWS TYPE & CLASS	RAW WATER SOURCE
Community (4C)	GROUND; Number of Wells 1
Non-transient Non-community	
☐ Non-Community	Emergency Water Capacity 4" manual interconnect
PWS STATUS	AUXILIARY POWER SOURCE
Approved system with approval number & date	Yes None Not Required
"As-Built" dated 4/5/60	
Hypochlorination mod 7/29/03	SourceCapacity of Standby (kW)
Hypochiotination filed //29/03	Switchover: Automatic Manual
I learnest and attaches	
☐ Unapproved system	Standby Plan: Yes No
SERVICE AREA CHARACTERISTICS	Hrs Operated Under Load
Single family home subdivision and church	What equipment does it operate?
Single family nome subdivision and entiter	☐ Well pumps
Food Service: Yes No N/A	High Service Pumps
FOOD Service. Thes Tho MINA	Treatment Equipment
OPERATION & MAINTENANCE	Satisfy 1/2 max-day demand? Yes No Unk
Certified Operator:	Comments Automatic pressure differential valve on
Operator(s) & Certification Class-Number	interconnect opens when system pressure drops below
Allan Finch C-7806, Terry Sillitoe B-12749	40 psi. Meets auxiliary power requirement.
Andri I men C-7000, Terry Strike B 12747	TREATMENT PROCESSES IN USE
O & M Log: ⊠ Yes ☐ No ☐ Not required	
Operator Visitation Frequency	Disinfection-hypochlorination; Aeration
Hrs/day: RequiredActual	
Days/wk: Required 5+1 Actual 5+1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	What additional treatment is needed?
MORs submitted regularly? X Yes No N/A	None at this time
Data missing from MORs? No Yes N/A	For control of what deficiencies?
Using old MOR form	N/A
Total, average & max flows sometimes incorrect.	DISTRIBUTION SYSTEM
Total, average & max nows sometimes mediteet.	Flow Measuring Device Flow Meter
Number of Service Connections 222 (MOR)	Meter Size & Type Badger
Population Served 777 Basis 3.5/svc. cx.	
•	
• • • • • • • • • • • • • • • • • • • •	Cross-connections <u>Irrigation</u>
Max. Day (from MORs)140 MGD 08/05	Written Cross-connection Control Program: *Yes
Max-day Design Capacity	Coliform Sampling Plan: ☐ Yes ☐ No ☐ N/A
Comments	Comments
	*Appropriate backflow prevention assembly on
	irrigation line from pressure tank (RPZ).

PWS ID#_	3590069
Date	10/27/05

GROUND WATER SOURCE

Well Numl	ber	1		
Year Drille	ed	1958		
Depth Dril	led	400'		
Drilling Me	ethod	Unknown		
Type of G	rout	Unknown		
Static Wat	er Level	70'		
Pumping V	Nater Level	Unknown		
Design We	ell Yield	Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (ou	utside casing)	Unknown		
Diameter ((outside casing)	6"		
Material (c	outside casing)	Steel		
Well Conta	amination History	None		
Is inundati	on of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	~50'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	w/in 100'		
	Other Sanitary Hazard	None observed		
	Туре	Submersible		
	Manufacturer Name	Goulds		
PUMP	Model Number	Unknown		
	Rated Capacity (gpm)	220		
	Motor Horsepower	10		
Well casing 12" above grade?		No		
Well Casing Sanitary Seal		Yes		
Raw Water Sampling Tap		Yes		
Above Gro	und Check Valve	Yes		
Fence/Hou		Yes		
Well Vent I	Protection			

COMMENTS Septic tank & wastewater plumbing setback distances previously accepted by the Department under condition of continued satisfactory bacteriologicals and good chlorine residuals. Well casing <12" previously accepted by DEP. 4" interconnect accepted in lieu of 2nd well. Well 1- AAH2578

PWS ID#_	3590069
Date	10/27/05

Type: Gas Mypo Make Stenner	CHLORINATION (Disinfection)		STORAGE FACILITIES				
Chlorine Feed Rate 3.5 Avg. Amount of Cl ₂ gas used N/A Chlorine Residuals: Plant 3.0 Remote 2.0 Remote tap location 1210 Gas vs. DPD Test Kit: On-site With operator None None None None None None None None	Type: ☐ Gas ☒ Hypo						
Avg. Amount of Cl ₂ gas used N/A Chlorine Residuals: Plant 3.0 Remote 2.0 Remote tap location 1210 Gay St. DPD Test Kit: On-site With operator Injection Points Into aerator basin Booster Pump Info N/A Comments Have chlorine ORP meter. Chlorine Gas Use VES NO Comments	Make Stenner	Capacit	y 85x2 gpd				
Chlorine Residuals: Plant 3.0 Remote 2.0 Remote tap location 1210 Gay St. DPD Test Kit: On-site With operator Not Used Daily Injection Points Into aerator basin Booster Pump Info N/A Comments Have chlorine ORP meter. Chlorine Gas Use Requirements Dual System On Sight Glass or Fittings for Sight Glass or Fitt				Tank Type/Numbe	r G	H	
Material Concrete Steel				Capacity (gal)	13,800	3,000	
DPD Test Kit: On-site With operator None Not Used Daily Injection Points Into aerator basin Booster Pump Info N/A Comments Have chlorine ORP meter. Chlorine Gas Use Requirements Dual System Dual S			Kemote	Material	Concret	e Steel	
None Not Used Daily	DPD Test Kit: On	n-site 🛚 🖂 Wit		Gravity Drain	Yes	Yes	<u> </u>
Pressure Gauge N/A Yes			: Used Daily		Yes	Yes	
Chlorine Gas Use YES NO Comments Requirements Protected Openings Yes Yes Protecte				Pressure Gauge	N/A	Yes	
Chlorine Gas Use YES NO Comments Chlorine Gas Use Requirements Duak System			•	Sight Glass or	*	Ves	
Chlorine Gas Use YES NO Comments						103	
Sight Glass Protected Openings Yes Yes			F		N/A	Ves	
Dual System	1 \	YES NO	Comments		17/7	103	
Auto-switchover Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection Scale Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 travs) Capacity 200 gpm Aerator Condition OK Bloodworm Presence Visible Algae Growth None observed Comments PRV/ARV N/A PRV On/Off Pressure				Protected Openings	yes Yes	Yes	
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection Scale Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 travs) Capacity 200 gpm Aerator Condition OK Bloodworm Presence Visible Algae Growth None observed Comments On/Off Pressure Access Padlocked Vses Yes Height to Bottom of Comments Housing Tank inspection due first quarter 2006. *The GST has probe low-level alarm lights *The GST has probe low-level a	\\.			PRV/ARV	N/A	PRV	
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₃ leak detection Scale Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 travs) Capacity 200 gpm Aerator Condition Aerator Condition Vosible Algae Growth None observed Visible Algae Growth None observed Protective Screen Condition Good AERATION ACCESS Padlocked Yes Yes Height to Bottom of Elevated Tank Height to Max. Water Level Comments Tank inspection due first quarter 2006. *The GST has probe low-level alarm lights. HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments				On/Off Pressure		55/70	
Cl ₂ leak detection Scale Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Protective Screen Condition Good Reserve Supply Comments Tank inspection due first quarter 2006. *The GST has probe low-level alarm lights. Height to Max. Water Level Comments Tank inspection due first quarter 2006. *The GST has probe low-level alarm lights. HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments	Loss of Cl2 capability			Access Padlocked	Yes	Yes	
Scale Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence Visible Algae Growth None observed Visible Algae Growth None observed Protective Screen Condition Good Height to Max. Water Level Comments Tank inspection due first quarter 2006. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights.				Height to Bottom of			
Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Protective Screen Condition Good Height to Max. Water Level Comments Tank inspection due first quarter 2006. *The GST has probe low-level alarm lights. *HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments				Elevated Tank			
Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good Comments Tank inspection due first quarter 2006. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights.							
*The GST has probe low-level alarm lights. *The GST has probe low-level alarm lights.					spection d	ue first quarte	er 2006.
Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good None Observed Protective Screen Condition Good Protective Screen Condition Good HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good HIGH SERVICE PUMPS Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good Pump Number 1 2 Type Centrifugal Centrifugal Make Goulds Model 3656 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments	Warning Signs			HIGH SEDVICE DI	IMDS		
Fitted Wrench Housing/Protection Make Goulds Model Goulds Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Weekly Comments Comments	Repair Kits					2	
Make Goulds Goulds	Fitted Wrench			1 .	Centrifugal	Centrifugal	
AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good Model 3656 Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments	Housing/Protection				Goulds	Goulds	
AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good Capacity (gpm) 200 200 Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments				Model	3656	3656	
AERATION (Gases, Fe, & Mn Removal) Type Cascade (4 trays) Capacity 200 gpm Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good Motor HP 10 10 Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Aerator Condition OK Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good Date Installed 1989 1988 Maintenance Weekly Weekly Comments							
Bloodworm Presence None observed Visible Algae Growth None observed Protective Screen Condition Good Maintenance Weekly Weekly Comments							
Visible Algae Growth None observed Protective Screen Condition Good Comments							
Protective Screen Condition Good Comments			Maintenance	Weekly	Weekly		
				Comments			
			eekly & cleaned				

2x/month. Fiberglass trays.

PWS ID#	3590069
Date	10/27/05

DEFICIENCIES:

- 1. Monthly Operation Reports (MORs) not entirely and/or correctly filled out. The "Days Plant Staffed or Visited" column is regularly not indicated. The MORs are frequently messy and difficult to read. A new form should be used whenever a mistake is made in data entry. No entries should be scratched out. The indicated max day flow is frequently incorrect based on the data provided in the daily flow.
- 2. Provide information, if available, for spaces throughout the report marked "Unknown".

MONITORING AND REPORTING:

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2006
- Lead and Copper Tap Sampling due 06/2007-09/2007
- SOCs due 2006
- Radiologicals due 2006
- VOCs due 2006
- Secondaries due 2006
- Disinfection Byproducts due 07/2006-09/2006

Please be advised that the following items must be completed no later than December 31, 2005:

Emergency Response Plan - Develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C. Update and implement the plan as necessary thereafter.

Operations and Maintenance Manual - Provide an operation and maintenance manual for each drinking water treatment plant, and update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection.

Drinking Water Distribution System Map - Develop and maintain an up-to-date map of the drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems.

Audio-Visual Alarm System for Standby Power - At each site where standby power is required an audio-visual alarm system that is activated in the event any power source fails must be provided. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water.

Inspector	Title	Env. Specialist III	Date	10/27/05	
		•			
Approved by	Title	Environmental Manager	Date	12/1/05	_

RESPO	NSE:	Please indicate changes to the following:			
PWS ID Nu	mber: <u>3590069</u>	Business Name:			
	: Bear Lake Manor	Owner(s) Name:			
Attn: Patri	ck Flynn, Utilities, Inc. of Florida				
_	lress:	Mailing Address:			
		Phone Number(s):			
Drinking \ 3319 Mag	epartment of Environmental Protection Nater Compliance/Enforcement Programuire Boulevard, Suite 232 Florida 32803	n			
Attention: F	Reggie Phillips, Environmental Specialist				
	to the Department's Sanitary Survey Report g actions were done to correct the listed deficie		d <u>October 27, 2005,</u>		
Deficiency Item No.	y <u>Corrective Acti</u>	on Done	Date Done		
			···		
711 .					
(Attach add	itional sheet if necessary)				
I hereby cer	tify to the correctness of the above information	:			
PWS Owne	r/Representative Signature:				
Name of DV	NS Owner/Representative:				

(Please Type or Print)

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

VIA: E-mail and United States Mail

Mr. Reggie Phillips
Department of Environmental Protection
Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

Re: Seminole County – PW

Ravenna Park	PWS ID No. 3591061
Crystal Lake	PWS ID No. 3590258
Bear Lake	PWS ID No. 3590069
Weathersfield	PWS ID No. 3591451
Oakland Shores	PWS ID No. 3590912
Jansen	PWS ID No. 3590615

Dear Mr. Phillips:

Enclosed please find the responses to the deficiencies noted during your inspection of the above-referenced facilities on October 18 and October 27, 2005.

These responses have also been transmitted to you via email. If you have any questions or need anything further, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely.

Kathy Sillitoe Area Manager

cc Kim Dodson, Environmental Manager, FDEP Patrick C. Flynn, Regional Director, UIF Scotty L. Haws, Assistant Operations Manager, UIF

Page 1 of 1 Document1 FHYTE COMY

RESPO	ONSE:	Please indicate changes to the following:				
PWS ID N	lumber: <u>3590069</u>	Business Name: <u>Utilities, Inc. of Florida</u>				
	ne: Bear Lake Manor	Owner(s) Name: Utilities, Inc. of Florid	a			
	trick Flynn, Utilities, Inc. of Florida					
Mailing Ad	ddress: 200 Weathersfield Avenue	Mailing Address: 200 Weathersfield Av	enue			
Altamonte Springs, FL 32714 Altamonte Springs, FL 32714						
Date: _D	ecember 13, 2005	Phone Number(s): 407-869-1919				
Drinking 3319 Mag Orlando, Attention:	Department of Environmental Protection Water Compliance/Enforcement Progra guire Boulevard, Suite 232 Florida 32803 Reggie Phillips, Environmental Specialist se to the Department's Sanitary Survey Repo ng actions were done to correct the listed defice	am rt for the subject public water system da	ited <u>October 27, 2005</u>			
Deficience Item No.	Corrective Act	ion Done	Date Done			
_1	The monthly operations report contained correction	ns for the month of	December 2005			
	November 2005. All future MORs will be legible a	nd completed accurately.				
2	Unable to locate any additional information for the	spaces marked "unkown."				
(Attach add	itional sheet if necessary)		And the second s			
I hereby ce	rtify to the correctness of the above information					
	r/Representative Signature:	(Colyr 12/19	1/05			
Name of PV	VS Owner/Representative: Patrick C. Flynn, Re	gional Director (Please Type or Print)				

Bear Lake

Docket No. 060253-WS

25.30-440(6) Permits

Test Year Ended December 31, 2005



POST OFFICE BOX 1429

PALATKA, FLORIDA 32178-1429 SUNCOM 904-860-4500

TELEPHONE 904-329-4500 SUNCOM 904-860-4500 TDD 904-329-4450 TDD SUNCOM 860-445

150 TDD SUNCOM 86 (Permitting) 329-4315

(Admin tratic Finnce) 21:45

FAX (Executive) 329-4125 (Legal) 329-4485

618 E. South Street Orlando, Florida 32801 407-897-4300 TDD 407-897-5960 7775 Baymeadows Way Suite 102 Jacksonville, Florida 32256 904-730-6270 TDD 904-448-7900

 SERVICE CENTERS

 ows Way
 PERMITTING:

 305 East Drive

 orida 32256
 Melbourne, Fiorida 32904

 407-984-4940

 900
 TDD 407-722-5368

2133 N. Wickhan. Road Melbourne, Florida 32935-810 407-752-3100 TDD 407-752-3102

PF-UIF

November 15, 2000

Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

SUBJECT: Consumptive Use Permit Number 8348

BEAR LAKE

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on November 15, 2000.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Gloria Lewis, Director

Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent:

THE COLINAS GROUP INC 515 N. VIRGINIA AVENUE Winter Park, FL 32789

William Kerr, CHAIRMAN MELBOURNE BEACH

Ometrias D. Long, VICE CHAIRMAN

Jeff K. Jennings, SECRETARY

Duane Ottenstroer, TREASURER

Dan Roach

William M. Segal

Otis Mason st. AUGUSTINE Clay Albright

Reid Hughes

PERMIT NO. 8348

PROJECT NAME: BEAR LAKE

DATE ISSUED: November 15, 2000

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 28.9 million gallons per year of ground water from the Floridan aguifer for public supply for an estimated population of 676

LOCATION:

Site: BEAR LAKE

Seminole County

Section(s):

18

Township(s):

21S

Range(s):

29E

ISSUED TO:

Utilitiés Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 15, 2000

AUTHORIZED BY:

St. Johns River Water Management District

Department of Resource Management

Dwight T Jenkins

Division Director

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8348 UTILITIES INC OF FLORIDA DATED NOVEMBER 15, 2000

- 1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- 4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- 9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
- 10. The permittee must ensure that all service connections are metered.
- 11. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
- All submittals made to demonstrate compliance with this permit must include the

permit number 8348 plainly labeled on the submittals.

- 13. This permit will expire on November 15, 2020.
- 14. Maximum annual ground water withdrawals must not exceed 28.9 million gallons.
- 15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
- 16. The permittee must assure that all service connections are metered.
- 17. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
- 18. Well no. 1 must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 19. Total withdrawals from well no. 1 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31

- 20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
- 21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is

greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

- 22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
- 23. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by January 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
 - (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 8, 1999; and(b) supply all of the information specifically required by the compliance report condition(s) on the permit.

Notice Of Rights

- 1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
- 2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice).
 Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
- 3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party reqarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
- 4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
- 5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
- Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
- 7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

- 8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written desision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
- 9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
- 10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
- 11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
- 12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
- 13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
- 14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
- 15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

at 4:00 p.m. this 16th day of November, 2000.

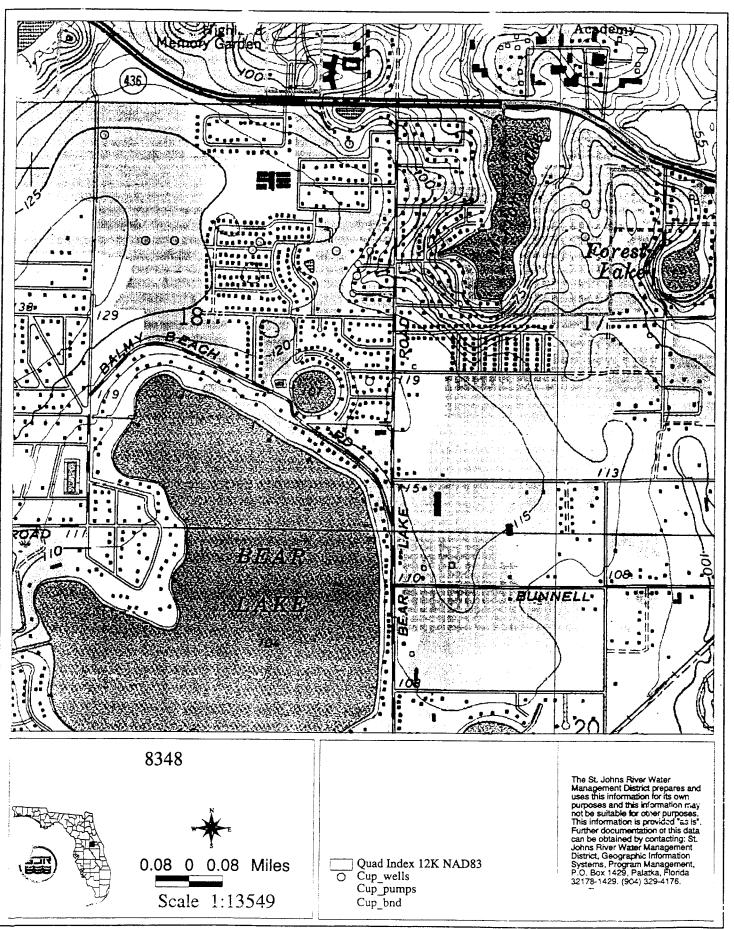
Division of Permit Data Services Gloria Lewis, Director

St. Johns River Water Management District Post Office Box 1429 Palatka, FL 32178-1429 (904) 329-4152

Permit Number: 8348

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Source: /work/cupdata/maping.apr 09/22/1999

FLOW METER WATER CALIBRATION RECORD - EN51 ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429 Palatka, Florida 32178-1429

Consumptive Use Permit Number: 8348 ~ PEAR LAKE Permittee Name: Utilities Inc of Florida Date of Permit Issuance: November 15, 2000 Station Name: 1 Pump Capacity: 218 GPM Serial Number on Meter: Meter Model: Discharge Pipe Diameter: Date of Last Meter Calibration: ____/____/ Date of This Calibration: Name of Person Performing Calibration: ______ Mothod or Equipment Used for Calibration: Initial Meter Reading at Start of Calibration: Final Meter Reading at End of Calibration: Readings on Equipment Used for Calibration: End: (Attach Formulas Used to Make Calculations) Percent of Error Between Meter Reading and Calibration Equipment: _______% Name of Person Completing Form (Please Print): Company Name: ______ Address: Ci+-'State/Zip:

Please Retain a Copy for Your Records

Daytime Telephone: (_____) ____ - ____





St. Johns River Water Management Distric P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8348

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT BEAR LAKE

WELL NAME 1

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

	0123456	789	- }
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Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

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15590





St. Johns River Water Management District P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8348

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT BEAR LAKE

WELL NAME 1

PUMP NAME

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Bear Lake

Docket No. 060253-WS

25.30-440(7) Notices

NOTICES

None

Bear Lake Docket No. 060253-WS

25.30-440(8) Field Employees

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

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.

Bear Lake Docket No. 060253-WS

25.30-440(9) Vehicles

FL Vehicles as of 5-5-06

Veh. # Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934 99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL		Alafaya Utilities, Inc.
9932 99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET		Alafaya Utilities, Inc.
636 06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221 02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY		Alafaya Utilities, Inc.
19 00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK		Alafaya Utilities, Inc.
610 06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON		Alafaya Utilities, Inc.
311 03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS		Alafaya Utilities, Inc.
308 03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED		Alafaya Utilities, Inc. Alafaya Utilities, Inc.
431 04 CHEV C25 24 00 CHEV S-10	1GCHK24U04E296751 1GCCS14W9YK229577	DON TAYLOR ALVIN BISHOP		Bayside Utility Services, Inc.
638 06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP		Bayside Utility Services, Inc.
8691 86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK		Bayside Utility Services, Inc.
223 02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL		Cypress Lakes, Utilities, Inc.
608 06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16 00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF		Eastlake Water Service, Inc.
9808 98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW		Labrador Utilities, Inc.
427 04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY		Labrador Utilities, Inc.
508 05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS		Mid-County
103 01 CHEV \$10	1GCCS14W01K129325 1GCCS14X2WK245013	MATTHEW GUNTHER STEVEN SZCZEPKOWSKI		Mid-County Mid-County
9833 98 CHEV S-10 111 01 CHEV 1500	1GCEC14W81Z185977	SPARE		: Mid-County
461 04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO		Mid-County
9928 99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN		Sandalhaven
426 04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935 99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933 99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET		Sanlando Utilities, Inc.
9931 99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE		Sanlando Utilities, Inc.
9927 99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER		Sanlando Utilities, Inc.
9602 96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE		Sanlando Utilities, Inc.
516 05 CHEV COLORADO	1GCCS146358238591 1GCCS14W01K129261	DOUG GOODWIN ROBERTO REMIGIO	, ,	Sanlando Utilities, Inc. Sanlando Utilities, Inc.
101 01 CHEV S10 220 02 CHEVY S-10	1GCCS14W01R129201	ROY MERICLE		Sanlando Utilities, Inc.
14 00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO		Sanlando Utilities, Inc.
102 01 CHEV S10	1GCC\$14W71K129239	ELISA STEGER		Sanlando Utilities, Inc.
9835 98 CHEV S-10	1GCCS14X0WK247116	SPARE		Sanlando Utilities, Inc.
9834 98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110 01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER		Sanlando Utilities, Inc.
109 01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER		Sanlando Utilities, Inc.
217 02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE		Sanlando Utilities, Inc.
18 00 CHEV 1500 108 01 CHEV 1500	1GCEC14V6YE249071 1GCEC14V91E265755	THOMAS ABENDROTH MATTHEW MORRELL		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
113 01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER		Sanlando Utilities, Inc.
107 01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS		Sanlando Utilities, Inc.
112 01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT		Sanlando Utilities, Inc.
312 03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305 03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433 04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK		Sanlando Utilities, Inc.
304 03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN		Tierre Verde
8926 89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK NO DRIVER YET		Utilities, Inc. of Florida Utilities, Inc. of Florida
9765 97 PONTIAC GRAND AM 35 00 CHEV C25 BOOM	1G2WP5216WF270000 1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK		Utilities, Inc. of Florida
503 05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS		Utilities, Inc. of Florida
612 06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY		Utilities, Inc, of Florida
637 06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH		Utilities, Inc, of Florida
222 02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc, of Florida
424 03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH		Utilities, Inc, of Florida
436 04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS		Utilities, Inc. of Florida
301 03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY		Utilities, Inc. of Florida
422 04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ		Utilities, Inc. of Florida
509 05 CHEV C15 4X4 EXT 639 06 CHEV C15 4X4 EXT	1GCEK19T35E230984 1GCEK19Z26Z225726	JOHN MARINELLI BILL COATES		! Utilities, Inc, of Florida ! Utilities, Inc, of Florida
428 04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE		Utilities, Inc. of Florida
512 05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN		Utilities, Inc, of Florida
650 06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY		Utilities, Inc, of Florida
9250 92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN		Utilities, Inc. of Florida
242 02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS		Utilities, Inc, of Florida
9925 99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE		! Utilities, Inc. of Florida
453 04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI		Utilities, Inc. of Florida
609 06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART		Utilities, Inc, of Florida Utilities, Inc, of Florida
129 01 CHEV FULL 1500 4WD 33 00 DODGE DAKOTA	2GCEK19T111381348 1B7GG22X7YS753556	WILLIAM NEAL SPARE		Utilities, Inc. of Pennbrooke
30 00 DODGE DAROTA	. 1, 0022, 1, 10, 10, 10, 10, 10, 10, 10, 10, 10,		Ψ20,π21.00	

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

Bear Lake 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.

Crystal Lake Docket No. 060253-WS

Seminole County

Crystal Lake

Docket No. 060253-WS

25.30-440(1) Detailed Map

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Crystal Lake

Docket No. 060253-WS

25.30-440(2) Chemicals Used

CHEMICALS USED

To Be Provided

Crystal Lake

Docket No. 060253-WS

25.30-440(3) Chemical Analyses

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 E-Mail: uif@iag.net

September 1, 2005

Mr. Paul Morrison, Environmental Manager Drinking Water Program Florida Dept. of Environmental Protection 3319 Maguire Blvd. Orlando, Fl. 32803

Re: Annual TTHM and HAA5s, 2005 Crystal Lake Utilities, Inc. PWS ID# 3590258

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 15, 2005 and July 28, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe Area Manager

EC: Patrick Flynn, Regional Director, UIOF

Scotty L. Haws, Assistant Operations Manager

DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s]) EXAMPLE REPORTING FORMAT

	MONITORING FREQUENCY: QUARTERLY XQANNUALLY	VEAD 2005	
	QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	YEAR: 2005	
SYSTEM INFORMATION			
PWS NAME: Crystal Lake			
PWS ID NUMBER:3590258	COUNTY: Seminole		
CONTACT PERSON: Scotty Haws	PHONE NUMBER: 407-869-1919 EXT.234		
E-MAIL ADDRESS (optional):S.L.Haws@Utilitiesinc-usa.com	FAX NUMBER (optional): 407-869-6961		

TTHM/HAA5 COMPLIANCE SU	JMMARY FO	OR PWSs M	ONITORING	ON A QUA	RTERLY OR MORE FREQUENT	BASIS					
TTHM C	OMPLIANC	E SUMMAR	Y	HAA5 COMPLIANCE SUMMARY							
Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4	Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4		
Actual Quarter/Year					Actual Quarter/Year						
Provide the number of TTHM samples taken during the last quarter*					Provide the number of HAA5 samples taken during the last quarter*						
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters					Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters						
Calculate the Running Annual Aver the arithmetic average of the quarter quarters)	rage (RAA) for erly arithmetic	r TTHMs (i.e., averages for	calculate the last four	Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)							
Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)					Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)						

^{*}Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY									
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY							
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1						
Calculate the arithmetic average of all TTHM samples taken over the last year	39.7	Calculate the arithmetic average all HAA5s samples taken over the last year	18.6						
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	No	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO						

^{*}Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

Sample Location	Sample Location In the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
155 Fairway Drive	MRT	7/15/05	0.6	Alexander Lorenzo	7/20/05	E502.2	Advanced Enviromental Laboratories # E82574	39.7
		•						
						-		
				-				
			 	-	-			

	HAA5) ANALYSIS RE		Disinfectant					T
Sample Location	in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
155 Fairway Drive	MRT	7/28/05	1.4	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	18.6
					-			
		1						

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

DUDI IO MATER CYCTEM INCORMATIO		
PUBLIC WATER SYSTEM INFORMATION	עס (to be completed by sampler – Please typ	pe or print legibly)
System Name: CRYSTAL LAKE	PWS 1.0	0.#. 3 5 9 0 2 5 8
System Type (check one): 🗵 Communit	y Nontransient Noncommunity	☐Transient Noncommunity
Address: SUNSET	DR,	
City: <u>SANFORD</u> Phone #: <u>407-869-1919</u>	State: FCA	ZIP Code:
Phone #: <u>407-869-1919</u>	Fax #: <u>40</u>	7-869-6961
E-Mail Address: S.L. HAWS	@ UTICITIES INC,	
SAMPLE INFORMATION (to be completed		
Sample Number: A052440-01	Location Code (if kn	own):
Sample Date: <u>7/15/05</u>	Sample Time:	2:05 AM PM (Circle One)
Sample Location (be specific): 155 FAIRV		
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	mg/L Field pH:
Sample Type (Check Only One)		mple (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**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:
Near First Customer		
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL (ditional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: <u>ACEXANDE</u>	R LORENZO	
Sampler's Phone #: 407-948-45	207 Sampler's Fax #: _	407-869-6961
Sampler's E-Mail Address: NIA		
CERTIFICATION (to be completed by	sampler)	
I, <u>ALEXANDER CORENZ</u> (Print Name)	0	OPERATOR
		(Print Title)
do HEREBY CERTIFY that the above complete and correct.	e public water system and sampl	e collection information is
Signature: Mexander	Towns	Date: 8/9/05

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 Page 1 of S

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

LabName: Advanced Environmen								
		Florida Certification #: E53076						
Address: 528 S. North Lake Blv		Certification Expiration Date: 6/30/2006						
Altamonte Springs, FL	32701		Telephone #: (407) 937-1594					
ANALYSIS INFORMATION (to be	completed by lab							
PWS ID (from page 1):		Date Sample	e(s) Received: 7/15/2005 3:40:00					
Lab Assigned Report Number or J	ob ID A052440	Sample Number	From page 1) A052440-01					
Group(s) Analyzed Results attach	ed for compliance with cha	apter 62-550, F.A.C. (check all	that apply):					
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts					
☐ All 17	All 30	All 21	✓ Trihalomethanes					
Partial	All Except Dioxin	Partial	Haloacetic Acids					
Nitrate	Partial	Radionuclides	Bromate					
☐ Nitrite	Dioxin Only	Single Sample	Chlorite					
Asbestos Only		Qtrly Composite**	Secondaries					
			All 14					
			Partial					
Were any analyses subcontracted?	Yes No		- -					
f yes, please provide DOH certifica	tion number E82574							
ATTACH DOH ANALYTE SHEET I	FOR EACH SUBCONTRA	CTED LAB						
	CERT	TIFICATION						
Aller and Complete and	I ab and a second							
, Myrna Santiago , (Print Name)	Laboratory Manager							
` ′ ′								
	ined analytical data are co	rrect and unless noted meet al	l requirements of the					
io n⊨k⊨by ∪⊨k⊺iFy that all attat National Environmental Laboratory	Accreditation Conference	(NELAC)	requirements of the					
National Environmental Laboratory	Accreditation Conference	(NELAC).	1 1					
National Environmental Laboratory	Accreditation Conference	(NELAC).	8/3/05					
National Environmental Laboratory Signature:	Accreditation Conference	(NELAC). Date:	8/3/05					
Signature: Failure to provide a valid and currently inalysis results will result in rejection	Accreditation Conference Autugo ent Florida DOH lab certifin of the report, possible ei	Date: cation number and a current Anforcement against the public v	8/3/05					
Signature: Failure to provide a valid and curr nalysis results will result in rejection	Accreditation Conference Autugo ent Florida DOH lab certifin of the report, possible ei	Date: cation number and a current Anforcement against the public v	8/3/05					
Signature: Failure to provide a valid and currinalysis results will result in rejection and may result in notification of the	Accreditation Conference Autugo ent Florida DOH lab certifi n of the report, possible el DOH Bureau of Laborator	Date: cation number and a current A forcement against the public v y Services.	8/3/05					
National Environmental Laboratory Signature: Failure to provide a valid and curre analysis results will result in rejection and may result in notification of the Please provide radiological sample COMPLIANCE DETERMINATION	Accreditation Conference Autugo ent Florida DOH lab certifi n of the report, possible el DOH Bureau of Laborator	Date: cation number and a current A forcement against the public v y Services. each quarter.	8/3/05					
Signature: Failure to provide a valid and curre analysis results will result in rejection and may result in notification of the Please provide radiological sample.	Accreditation Conference Autugo ent Florida DOH lab certifi n of the report, possible ei DOH Bureau of Laborator le dates and locations for	Date: cation number and a current A forcement against the public v y Services. each quarter.	8/3/05 nalyte Sheet for the attached vater system for failure to sample.					
Signature: Failure to provide a valid and curre analysis results will result in rejection and may result in notification of the Please provide radiological sample COMPLIANCE DETERMINATION cample Collection Info Satisfactory	ent Florida DOH lab certifin of the report, possible en DOH Bureau of Laborator, le dates and locations for (to be completed by DE	Date: cation number and a current Anforcement against the public of Services. each quarter. P or DOH) Sample Analysis Info Sa	nalyte Sheet for the attached water system for failure to sample.					
Signature: Failure to provide a valid and currenalysis results will result in rejection may result in notification of the Please provide radiological sample: COMPLIANCE DETERMINATION Tample Collection Info Satisfactory Replacement Sample(s) Requested (content)	ent Florida DOH lab certifin of the report, possible end DOH Bureau of Laborator le dates and locations for (to be completed by DE Yes No	cation number and a current A forcement against the public of Services. each quarter. P or DOH) Sample Analysis Info Same Revised Report Requester.	nalyte Sheet for the attached water system for failure to sample.					
National Environmental Laboratory Signature: Pailure to provide a valid and current analysis results will result in rejection and may result in notification of the Please provide radiological sample COMPLIANCE DETERMINATION	ent Florida DOH lab certifin of the report, possible en DOH Bureau of Laborator, le dates and locations for (to be completed by DE Yes No No circle or highlight group(s) abordirele or highlight group(s)	Date: Cation number and a current A new forcement against the public of Services. Por DOH) Sample Analysis Info Sample Mail Revised Report Requestable.	nalyte Sheet for the attached water system for failure to sample stisfactory: Yes No ested (circle or highlight group(s) above					
National Environmental Laboratory Signature: Failure to provide a valid and curre inalysis results will result in rejection and may result in notification of the Please provide radiological sample COMPLIANCE DETERMINATION Sample Collection Info Satisfactory Replacement Sample(s) Requested (collectional Monitoring Required (collectional Moni	ent Florida DOH lab certifin of the report, possible en DOH Bureau of Laborator le dates and locations for (to be completed by DE Yes No possible of the possible en DOH Bureau of Laborator le dates and locations for the laborator le dates and locations for the possible of the possible poss	Date: Cation number and a current A new process. Por DOH) Sample Analysis Info Sample Analysis Revised Report Requestion(s)	nalyte Sheet for the attached water system for failure to sample attisfactory: Yes No ested (circle or highlight group(s) above					
Failure to provide a valid and curre analysis results will result in rejection and may result in notification of the Please provide radiological sample COMPLIANCE DETERMINATION cample Collection Info Satisfactory Replacement Sample(s) Requested (collection) Required (collection) Required (collection) Recommendation (collection) Required (collection) Recommendation	ent Florida DOH lab certifin of the report, possible en DOH Bureau of Laborator le dates and locations for (to be completed by DE Yes No possible of the possible en DOH Bureau of Laborator le dates and locations for the laborator le dates and locations for the possible of the possible poss	Date: Cation number and a current A new forcement against the public of Services. Por DOH) Sample Analysis Info Sample Mail Revised Report Requestable.	nalyte Sheet for the attached water system for failure to sample, attisfactory: Yes No ested (circle or highlight group(s) above					
Pational Environmental Laboratory Signature: Failure to provide a valid and curre analysis results will result in rejection and may result in notification of the Please provide radiological sample: COMPLIANCE DETERMINATION Complement Sample(s) Requested (complement Sample(s) Requested (complement Sample(s) Requested (complement Sample(s) Requested (complement Sample(s) Exceeded MCL(s) Exceeded Missing Analyte She Other:	ent Florida DOH lab certifin of the report, possible en DOH Bureau of Laborator, le dates and locations for (to be completed by DE Yes No Describe or highlight group(s) abordircle or highlight group(s) Detected of the possible of the laborator of the laborato	Date: Cation number and a current Anforcement against the public of Services. each quarter. P or DOH) Sample Analysis Info Save) Revised Report Requestabove) tion(s) on Unsatisfactory	nalyte Sheet for the attached water system for failure to sample, attisfactory: Yes No ested (circle or highlight group(s) above Incomplete Report Analysis Unsatisfactory					
Pational Environmental Laboratory Signature: Failure to provide a valid and curre analysis results will result in rejection and may result in notification of the Please provide radiological sample: COMPLIANCE DETERMINATION Complement Sample(s) Requested (complement Sample(s) Requested (complement Sample(s) Requested (complement Sample(s) Requested (complement Sample(s) Exceeded MCL(s) Exceeded Missing Analyte She Other:	ent Florida DOH lab certifin of the report, possible en DOH Bureau of Laborator le dates and locations for (to be completed by DE Yes No circle or highlight group(s) abordircle or highlight group(s) Detection of the completed by DE Location of the completed by DE	Date: Cation number and a current Anforcement against the public of Services. each quarter. P or DOH) Sample Analysis Info Save) Revised Report Requestabove) tion(s) on Unsatisfactory	nalyte Sheet for the attached water system for failure to sample, attisfactory: Yes No ested (circle or highlight group(s) above					

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

A052440

7/15/2005

7/15/05 15:40

7/24/2005

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

Utilities, Inc.

Project Name:

Crystal Lake

Project Number:

PWS ID#:

Attention: **Phone Number: 8002721919**

Kathy Sillitoe

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: Crystal Lake

Approved By:

Myrna Santiago, Laboratory 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 = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Crystal Lake

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 155 Fairway Dr

Sample Number: A052440-01

Report No.: A052440

Date/Time Sampled: 07/15/05

Date/Time Received: 7/15/05 15:40

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

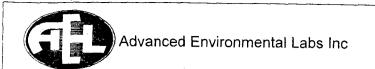
Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform		ug/L	28		E502.2	0.31	7/20/2005	1:11	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	7/20/2005	1:11	E82574
2943	Bromodichloromethane		ug/L	9.5		E502.2	0.38	7/20/2005	1:11	E82574
2944	Dibromochloromethane		ug/L	2.2	;	E502.2	0.28	7/20/2005	1:11	E82574
U The com	pound was analyzed for but not detected	₫.		13	39.7					

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs 528 S North Lake Blvd, Ste 1016 Altamonte Springs, FL 32701

Client: UT	ILITIES, INC. (UTL-	-A)	Project name	: CRYSTAL	LAKE		
Date/Time Rcvd: 7/1	5/05 15.40	Log	-In request number	: A052440			
Received by: BD	М		Completed by				
Cooler/Shipping	Information:		. ,				
		ny Evarona Ci Code	Sv. C Odban (dans 1)	,			
Courier: 🗆 AEL 🔯 C			x U Other (describe	e):			
Type: ⊠ Cooler □ Bo	ox □ Other (describe	:)					
Cooler temperature:	Identify the cooler a	nd document the ten	nperature blank or ic	e water measi	uremei	nt	
Cooler ID	1						
Temp (°C)	2						
Temp taken from	[] Temp blank	☐ Temp blank	☐ Temp blank	☐ Temp blank		☐ Temp b	lank
	✓ Cooler✓ IR gun	☐ Cooler ☐ IR gun	☐ Cooler ☐ IR gun	□ Cooler □ IR gun		☐ Cooler☐ IR gun	
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	Thermometer (enter ID):	☐ Thermometer (ID):	enter		meter (enter
Other Information Any discrepancies sho		the "Comments" sec	tion below.		YES	NO	NA
	als on shipping contai	ner(s) intact?			1 25	T 110	
	apers properly include				1	1	
		ıt (ink, signed, match l	labels)?		1		
	rive in good condition				1		
		e #, date, signed, analy	ysis, preservatives)?		/		
	abels agree with the cl ttles used for the tests				/		
		niques indicated on the	label?		1		
9. Were samples re	ceived within holding	times?	, idoor:		1		
		esence of air bubbles?			1	+	
	ubbles present in the V				1		
12. Were samples in	direct contact with we	et ice? If "No," check	one: □ NO ICE □ BL	UE ICE	1		
	emperature less than 6 s checked and recorde				1		
NOTE: VOA sar	nples are checked by i	a by Sample control?					
15. Were the sample	containers provided b	y AEL?			1		
16. Were samples ac	cepted into the laborat	ory?			1	 	
17. Was it necessary	to split samples into c	ther bottles?				1	
Kit ID	Comments:						
1							· · · · · · · · · · · · · · · · · · ·
							
							

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando 528 South North Lake Blvd, S Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A052440 CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

AEL Jax 6601 Southpoint Parkway Jacksonville, Fl 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052440-01	1	THMs (DW)	Drinking Water	7/15/2005	14:05	7/15/05 15:40	7/29/2005		40mL VOC vial

Orlando Relinquisher:

Shipping Relinquisher: AEL Coufier

Shipping Receiver: AEL Courie

Jacksonville Receiver:

Date/Time:

Date/Time:

8

# 1	
لحدا	7
400	

Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
2106 NW 67th Place. Ste. 7 • Gainesville, FL 33608 • 353.367.4500 • Fax 323.367.0050 • Fax 323.367.0050

2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352,367,1500 • Fax 352,367,0050 • E82620
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407,937,1594 • Fax 407,937,1597 • E53076

A052440

CLIENT NAME:	Utilities Inc.	PROJECT NAME:		Cr	ystal L	ake		BOTTLE			T	Ţ				
ADDRESS:	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMI	BER:					& TYPE	40mL Vials					3	· ·	1
Altamo	onte Springs, FL 32714	PROJECT LOCATION:			· · · · · · · · · · · · · · · · · · ·			1	4-	 	 	 	 		 	\dashv
PHONE:	407-869-1919	FAX:	 -						!				[]	: !	1	
CONTACT:		SAMPLED BY: ALC:	×AD1	DER	108	E1170	~	뮙					}	I	1	
	TURN AROUND TIME:			ECIAL INSTRI		<u> </u>		5	: I	}		}	}	!		_
☑ STANDARD								REQUIRED		}	1	1		•		LAB NUMBER
RUSH		}						S				1	}	,	}	
								ls.	လ	ļ				•		
								ANALYSIS	THM'S	1	}	1			l	18
WW=waste wa	ater SW≈surface water GW=ground	water DW=drinking water		OIL	A≓air	SO=soil	SL=sludge	A A	岸]		[l		中
SAMPLE	SAMPLE DESC	RIPTION	Grab	SAM	PLING	MATRIX	NO.	Preserv	I,T	1	 	<u> </u>				+~
ID			Comp	DATE	TIME	1	COUNT									
1	155 FAIRWA)	DR.	G	7/15/05	1405	AVA	3		Х							-01
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l-lce	H=(HCI) S=(H2SO4 N=(HNO3)	T≍(Sodium Thiosulfate)		<u> </u>		1	Dalin	luish by:			L					<u> </u>
Shipment		ple Kit Cooler#		<u> </u>	1	aller		wish by: weny		Date	Time		ceived by:	Date		ime
Out	Via: RB	D/T			2	was	your	wany	0	7/15/05	12	15Man E). mettin	Justo	or 154	
Ret	AB_ Via: Trip	D/T			3											
_=====			print)	l	4											
Received on Ice		sent	∏ rec	eived	4									revised 8	2/01	=







Laboratory Scope of Accreditation

Page 4 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	Effective Date
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
lilver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
imazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
odium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
tyrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
tyrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
ulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
urfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
etrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
etrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
hallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
oluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
oluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
otal coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
otal coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
otal haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
otal trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
otal trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
oxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
ans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
ans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
richloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
richloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
richloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
urbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
inyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
inyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
ylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
ylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
line	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

PUBLIC WATER SYSTEM INFORMATION	ON (to be completed by sampler – Please type or print legibly)
System Name: Crystal Lake	PWS I.D. #: 3 5 9 0 2 5 8
System Type (check one):	y Nontransient Noncommunity Transient Noncommunity
Address: Subset Drive	<u> </u>
	State: '41 ZIP Code: 32773
	Fax#: 407.869-6961
E-Mail Address: 5.L. Haws @ ()tilities Inc-USA.com
CAMPI E INFORMATION (to be considered	hu samula à
SAMPLE INFORMATION (to be completed	
Sample Number: <u>A052631</u> Sample Date: <u>7 - 28 - 0 5</u>	
	reway OR.
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:
Distributant Nesidual (Nequiled Witch reporting	Testing for uniablificulting and haloacetic acies,. The May 1
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** ☐Violation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of invalidated Sample)
☐Max Residence Time	Other:
☐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 a for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name: ALEXANDE	
Sampler's Phone #: 407-948-4	-207 Sampler's Fax #: 407 - 869 - 6961
Sampler's E-Mail Address:N	9
CERTIFICATION (to be completed by	sampler)
I, ALEXANDER CORE	ENZO, OPERATOR (Print Title)
	(Print Title) ve public water system and sample collection information is
Signature: Wexarder 2	Date: 8/30/05

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

LABORATORY CERTIFICATION		mpleted by lab - Please type or	print legibly)					
ATTACH CURRENT DOH ANAL	YTE SHEET*							
LabName: Advanced Environme		Florid	a Certification #: E53076					
Address: 528 S. North Lake Blv		Certification Expiration Date: 6/30/2006						
Altamonte Springs, FI	_ 32701		Telephone #: (407) 937-1594					
ANALYSIS INFORMATION (to be	completed by lab							
PWS ID (from page 1):		Date Sample	e(s) Received: 7/28/2005 2:35:00					
Lab Assigned Report Number or C	lob ID A052631	Sample Number	(From page 1) A052631					
Group(s) Analyzed Results attach	ned for compliance with cha	apter 62-550, F.A.C. (check all	that apply):					
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts					
☐ All 17	All 30	All 21	Trihalomethanes					
Partial	All Except Dioxin	Partial	Haloacetic Acids					
	Partial	Radionuclides	Bromate					
☐ Nitrite	Dioxin Only	Single Sample	Chlorite					
Asbestos Only		Qtrly Composite**	Secondaries					
		duty composite	All 14					
			Partial					
Were any analyses subcontracted	? 🔽 Yes 🗌 No							
If yes, please provide DOH certific	ation number E82574		~					
ATTACH DOH ANALYTE SHEET	FOR EACH SUBCONTRA	CTED LAB						
	CERT	TIFICATION						
I, Myrna Santiago ,	Laboratory Manager							
(Print Name)	Edboratory Manager	1						
do HEREBY CERTIFY that all atta National Environmental Laboratory			Il requirements of the					
Vima n.	1:00	` '						
Signature: W///	lago	Date:	8-25-05					
Failure to provide a valid and cur analysis results will result in rejection and may result in notification of the	on of the report, possible e	nforcement against the public	analyte Sheet for the attached water system for failure to sample,					
** Please provide radiological samp	ele dates and locations for	each quarter.						
COMPLIANCE DETERMINATION	(to be completed by DE	P or DOH)						
Sample Collection Info Satisfactory	Yes 👼 No	Sample Analysis Info S	atisfactory: 🌋 Yes 🌋 No					
Replacement Sample(s) Requested (circle or highlight group(s) abo	ve) 🌋 Revised Report Requ	ested (circle or highlight group(s) above)					
Additional Monitoring Required (circle or highlight group(s)	above)						
Reason(s): MCL(s) Exceeded	[∰] Detec	tion(s)	Incomplete Report					
Missing Analyte She		ion Unsatisfactory	Analysis Unsatisfactory					
Domon Motified:			Notified:					
2			HOUREU,					
Date Reviewed:		OH Reviewing Official:						





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

Client:

Utilities, Inc.

Project Name:

Crystal Lake

Project Number:

PWS ID#:

Attention:
Phone Number:

Kathy Sillitoe 8002721919

Address:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.:

A052631

Date Sampled:

7/28/2005

Date Received:

7/28/05 14:35

Date Reported:

8/23/2005

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: Crystal Lake

Approved By:

Myrha Santiago, Laboratory 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 =

7

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Crystal Lake

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 155 Fairway Dr

Sample Number: A052631-01

Report No.: A052631

Date/Time Sampled: 07/28/05

12:40

Date/Time Received: 7/28/05 14:35

Shipping Method: Client drop off

Sampled By: Alexander Lorenz

Disinfection Byproducts

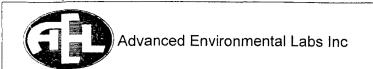
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab
COMMINIO	O THE TANK			Results		,,		Date	ime	Cert.#
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/4/2005	23:26	E82574
2451	Dichloroacetic Acid		ug/L	7.6		E552.2	0.56	8/4/2005	23:26	E82574
2452	Trichloroacetic Acid		ug/L	11		E552.2	0.60	8/4/2005	23:26	E82574
2453	Bromoacetic Acid		ug/L	0.46	i	E552.2	0.34	8/4/2005	23:26	E82574
2454	Dibromoacetic Acid		ug/L	1.7	1/10/1	E552.2	0.45	8/4/2005	23:26	E82574

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

MDL Method Reporting Limit

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

The compound was analyzed for but not detected.



Advanced Environmental Labs 528 S North Lake Blvd, Ste 1016 Altamonte Springs, FL 32701

Client: UT	LITIES, INC. (UTL-		Project name	: CRYSTAL L	AKE			
Date/Time Rcvd: 7/28/05 14.35 L				-In request number	: A052631			
Received by: RP	G			Completed by	: RPG			
Cooler/Shipping	Information:							
Courier: □ AEL ⊠ C	lient UPS D Por	ny Express 🛭 F	edE:	x □ Other (describe):			
Type: ⊠ Cooler 🗖 Bo	x □ Other (describe)			· · · · · · · · · · · · · · · · · · ·			
Cooler temperature:	Identify the cooler a	nd document the	e ten	nperature blank or ic	e water measu	ıremei	nt	
Cooler ID	1							
Temp (°C)	2							
Temp taken from	☐ Temp blank ☑ Cooler	☐ Temp blank ☐ Cooler		☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler		☐ Temp b☐ Cooler	lank
Temp measured with	☑ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (en ID):	nter	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun☐ Thermometer (eID):	enter	☐ IR gun☐ Thermo	meter (enter
2. Were custody papers properly included with samples? 3. Were custody papers properly filled out (ink, signed, match labels)? 4. Did all bottles arrive in good condition (unbroken)? 5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? 6. Did the sample labels agree with the chain of custody? 7. Were correct bottles used for the tests indicated? 8. Were proper sample preservation techniques indicated on the label? 9. Were samples received within holding times? 10. Were all VOA vials checked for the presence of air bubbles? 11. Were there air bubbles present in the VOA vials? 12. Were samples in direct contact with wet ice? If "No," check one: □ NO ICE □ BLUE ICE 13. Was the cooler temperature less than 6°C? 14. Were sample pHs checked and recorded by Sample control? NOTE: VOA samples are checked by laboratory analysts. 15. Were the sample containers provided by AEL? 16. Were samples accepted into the laboratory? 17. Was it necessary to split samples into other bottles?								1

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando 528 South North Lake Blvd, S Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A052631 CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

AEL Jax 6601 Southpoint Parkway Jacksonville, FI 32216 904-363-9350 Fax 904-363-9354 Contact Person: Sean Hyde

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time		Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052631-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	12:40	7/28/05 14:35	8/11/2005		40mL Vial Amber

Orlando Relinquisher:

Shipping Relinquisher: AEL-Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

لق	
44	

Advanced

Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904,363,9350 • Fax 904,363,9354 • E82574 9610 Princess Palm Ave. • Tampa, FL 33619 • 813,630,9616 • Fax 813,630,4327 • E84589

2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620

528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076

A052631

CLIENT NAME:	Utilities Inc.	PROJECT NAME:		Cry	stal La	ıke		BOTTLE SIZE	ي ر							-
ADDRESS: 2	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMB	BER:					& TYPE	40mL Viais				BELA	<u> </u>		_
Altamor	nte Springs, FL 32714	PROJECT LOCATION:														
PHONE:	407-448-1715	FAX:														
CONTACT:	Kathy Sillitoe	SAMPLED BY: ALEX	ANDE	RW	RENZ	20		꼴								1
	TURN AROUND TIME:			CIAL INSTRU				0								5
X STANDARD								REQUIRED								AB NUMBER
RUSH								Sis								5
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WW=waste wat			01		A=air PLING	SO=soil	SL=sludge	Preserv	NH4CI					1		1~
ID	SAMPLE DES	CRIPTION	Grab Comp	DATE	TIME	MATRIX	NO. COUNT	Tieserv							ta CAVATO SAN	
1	155 FAIRW	AV DR.	G	7/28/09		WW	3		Х							All and the letter of the lett
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			 					d interest N								
			ļ	ļ												4
I-lce	H=(HCI) S=(H2SO4 N=(HNO	3) T=(Sodium Thiosulfate)	J	<u> </u>	\ <u></u>	 	Relin	quish by:		Date	Time	R	ecelved by:	Date	3 T	Time
Shipment	Method S	ample Kit Cooler#			1	alexa	inder	Lour	15°	1/28/05	1435	721		1/28/0	5 14	35
Out		BD/T			2				-							
Ret		BD/T rip Bl.			3 4											
Received on Ice		C sent	re	ceived						<u> </u>				revised	8/01	









Laboratory Scope of Accreditation

Page 1 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water Certification Analyte Method/Tech Category Effective Date Type EPA 502.2 1,1,1-Trichloroethane 4/4/2002 Other Regulated Contaminants NELAP EPA 524.2 1,1,1-Trichloroethane Other Regulated Contaminants NELAP 1/21/2005 1,1,2-Trichloroethane EPA 502.2 Other Regulated Contaminants **NELAP** 4/4/2002 1,1,2-Trichloroethane EPA 524.2 Other Regulated Contaminants **NELAP** 1/21/2005 1.1-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 1, I-Dichloroethylene EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 1,2,4-Trichlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 1,2,4-Trichlorobenzene EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 1,2-Dibromo-3-chloropropane (DBCP) EPA 504.1 Synthetic Organic Contaminants NELAP 4/4/2002 1,2-Dibromoethane (EDB, Ethylene dibromide) EPA 504.1 Synthetic Organic Contaminants NELAP 4/4/2002 1.2-Dichlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 1,2-Dichlorobenzene EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 1,2-Dichloroethane EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 1,2-Dichloroethane EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 1,2-Dichloropropane EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 1,2-Dichloropropane EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 1,4-Dichlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 1.4-Dichlorobenzene EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 2,4-D EPA 5153 Synthetic Organic Contaminants NELAP 1/21/2005 Alachlor EPA 525.2 Synthetic Organic Contaminants NELAP 3/24/2005 Alkalinity as CaCO3 SM 2320 B Primary Inorganic Contaminants NELAP 1/21/2005 Aluminum EPA 200.7 Secondary Inorganic Contaminants NELAP 4/4/2002 Antimony EPA 200.9 Primary Inorganic Contaminants NELAP 4/4/2002 Antimony SM 3113 B Primary Inorganic Contaminants NELAP 4/4/2002 Arsenic EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Atrazine EPA 525.2 Synthetic Organic Contaminants NELAP 3/24/2005 Barium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Benzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Benzene EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Benzo(a)pyrene EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Beryllium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 bis(2-Ethylhexyl) phthalate (DEHP) EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Bromoacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Bromochloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Bromodichloromethane EPA 502.2 Other Regulated NELAP 4/4/2002 Contaminants, Group II Unregulated

Contaminants

[&]quot;STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.







Laboratory Scope of Accreditation

Page 2 of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Analyte	Matrix: Drinking Water				
Demonsform	Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromoform	Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Calcium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Carbon tetrachloride EPA 531.1 Synthetic Organic Contaminants NELAP 4/4/2002 Carbon tetrachloride EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Carbon tetrachloride EPA 508.2 Other Regulated Contaminants NELAP 1/21/2005 Chloride EPA 302.3 Secondary Inorganic Contaminants NELAP 1/21/2005 Chloride SM 4500 CF Secondary Inorganic Contaminants NELAP 2/13/2003 Chlorobenzene EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Chlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Chloroform EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Chloroform EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Chloroform EPA 524.2 Group II Unregulated Contaminants NELAP<	Bromoform	EPA 502.2	Contaminants, Group II Unregulated	NELAP	4/4/2002
Calcium	Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Carbofuran (Furaden) EPA 531.1 Synthetic Organic Contaminants NELAP 4/19/2005 Carbon tetrachloride EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Carbon tetrachloride EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Chloride EPA 508 Synthetic Organic Contaminants NELAP 3/24/2005 Chloride EPA 325.3 Secondary Inorganic Contaminants NELAP 1/21/2005 Chloride SM 4500 Cl- E Secondary Inorganic Contaminants NELAP 2/13/2003 Chlorocetic said EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Chlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Group II Unregulated Contaminants NELAP 4/4/2002 Chloroform EPA 502.2 Other Regulated Contaminants N	Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbon tetrachloride EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Carbon tetrachloride EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Chlordane (tech.) EPA 508 Synthetic Organic Contaminants NELAP 3/24/2005 Chloride EPA 325.3 Secondary Inorganic Contaminants NELAP 1/21/2005 Chloride SM 4500 Cl-E Secondary Inorganic Contaminants NELAP 1/21/2005 Chlorodectic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Chlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 502.2 Other Regulated Contaminants NELAP	Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbon tetrachloride EPA 5242 Other Regulated Contaminants NELAP 1/21/2005 Chlordane (tech.) EPA 508 Synthetic Organic Contaminants NELAP 1/21/2005 Chloride EPA 325.3 Secondary Inorganic Contaminants NELAP 1/21/2005 Chloride SM 4500 Cl-E Secondary Inorganic Contaminants NELAP 2/13/2003 Chloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Chlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chromium EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Cis-1,2-Dichloroethylene EPA 524.2 Other Regulated Contaminants NELAP <td>Carbofuran (Furaden)</td> <td>EPA 531.1</td> <td>Synthetic Organic Contaminants</td> <td>NELAP</td> <td>4/19/2005</td>	Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Chlordane (tech.)	Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chloride EPA 325.3 Secondary Inorganic Contaminants NELAP 1/21/2005 Chloride SM 4500 Cl- E Secondary Inorganic Contaminants NELAP 2/13/2003 Chlorocectic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Chlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Other Regulated Contaminants NELAP 4/4/2002 Chromium EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chromium EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Cist-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Color EPA 110.2 Secondary Inorganic Contaminants NELAP 1/21/2005 Color EPA 511.3 Synthetic Organic Contaminants NELAP 1/21/20	Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloride SM 4500 Cl-E Secondary Inorganic Contaminants NELAP 2/13/2003 Chloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Chlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Chloroform EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Chromium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Cis-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Color EPA 110.2 Secondary Inorganic Contaminants NELAP 1/21/2005 Color EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Copper EPA 200.7 Primary Inorganic Contaminants NELAP 1/21/2005 Dalapon EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/200	Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloroacetic acid	Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chlorobenzene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chlorobenzene EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Chloroform EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Chromium EPA 502.2 Group II Unregulated Contaminants NELAP 4/4/2002 Cis-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Color EPA 524.2 Other Regulated Contaminants NELAP 4/4/2002 Color EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Color EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Color EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Copper EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dice-ethylhexyl)adipae EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005	Chloride	SM 4500 CI- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chlorobenzene EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Chloroform EPA 502.2 Other Regulated Contaminants Group II Unregulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Chromium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 cis-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 cis-1,2-Dichloroethylene EPA 524.2 Other Regulated Contaminants NELAP 4/4/2002 Color EPA 110.2 Secondary Inorganic Contaminants NELAP 2/13/2003 Copper EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Contaminants Contaminants NELAP 4/4/2002 Dalapon EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 502.2 Other Regulated Contaminants NELAP <td>Chloroacetic acid</td> <td>EPA 552.2</td> <td>Group I Unregulated Contaminants</td> <td>NELAP</td> <td>1/21/2005</td>	Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chloroform EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Chloroform EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Chromium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 cis-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 cis-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Color EPA 110.2 Secondary Inorganic Contaminants NELAP 1/21/2005 Color EPA 200.7 Primary Inorganic Contaminants NELAP 1/21/2005 Contaminants, Secondary Inorganic NELAP 4/4/2002 Contaminants, Secondary Inorganic NELAP 1/21/2005 Dice-thylhexyl)adipae EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Dibromoacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 515.3 Group II Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 522.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 522.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005	Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Contaminants, Group II Unregulated Contaminants Chloroform EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Chromium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 cis-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Color EPA 110.2 Secondary Inorganic Contaminants NELAP 1/21/2005 Color EPA 200.7 Primary Inorganic Contaminants NELAP 1/21/2005 Contaminants, Secondary Inorganic Contaminants NELAP 1/21/2005 Diagon EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dice-ethylhexyl)adipae EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Dibromocacetic acid EPA 525.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 502.2 Other Regulated Contaminants, Secondary Inorganic Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 525.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 524.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 515.3 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 525.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 525.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 525.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 525.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 525.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005	Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chromium EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 cis-1,2-Dichloroethylene EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 cis-1,2-Dichloroethylene EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Color EPA 110.2 Secondary Inorganic Contaminants NELAP 2/13/2003 Copper EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Contaminants, Secondary Inorganic Contaminants NELAP 1/21/2005 Dialapon EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Di(2-ethylhexyl)adipae EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Dibromocetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 502.2 Other Regulated NELAP 1/21/2005 Dibromochloromethane EPA 515.3 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 515.3 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005	Chloroform	EPA 502.2	Contaminants, Group II Unregulated	NELAP	4/4/2002
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Color EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Color EPA 110.2 Secondary Inorganic Contaminants NELAP 2/13/2003 Copper EPA 200.7 Primary Inorganic Contaminants NELAP 4/4/2002 Contaminants, Secondary Inorganic Contaminants NELAP 4/4/2002 Contaminants NELAP 1/21/2005 Dalapon EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Di(2-ethylhexyl)adipate EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Dibromoacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 502.2 Other Regulated NELAP 4/4/2002 Dibromochloromethane EPA 515.3 Group II Unregulated Contaminants NELAP 1/21/2005 Dicamba EPA 515.3 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 502.2 Other Regulated Contaminants NELAP 3/24/2005 Dichloromethane (DCM, Methylene chloride) EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, General Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005	Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
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Contaminants, Secondary Inorganic Contaminants Dalapon EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Di(2-ethylhexyl)adipate EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Dibromoacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 502.2 Other Regulated Contaminants, Group II Unregulated Contaminants NELAP 1/21/2005 Dicamba Dichloroacetic acid EPA 515.3 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 502.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005	Color .	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Di(2-ethylhexyl)adipate EPA 525.2 Synthetic Organic Contaminants NELAP 1/21/2005 Dibromoacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dibromochloromethane EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Dibromochloromethane EPA 524.2 Group II Unregulated Contaminants NELAP 1/21/2005 Dicamba EPA 515.3 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloroacetic acid EPA 552.2 Group I Unregulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 502.2 Other Regulated Contaminants NELAP 4/4/2002 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dichloromethane (DCM, Methylene chloride) EPA 524.2 Other Regulated Contaminants NELAP 1/21/2005 Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005	Copper	EPA 200.7	Contaminants, Secondary Inorganic	NELAP	4/4/2002
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Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP) EPA 515.3 Synthetic Organic Contaminants NELAP 1/21/2005	Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	
News Control of the C	Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	
	Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574







Laboratory Scope of Accreditation

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THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Analyte Method/Tech Category Type Endothall EPA 548.1 Synthetic Organic Contaminants NELAP Endrin EPA 508 Synthetic Organic Contaminants NELAP Ethylbenzene EPA 502.2 Other Regulated Contaminants NELAP Ethylbenzene EPA 502.2 Other Regulated Contaminants NELAP Ethylbenzene EPA 508 Synthetic Organic Contaminants NELAP gamma-BHC (Lindane, EPA 508 Synthetic Organic Contaminants NELAP Heptachlor EPA 508 Synthetic Organic Contaminants NELAP Heptachlor epoxide EPA 508 Synthetic Organic Contaminants NELAP Heterotrophic plate count SM 9215 B Microbiology NELAP Hexachlorobenzene EPA 508 Synthetic Organic Contaminants NELAP Hexachlorocyclopentadiene EPA 508 Synthetic Organic Contaminants NELAP Hexachlorocyclopentadiene EPA 508 Synthetic Organic Contaminants NELAP Hexachlorocyclopentadiene EPA 508 Synthetic Organic Contaminants NELAP Iron EPA 200.7 Secondary Inorganic Contaminants NELAP Lead EPA 200.9 Primary Inorganic Contaminants NELAP Lead SM 3113 B Primary Inorganic Contaminants NELAP Magnesium EPA 200.7 Primary Inorganic Contaminants NELAP Manganese EPA 200.7 Secondary Inorganic Contaminants NELAP Mercury EPA 245.1 Primary Inorganic Contaminants NELAP Mercury SM 3112 B Primary Inorganic Contaminants NELAP Methoxychlor EPA 508 Synthetic Organic Contaminants NELAP Nitrate SM 4500-NO3 F Primary Inorganic Contaminants NELAP Nitrat	Effective Date 1/21/2005 3/24/2005 4/4/2002 1/21/2005 3/24/2005 3/24/2005 3/24/2005 1/21/2005 3/24/2005
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Odor SM 2150 B Secondary Inorganic Contaminants NELAP	2/13/2003
, - 2	1/21/2005
Orthophosphate as P EPA 365.1 Primary Inorganic Contaminants NELAP	2/13/2003
	2/13/2003
Orthophosphate as P SM 4500-P E Primary Inorganic Contaminants NELAP	1/21/2005
Oxamyl EPA 531.1 Synthetic Organic Contaminants NELAP	4/19/2005
PCBs EPA 508 Synthetic Organic Contaminants NELAP	3/24/2005
Pentachlorophenol EPA 515.3 Synthetic Organic Contaminants NELAP	1/21/2005
pH EPA 150.1 Primary Inorganic NELAP Contaminants, Secondary Inorganic Contaminants	4/4/2002
Picloram EPA 515.3 Synthetic Organic Contaminants NELAP	1/21/2005
Potassium EPA 200.7 Secondary Inorganic Contaminants NELAP	1/21/2005
Residue-filterable (TDS) EPA 160.1 Secondary Inorganic Contaminants NELAP	4/4/2002
Selenium EPA 200.9 Primary Inorganic Contaminants NELAP	4/17/2002
Selenium SM 3113 B Primary Inorganic Contaminants NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 06/29/2005-E82574







Laboratory Scope of Accreditation

Page 4

of 27

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	Effective Date
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
ulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
urfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
etrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
etrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
hallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Coluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
'oluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
otal coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
otal coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
otal haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
otal trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
otal trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
oxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
ans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
ans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
richloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
richloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	. NELAP	4/4/2002
richloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
urbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
inyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
inyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
yiene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
ylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
inc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road

Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-0961 E-Mail: uif@iag.net

June 20, 2005

Mr. Paul Morrison, Environmental Manager Drinking Water Program Florida Department of Environmental Protection 3319 Maguire Blvd. Orlando, Fl. 32803

Re:

Annual Nitrate and Nitrite Analysis, 2005 Chapter 62-550 FAC Crystal Lake PWS ID# 3590258

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 3, 2005, for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe

Area Manager Manager

Enclosure

EC:

Patrick C. Flynn, Regional Manager, UIOF Scotty L. Haws, Assistant Operations Manager, UIOF

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:	ake PWSI.D. #: 3 5 9 0 2 5 8
System Type (check one):	☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: SUDSET DR.	
City: Sawford	State: ZIP Code:
Phone #: 407-869-1919	Fax#: 407-869-6961
E-Mail Address:	
`	
SAMPLE INFORMATION (to be completed	by sampler) series of the constraint of the cons
Sample Number: <u>A051924-</u>	6 / Location Code (If known):
Sample Date: 6/3/05	Sample Time: /200 AM (PM) (Circle One)
	@ CRYSTAL LAKE PLANT
•	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** ☐Violation Resolution
Raw (at well or intake)	☐Clearance (permitting) ☐Replacement (of Invalidated Sample)
Max Residence Time	Other:
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
☐Near First Customer	
*See 62-550.500(6) for requirement NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	Iditional requirements attach a results page for each site.
Sampler's Name: TERRY SILL	+0E
Sampler's Phone #: 407-869-19	
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by s	sampler)
1 1 200 / 10 // 100	a no ratio
1, 15RR (Print Name)	(Print Title)
do HEREBY CERTIFY that the above complete and correct.	ve public water system and sample collection information is
	- 1/2/105
Signature:	Date: 4/20/0)

Reporting Format 62-550.730

Page 1 of

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

LABORATORY CERTIFICATION ATTACH CURRENT DOH ANAL		to be comple	ted by lab - Please ty	pe or print le	gibly)		
LabName: Advanced Environme	0	Florida Certification #: E53076					
Address: 528 S. North Lake BI	vd., Suite 1016		Certific	ation Expirat	ion Date: 6/30/2005		
Altamonte Springs, F	L 32701				phone #: (407) 937-1594		
ANALYSIS INFORMATION (to b	e completed by lab						
PWS ID (from page 1):			Date S	ample(s) Re	ceived: 6/3/2005 12:45:00		
Lab Assigned Report Number or	Job ID A051924		Sample Nur	nber (From p	age 1) A051924-01		
Group(s) Analyzed Results attac	hed for compliance	with chapte	r 62-550, F.A.C. (che	ck all that ap	ply):		
Inorganics	Synthetic Organi	ics	Volatile Organics	Di	sinfection Byproducts		
☐ All 17	☐ All 30		All 21		Trihalomethanes		
Partial	All Except Did	oxin	☐ Partial		Haloacetic Acids		
✓ Nitrate	Partial		Radionuclides		Bromate		
✓ Nitrite	Dioxin Only				Chlorite		
Asbestos Only				.** Se	econdaries		
			Quity Composite	·	All 14		
					Partial		
Were any analyses subcontracted	d? 🔽 Yes 🗌	No					
If yes, please provide DOH certific	cation number E84	4589					
ATTACH DOH ANALYTE SHEET	FOR EACH SUB	CONTRACTE	D LAB				
		CERTIFI	CATION		•		
I, Myrna Santiago	, Laboratory Mana	ger		,			
(Print Name)							
do HEREBY CERTIFY that all atta National Environmental Laborator	ached analytical da y Accreditation Cor	ita are correc nference (NE	t and unless noted m LAC).	neet all requir	ements of the		
Signature: //////	Souting	<i>v</i>	Date	: <u>0/</u> K	3/65		
* Failure to provide a valid and cu analysis results will result in reject and may result in notification of th	tion of the report, p	ossible enfor	cement against the p	rent Analyte ublic water s	Sheet for the attached ystem for failure to sample,		
** Please provide radiological sam		•					
COMPLIANCE DETERMINATION							
Sample Collection Info Satisfactor	y 🏻 Yes 🔣 1	No	Sample Analysis I	nfo Satisfact	ory: Yes 🖾 No		
Replacement Sample(s) Requested					rcle or highlight group(s) above)		
Additional Monitoring Required					,		
Reason(s): MCL(s) Exceeded		Detection		□	neomnioto Ponert		
Missing Analyte Si			(s) Unsatisfactory		ncomplete Report		
Other:	/	Location	On Salistacioty	[**] <i>}</i>	Analysis Unsatisfactory		
Person Notified:				Date Notified	J.		
Comments					- I AMA - I AM		
Date Reviewed:		DEP/DOH F	Reviewing Official:				



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

A051924

6/3/2005

6/3/05 12:45

6/11/2005

Report No.:

Date Sampled:

Date Received:

Date Reported:

Client:

Utilities, Inc.

Project Name:

Crystal Lake

Project Number:

Phone Number:

PWS ID#:

Attention:

Kathy Sillitoe

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: Crystal Lake

Approved By:

🗸 Myrna Santlago, Laboratory 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 = \$\frac{1}{2}\$

0

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Report No.: A051924

Project Name: Crystal Lake

Date/Time Sampled: 06/03/05 12:00

Matrix: Drinking Water

Date/Time Received: 6/3/05 12:45

PWS ID#:

Client Sample ID: 1

Sampled By: Terry Silhitoe

Site: Point of Entry

Shipping Method: Client drop off

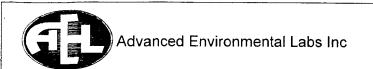
Sample Number: A051924-01

morgam	c oomannanco										
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifler	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #	
1040	Nitrate (as N)	10	mg/L	0.027	U	SM4500NO3-F	0.027	6/3/2005	15:54	E84589	
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	6/3/2005	15:54	E84589	

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs 528 S North Lake Blvd, Ste 1016 Altamonte Springs, FL 32701

Client: UTI	LITIES, INC. (UTL-	CRYSTAL L	AKE							
Date/Time Rcvd: 6/3/	/05 12	45 Log	-In request number:	A051924						
Received by: RP	G		Completed by:	RPG						
Cooler/Shipping	Information:									
Courier: □ AEL ⊠ C		v Express 🎵 FedE	x □ Other (describe	١٠						
Type: ⊠ Cooler □ Bo			X E Other (decombe)	/·						
	·									
Cooler temperature:	Identify the cooler a	nd document the ten	nperature blank or ice	water measu	remer	nt				
Cooler ID	1		Į.							
Temp (°C)	2						-			
Temp taken from	☐ Temp blank	☐ Temp blank	☐ Temp blank	☐ Temp blank		☐ Temp b	lank			
	☑ Cooler☑ IR gun	☐ Cooler☐ IR gun	☐ Cooler ☐ IR gun	☐ Cooler ☐ IR gun		☐ Cooler☐ IR gun	··········			
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	☐ Thermometer (e ID):	enter	☐ Thermo	meter (enter			
Any discrepancies sho		CHECKLIST	tion below.		YES	NO	NA_			
	als on shipping contai					<u> </u>	1			
	apers properly include		1-1-1-10		/	-				
	pers properly filled or rrive in good condition		ladeis)?		1	 				
	abels complete (sample		vsis preservatives)?	·	1	+				
	abels agree with the cl		ysis, preservatives).		1					
	ttles used for the tests	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		1					
	nple preservation tech		e label?		1					
	ceived within holding				/					
	ials checked for the pr		······································				1			
	ubbles present in the V		one: □ NO ICE □ BL	UE ICE			/			
	emperature less than 6		one: LINOICE LIBL	UE ICE	1					
	s checked and recorde									
	mples are checked by i									
	containers provided b				1					
	16. Were samples accepted into the laboratory? ✓									
17. Was it necessary	to split samples into o	ther bottles?								
Kit ID	Comments:									
							A			
		- · · · · · · · · · · · · · · · · · · ·								
					 					
										

Chain-of-Custody for AEL Orlando to AEL Tampa

AEL Orlando 528 South North Lake Blvd, Suite 1016 Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A051924

CustomerName: Utilities, Inc.

Collector: Terry Silhitoe

AEL Tampa 5810-D Breckinridge Parkway Tampa, FL 33610 813-630-9616 Fax 813-630-4327 Contact Person: Michael Cammarata

	Check	if	Rush
--	-------	----	------

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051924-01	1	Nitrate (T)-DW	Drinking Water	6/3/2005	12:00	6/3/05 12:45	6/3/2005		250mL Poly
A051924-01	1	Nitrite (T)-DW	Drinking Water	6/3/2005	12:00	6/3/05 12:45	6/3/2005		250mL Poly

Gainesville Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Tampa Receiver:

Date/Times

)ate/Time:

۱e:

1/21

530

	Advanced	. 1										LAG NOND	_14.			
جوية	9610 Princess Palm Ave. 2106 NW 67th Place, Ste	s, Inc. Jacksonville, FL 32216 • 904.36 • Tampa, FL 33619 • 813.630.9 . 7 • Gainesville, FL 32606 • 352 Ste. 1016 • Altamonte Springs, f	616 • Fax	813.630.432 Fax 352.3	27 • E84589 67.0050 • E	9 E82620	• E53076					A	051	924	1	~
IENT NAME:	Utilities Inc.	PROJECT NAME:		Cr	ystal L	ake		BOTTLE SIZE	ᇻ					. –	•	
RESS:	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMB	BER:					& TYPE	250 r				8.	1_		1
Altamo	nte Springs, FL 32714	PROJECT LOCATION:	/ فلت	10	ie.	W17 1	7									
)NE:	407-448-1715	FAX;				WI		ן בו								1
ITACT:	Kathy Silitoe	SAMPLED BY:	Polo	<u>x</u>	227	44		RE					[. 1		
STANDARD RUSH	TURN AROUND TIME:	RE	MARKS/SP	ECIAL INSTRU	JCTIONS:			ANALYSIS REQUIRED	NO3/NO2							LAB NUMBER
WW=waste w	ater SW=surface water GW=gro	und water DW=drinking water		OIL	A=air	SO=soil	SL=sludge	Z	Ĭ							177
SAMPLE ID	SAMPLE DES		Grab Comp		PLING	MATRIX	NO. COUNT	Preserv	l							
1	NO2/1103 POE	castel lake	G	43/05	1200	DW	1		X							1
																-
I-lce		O3) T=(Sodium Thiosulfate)				-		nquish by:		Date	Time	1 7 B	everyed by	Date		ime
ripment	Method Via:	Sample Kit Cooler # RB D/T			1 2	79	fell	day		43/05	P.75	147		6/3/0	5 17	45
at .	Via:	ABD/T Trip Bl.			3 4					<u> </u>		 	· · · · · · · · · · · · · · · · · · ·		+-	
eceived on Ic	/1	QC sent	Пг	received	<u> </u>				T		 			revised 8	/01	









John O. Agwunobl, M.D., M.B.A. Secretary

Laboratory Scope of Accreditation

Page 1

of 4

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E84589

EPA Lab Code:

FL01092

(813) 630-9616

E84589

Advanced Environmental Laboratories, Inc. - Tampa

9610 Princess Palm Avenue

Tampa, FL 33619

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	Effective Date
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	10/1 1/2002
Amenable cyanide	SM 4500-CN G	Primary Inorganic Contaminants	NELAP	10/11/2002
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/20/2003
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	10/11/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	10/11/2002
Fecal coliforms	SM 9221 E	Microbiology	NELAP	2/14/2003
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Fluoride	SM 4500 F-C	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	10/11/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	10/11/2002
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	10/11/2002
рН	EPA 150.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	10/11/2002
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	2/14/2003
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	2/14/2003
Total dissolved solids	EPA 160.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Total organic carbon	SM 5310B	Primary Inorganic Contaminants	NELAP	10/11/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	10/11/2002



Crystal Lake

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005





PWS Type: Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 173 Total Population Served at End of Month: 60 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: F 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@utilitiesinc-usa.com	on Number: 3590258										
PWS Name: Crystal Lake PWS Type: Community Non-Transient Non-Community Number of Service Connections at End of Month: 173 Total Population Served at End of Month: 60 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Mailing Address: 200 Weathersfield Ave. Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	on Number: 3590258										
PWS Type: Community Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 173 Total Population Served at End of Month: 60 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: F 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@utilitiesinc-usa.com	on Number: 3590258										
Number of Service Connections at End of Month: 173 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Mailing Address: 200 Weathersfield Ave. Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com Total Population Served at End of Month: 60 Contact Person's Title: Regional Director City: Altamonte Springs State: F Contact Person's Fax Number: 407-869-6961											
PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Mailing Address: 200 Weathersfield Ave. Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
Contact Person: Patrick FlynnContact Person's Title: Regional DirectorContact Person's Mailing Address: 200 Weathersfield Ave.City: Altamonte SpringsState: FContact Person's Telephone Number: 407-869-1919Contact Person's Fax Number: 407-869-6961Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	6										
Contact Person's Mailing Address: 200 Weathersfield Ave.City: Altamonte SpringsState: FContact Person's Telephone Number: 407-869-1919Contact Person's Fax Number: 407-869-6961Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com Contact Person's Fax Number: 407-869-6961											
Contact Person's E-Mail Address; p.c.flynn@utilitiesinc-usa.com	Zip Code: 32714										
B. Water Treatment Plant Information											
B. Water Treatment Plant Information											
Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714											
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000											
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D											
Licensed Operators Name License Class License Number Day(s)	Shift(s) Worked										
Lead/Chief Operator: Mike Gavaletz C 5642 Mon - Fi	ri 8 a.m 4:30 p.m.										
Other Operators: Terry Sillitoe C 12749 Sat. 8	A.M 4:30 P.M.										
II. Certification by Lead/Chief Operator	L-CAL:										
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment cher											
NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following a											
plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of											
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations reco											
years and to make them available for review upon request.	F										
Mulaul Garata 2/3/04 Michael J. Gavaletz C564	2										
	se Number										

PWS	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida - Caystal Like												
III. D	aily Dat	a for the Me	onth/Year o	f: January 20	004								
				activation/Rem	ioval: *	Free Cl	nlorine	□с	hlorine I	Dioxide	☐ Oz	one 🔲 (Combined Chlorine (Chloramines)
		Radiation		(Describe): ned in Distribut	ion Creatons	Μr	Ch	1		1.11.01	1	11	
Туре	וווופוע וט	ectant Residi		Calculations, or	ION System:		ree Ch		Com	ibined Ch	norme (C	hloramines)	Chlorine Dioxide
					CT Calcu	lations				UV	Dose		
	Y.			Lowest Residual	Disinfectant	Lowest CT Provided				7.7		Lowest Residual	[발표] 경기 (1986년 1987년 - 1984년 1987년 - 1987년 1987년 1987년 1987년 - 1987년 1987년 1987년 - 1987년 1987년 1987년 - 1987년 1 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987
				Disinfectant (Contact Time	Before or		- 1. Top 15	36		440 A	Disinfectant	
		Net Quantity		Concentration (C) Before or at	(T) at C	at First				Lowest		Concentration	
Day of	Hours	of Finished		First Customer	Measurement Point During	Customer During	Temp.	pHof	CT Required	Uperating	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	- mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
l	24	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C_	Applicable	"min/L	sec/cm²	sec/cm"	System, mg/L	System Components Out of Operation
2	24	36,000 41,000 44,000										1.0	
3	24	44,000										0.9	
5	24	48,000	-		<u></u>		 _	<u> </u>		<u> </u>		- 0	
6	24	31,000								1	 	0.8	
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8	24	36,000										1.0	
10	24	59', 000 26,000					ļ			<u> </u>	ļ	0.9	
11	24	40:000								 	 	0.7	
12	24	40,000										1.0	
13 14	2 2 2	36,000 40,000					ļ					1,0	
15	24	34,000		 -					 		 	0,8	
16	24	33,000							<u> </u>		 	1.0	
17	24	38,000										0,8	
19	24 24	42,000	 	-		 	 	ļ		 	<u> </u>	1,0	
20	24	72,000 30,000			 	1	 			†	 	0,8	
21	24	34,000										0,9	
22	27	30,000		ļ	<u> </u>	 		 	ļ	 	<u> </u>	1,0	
24	24	2 9, 000		<u> </u>	 	 				1		0.9	
25	24	41,000											
26	24	42, 000 33,000										7.0	
28	<u> </u>	40,000		 	1	 	 		 	 	 	10	
29	24	39,000	<u> </u>		 	 		 	 		 	1.0	
30	24	31,000										7.0	
31 Total	24	116,000	 		<u> </u>	1		J		<u> </u>		0,7	
1.000		HAMMON	4										

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



See	page 4 for instructions.											
		for the Month/Year of: February 200	4	——————————————————————————————————————								
A.	Public Water System (P	WS) Information										
	PWS Name: Crystal La	ike			PWS Identification N	Number: 3590258						
	PWS Type: 🔀 C	Community Non-Transient Non-C	Community Transien	t Non-Community	Consecutive							
	Number of Service Co	nnections at End of Month: 173		Total Population Served								
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patricl	k Flynn		Contact Person's Title: R	Legional 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: p.c.flynn@utilitiesinc-usa.com											
B.	B. Water Treatment Plant Information											
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
	Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714											
	Type of Water Treated		Purchased Finished W									
		Day Operating Capacity of Plant, gallons	per day: 172,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D											
	Licensed Operators	Name	License Class	License Number	Day(s)/Shit	ft(s) Worked						
	Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon-Fri 8 a	.m 4:30 p.m.						
	Other Operators:	Terry Sillitoe	С	12749	Sat. 8 A.M.	4:30 P.M.						
	. Certification by Lea	WChief Operator										
		eatment plant operator licensed in Florid	a am the lead/chief operato	r of the water treatment m	lant identified in Port Laft	this report. I contifu that the						
inf	formation provided in th	is report is true and accurate to the best of	a, ann me read/enter operato of my knowledge and helief	I of the water treatment p I certify that all drinkin	g water treatment chemica	ls used at this plant conform to						
NS	F International Standard	d 60 or other applicable standards referen	nced in subsection 62-555.3	20(3). F.A.C. Lalso certi	fy that the following addit	ional operations records for this						
pla	nt were prepared each d	ay that a licensed operator staffed or vis	ited this plant during the mo	onth indicated above: (1)	records of amounts of cher	nicals used and chemical feed						
rat	es; and (2) if applicable,	appropriate treatment process performa	nce records. Furthermore, 1	agree to retain these add	itional operations records	at the plant site for at least ten						
yea	ars and to make them av	ailable for review upon request.				•						
	n 1 1 1	2 1 stales										
	mulaely	Garaty 3/4/04	Michael J. Gavaletz		C5642							
Sig	gnature and Date 🗸	, /	Printed or Typed Name		License N	lumber						
		\mathcal{O}										

PWS I	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
Means	of Achie	eving Four-L	og Virus In	f: February 2 activation/Rem		Free Cl	lorine		Chlorine D	Dioxide	Oz	zone 🔲 (Combined Chlorine (Chloramines)
		Radiation		(Describe):	·	NZ D	- CI			1: 10	1	, , , , , , , , , , , , , , , , , , , 	
Type C	or Disinte	ectant Kesidi	iai Maintair	ned in Distribut Calculations, or t	IV Does to De	⊠ F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
	Section 1		7/7	Calculations, or (CT Calcul		mersik	A II NZ THRICTIA	anon, n Ap		Dose		
Day of the Month	Hours Plant in	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water,	pH of Water, if Applicable	mg-	Lowest	Minimum UV Dose	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
1	29	36,00	icuto, ppu	T.OW, MIG/L	ницико	me minar	oku w Mojda	zappneauc	INUPL	Secrem	SCOUR	System, mg/L	System Components Out of Operation
2	24	36,000										0.8	
3		34,000										(.0	
4 5	24 24	37,000 33,000							 _		ļ	0.7	
6	24	33,000 \$7,000		 	{- -				 	 	ļ	0.8	
7	24	31,000		 				 	 	 		0.8	
8	24	40,000		-				 	 		 	1.0	
9	24	41000		1					T		 	1.0	
10	24	35,000										0.8	
11	24	41,000										1.0	
12	24	28,000		 					<u> </u>			0.6	
13 14	24	35,000 \$6,000						ļ	 		ļ	2.9	
15	24	38,000		 	 				┼	 		1.0	
16	24	37,000		1	 				 	 -	 	0.8	
17	24	29,000			i				1	t	 	0.7	
18	24	36,000									<u> </u>	0.7	
19	24	3,000										7.0	
20	74	32,000		<u> </u>				ļ				0.8	
21	24 24	43,000		 		ļ	 		┼	 	 	10	
23	24	44,000		 	 	 	}	 	 	 	 	1.0	
24	24	35,000		<u> </u>	 				 	 	 	141	
25	24	26,000	· · · · · · · · · · · · · · · · · · ·				-	 	 	 	 	1.0	
26	24	27,000	Ĺ									0.7	
27	24	29/000										0.9	
28	24	51,00		 	ļ	ļ		<u> </u>		<u> </u>	ļ	1.0	
29 30	24	41,000		 	-	 	 	 	↓	 		<u> </u>	
31	<u></u>	 		+	 	 	├	 	+	 		 	
Total		1040 003			<u> </u>	<u> </u>	<u> </u>		<u> </u>	1	1	<u> </u>	
A	4.33	24 400 2	1										

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



See	page 4 for instructions.											
		for the Month/Year of:	March 2004									
Α.	Public Water System (F	WS) Information										
ĺ	PWS Name: Crystal L	ake					PWS Identification N	umber: 3590258				
	PWS Type:	Community Non-T	ransient Non-Community	Transier	nt Non-Community	Co	onsecutive					
	Number of Service Co	nnections at End of Month	i: 173		Total Population Served at End of Month: 606							
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patric	k Flynn			Contact Person's T	itle: Regi	onal Director					
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 3												
Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com Contact Person's Fax Number: 407-869-6961												
											В.	Water Treatment Plant
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
	Plant Address: 200 We	eathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714				
	Type of Water Treated			ased Finished V	Vater							
	Permitted Maximum D	Day Operating Capacity of	Plant, gallons per day: 17	2,000								
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D											
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked												
	Lead/Chief Operator:	Mike Gavaletz		5642		Mon - Fri 8 a.r	n 4:30 p.m.					
	Other Operators:	Terry Sillitoe		12749		Sat. 8 A.M.	- 4:30 P.M.					
П	Certification by Lea	d/Chief Operator										
			ensed in Florida, am the le	ad/chief operato	or of the water treatr	nent nlant	t identified in Part Lof th	nis report. I certify that the				
info	ormation provided in th	is report is true and accura	ite to the best of my know	ledge and belief	. I certify that all di	rinking wa	ater treatment chemicals	s used at this plant conform to				
NS	F International Standard	d 60 or other applicable st	andards referenced in subs	section 62-555.3	20(3), F.A.C. 1 also	o certify t	hat the following addition	onal operations records for this				
pla	nt were prepared each d	lay that a licensed operator	r staffed or visited this pla	nt during the me	onth indicated above	e: (1) reco	ords of amounts of chem	icals used and chemical feed				
rate	es; and (2) if applicable,	appropriate treatment pro	cess performance records.	. Furthermore,	agree to retain thes	se additio	nal operations records at	the plant site for at least ten				
yea	rs and to make them av	ailable for review upon re	quest.									
	Michael (rousate 4/5/	Michael J.	Gavaletz			C5642					
Sig	nature and Date			Typed Name			License Nu	ımber				
	U	\cup		- > L			Divolise (4)	·····				

PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida													
III. D	aily Dat	a for the Mc	onth/Year o	f: March 200	4								
				activation/Rem		Free Ch	lorine	ПС	hlorine D	ioxide	Oz	one 🔲 (Combined Chlorine (Chloramines)
Ult Ult	raviolet	Radiation	Other ((Describe):					_				·
Type o	f Disinf	ectant Residu		ed in Distribut			ree Ch		☐ Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	l' Calculations, or l			ur-Log '	Virus Inactiv	ation, if Ap	plicable*			
					CT Calcul					UV	Dose		
Day of the	Hours Plant in	Net Quantity of Finished Water	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp. of Water.	pH of Water, if	Minimum CT Required, mg-	Operating	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
	Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	° C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation
2	24 24	44000 3000						ļ				1.0	
3	24	47,000		 								1.0 1:3	
4	24	37,000		 				<u> </u>				1.0	
5	34	37(000						<u> </u>				1.0	
6	34	49,000										0.8	
7	24	42,000						· · · · · · · · · · · · · · · · · · ·					
8	ુર્ <u>ય</u>	42,000										1.0	
9	24	43,000										0.9	
10	24	39,000										(-)	
11	24	38,000										1.0	
13	ૂપ રૂપ	40,000 53,000					ļ	 	 			0.9	
14	24	48,000					 		 	<u> </u>	}	0.4	
15	24	50.000		}	 		 -		 -	 		1.0	
16	24	35,000							 			0.0	
17	24	40,000										1.0	
18	24 24	38,000										0,9	
19	24	\$6,000										1.0	
20	24	35,000					<u> </u>					0.9	
21	<u></u>	55,000		ļ	<u> </u>		ļ	ļ					
23	54	\$\$',000 \$8',000		 			 		ļ		<u> </u>	/.0	
24	24	42,000		 		<u> </u>		<u> </u>				(.3	
25	द्ध	39,000		 	 		 		 	 -	 	1.2	
26	24	31,000	<u> </u>	 					 	 	 	(.0	
27	24	45,000							1			0,8	
28	24	67/000	···						 	 			
29	24	67,000								· · · · · · · · · · · · · · · · · · ·		1.0	
30	24	48 000										7.0	
31	24	67,000										1.0	
Total	<u> </u>	1,411,000											
Average		67,000											
iviaxiini	T(1)	[61,000]											

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





366	page 4 for instructions.							The second secon					
		for the Month/Year of: Apri	1 2004										
Α.	Public Water System (F	WS) Information											
	PWS Name: Crystal La	ake					PWS Identification 1	Number: 3590258					
	PWS Type:	Community Non-Transier	nt Non-Community	Transier	nt Non-Community	ПС	onsecutive						
	Number of Service Co	nnections at End of Month: 17.	3		Total Population S		End of Month: 606						
	PWS Owner: Utilities,												
	Contact Person: Patric	k Flynn			Contact Person's T	itle: Regi	onal Director						
	Contact Person's Maili	ng Address: 200 Weathersfield	Ave		City: Altamonte Sp	orings	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: p.c.flynn@utilitiesinc-usa.com												
B.	Water Treatment Plant												
	Plant Name: Utilites, I						Plant Telephone Nu	mber: 407-869-1919					
	Plant Address: 200 We				City: Altamonte S	prings	State: Fl	Zip Code: 32714					
	Type of Water Treated			ased Finished V	Vater								
		Day Operating Capacity of Plant,		2,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D												
	Licensed Operators	Name		License Class	License Number		Day(s)/Shi	ift(s) Worked					
	Lead/Chief Operator:	Mike Gavaletz		C	5642		Mon - Fri 8	a.m 4:30 p.m.					
	Other Operators:	Terry Sillitoe		C	12749		Sat. 8 A.M	1 4:30 P.M.					
т	. Certification by Lea	d/Chiaf Operator											
		eatment plant operator licensed	in Florida, am the lea	ad/ahiaf anarata	er of the water treet	mont plan	t identified in Port Lef	this report I cortify that the					
inf	ormation provided in th	is report is true and accurate to t	he hest of my knowl	au/ciner operan ledge and helief	I certify that all d	noni pian rinking w	ster treatment chemics	als used at this plant conform to					
NS	F International Standar	d 60 or other applicable standard	ls referenced in subs	section 62-555	120(3) FAC Lals	o certify t	hat the following addit	tional operations records for this					
		lay that a licensed operator staff											
		, appropriate treatment process p											
yea	ars and to make them av	ailable for review upon request.		,			1						
	mula 01 h	2val 5/5/04	Michael J.	Gavaletz			C5642						
Ci.	gnature and Date	210101					License 1	N					
SIE	gnature and Date	()	Printed or	Typed Name			License	Number					

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PWS	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
III. D	III. Daily Data for the Month/Year of: April 2004												
Means	of Achi	eving Four-L	.og Virus In	activation/Ren	oval: *	Free Cl	nlorine		Chlorine I	Dioxide	O ₂	one [Combined Chlorine (Chloramines)
🗌 Ul	raviolet	Radiation	Other	(Describe):									,
Type	of Disinf	ectant Residi	ual Maintair	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	nlorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or	JV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	vation, if Ar	plicable*			
					CI CAIGU	ations Lowest CT				UV	Dose	Lowest	
				Lowest Residual	Disinfectant	Provided			14.7			Residual	
				Disinfectant Concentration	Contact Time	Before or			127			Disinfectant	
		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum CT		Minimum UV Dose	Concentration at Remote	
Day of		of Finished		First Customer	Point During	During	of	pH of		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
Month	Plant in	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
1	24	53,000	Mate, KIN	Flow, Ing.C	minutes	mg-min/L	°°C	Applicable	min/L	sec/cm²	sec/cm*	System, mg/L	System Components Out of Operation
2	24	31,000					 	 	 	 	 	0.8	
3	24	55,000							 	<u> </u>	 	0.9	
4	24	59,000											
<u>5</u>	2Y 2Y	59,000 58,000		 	}	<u> </u>	<u> </u>	ļ	ļ			1.0	
7	24	61,000		 				 	ļ		ļ	1.0	
8	14	70,000		 	 		 	 		 	 	0,9	
9	24	48,000 35,000		†				 	 	 	 	0.9	
10	γÇ	35,000										0.3	
11	24	81,000											
12	24 24	85,050 27,000		 		 	 	 	<u> </u>	<u> </u>	<u> </u>	0.3	
14	24	41,000	ļ	 		<u> </u>		 	 -		 	6,8	
15	24	37,000		 				-	 	}	 	1.3	
16	2Y 2Y	49.000						 	 		 -	1.0	
17	19	39,000									 	0.9	
18	24	65,000											
19 20	<u>3</u> 4 34	62,000	ļ		!		.	<u> </u>	 			1.0	
21	2 9	60,000	 	 	ļ		 		 	 	 	1.4	
22	24	50,000		 	 	 	 	 	+	 	 	1.0	<u> </u>
23	24	55.000		<u> </u>	 	 	 	 	 	 		1:1	
24	24	49,000										0.8	
25	24	75,000		<u> </u>	ļ	<u> </u>							
26 27	到	57,000	 		}		<u> </u>	 				6.7	
28	30	55,000			 	(.0							
29	24	68,000		1	 	 	 	 	 	 	 		
30	24	43,000			 	 	†	 	1	 	 	0.8	
31													
Total		1,651,000											
Averag		55,000	I										

Maximum 32,000 * Refer to the instructions for this report to determine which plants must provide this information.



	page . to: insuractions.							
	General Information		of: May 2004				 	
А.	Public Water System (P						<u> </u>	
	PWS Name: Crystal La						PWS Identification 1	Number: 3590258
	PWS Type: 🖂 C	Community N	on-Transient Non-Comm	nunity Transie	nt Non-Community	Cor	nsecutive	
	Number of Service Con	nnections at End of N	Month: 173		Total Population Ser	rved at Ei	nd of Month: 606	
	PWS Owner: Utilities,	Inc. of Florida						
	Contact Person: Patricl	k Flynn			Contact Person's Tit	le: Regio		
	Contact Person's Maili	ng Address: 200 We	athersfield Ave.		City: Altamonte Spr	ings	State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number: 407-8	69-1919		Contact Person's Fax	x Numbe	r: 407-869-6961	
	Contact Person's E-Ma	il Address: p.c.flynn	@utilitiesinc-usa.com					
В.	Water Treatment Plant							
	Plant Name: Utilites, I						Plant Telephone Nur	
	Plant Address: 200 We	eathersfield Ave.			City: Altamonte Spr	rings	State: Fl	Zip Code: 32714
	Type of Water Treated			Purchased Finished	Water			
	Permitted Maximum D	Day Operating Capac	ity of Plant, gallons per d	lay: 172,000				
	Plant Category (per su	bsection 62-699.310((4), F.A.C.): V		Plant Class (per sub	section 6	2-699.310(4), F.A.C.)): D
	Licensed Operators		Name	License Class	License Number		Day(e)/Shi	ft(s) Worked
	Lead/Chief Operator:	Mike Gavaletz		С	5642		Mon - Fri 8 a	ı.m 4:30 p.m.
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8 A.M	4:30 P.M.
	. Certification by Lea	d/Chief Operator						
			or licensed in Florida, am	the lead/chief operat	or of the water treatme	ont plant	identified in Part Lof	this report. I certify that the
inf	ormation provided in th	is report is true and a	ccurate to the hest of my	knowledge and belie	f. I certify that all dri	oni piani nkina wa	ter treatment chemica	ls used at this plant conform to
NS	F International Standard	d 60 or other applical	ble standards referenced	in subsection 62-555	320(3) F.A.C. Lalso	certify th	at the following addit	ional operations records for this
pla	int were prepared each d	lay that a licensed op	erator staffed or visited t	his plant during the m	onth indicated above:	(1) reco	rds of amounts of che	micals used and chemical feed
rat	es; and (2) if applicable.	, appropriate treatme	nt process performance re	ecords. Furthermore,	I agree to retain these	addition	al operations records	at the plant site for at least ten
yea	ars and to make them av	ailable for review up	on request.	•			•	•
	milan	/ . 0	5.1. x					
<u>~:</u>	muchael of	ravag 6/		hael J. Gavaletz			C5642	
Sig	gnature and Date	//	Prin	ted or Typed Name			License N	Number
		(/						

PWS I	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
III. D	III. Daily Data for the Month/Year of: May 2004												
Means	of Achie	eving Four-I Radiation	og Virus In	activation/Rem (Describe):	oval: *	Free Cl	nlorine		Chlorine D	ioxide	Oz	cone 🗌 C	Combined Chlorine (Chloramines)
Type o	f Disinfe	ectant Residu	ual Maintair	ned in Distribut	ion System:	⊠F	ree Chl	orine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	Calculations, or Lowest Residual Disinfactant Concentration (C) Before or a	ে বি ংলি	Ations Lowest Car Provided Bolore or at line				, UV		Lowest Residual Disinfectant Concentration	Chlorine Dioxide
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, and	(C) Balore or at First Customer During Peak Blow mg/L	Measurment Point During Peak Flow," "minutes	Clistomer During Reak Flow, meanin/L		pli of Water, if Applicable	CI Required may	Cox and a control of the control of	7.0	st Remote Point in Chatribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	30,000			3 3 3 3 3 3 3 3 3 3	STATE OF STA	and the state of t	th was an elicity to the second	8 80983 curad exists	Same and the second of the second	Section for the section	1.1	Balaka (1968) in 1964 - 1964 in 1964 i
3	2¥ 2¥	44,000	 	<u> </u>								(5	
4	24	44,000 35,600				 	-		 			1.0	
5	34	36,000 34,000										OP	
7	24	46,000		 	ļ						ļ	0,8	
8	24 24	52,000							 			1.0 0.8	
9	24	60,000											
10	24 24	35,000		 					 			1.0	
12	24	55,000		 		 			 			1.0	
13	24 24	50,000										0.8	
14	24 24	50,000		<u> </u>								0.8	
16	2 4	56,000		 	 				 			0.8	
17	24	12,000			 	<u> </u>	1		 		 	7.0	
18	24	49,000										0.8	
19	24	54,000	 	<u> </u>			ļ,					1.0	
21	2V 24	21,000	 			 	 		 			9.9	
22	74	53,000			 		 		 			0.8	
23	24	70,000											
24 25	24	70,000 49,000										1.0	
26	24	83,000	 	 -		ļ	 		 		<u> </u>	0.7	
27	24	68,000		 	 	 	 		-	 	 	1.0	
28	29	84,000							1.			1.Y	
29 30	29	71,000										1.0	
31	24 29	73,000					 						
Total		ובו ובו	-	<u> </u>	<u> </u>	1,	L		<u></u>	L	L	1.1	
Averno		7711000	₹										

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



w	Cicheral Information	for the Month/Year of June 2004					
	Public Water System (P						
l	PWS Name: Crystal La	ake			PWS	Identification Nu	mber: 3590258
		Community Non-Transient Non-Comm	unity Transien	nt Non-Community	Consecut		
		nnections at End of Month: 173		Total Population Serv			
١	PWS Owner: Utilities,	Inc. of Florida					
	Contact Person: Patricl	k Flynn		Contact Person's Title	e: Regional D	irector	
		ng Address: 200 Weathersfield Ave.		City: Altamonte Sprin	ngs	State: Fl	Zip Code: 32714
		phone Number: 407-869-1919		Contact Person's Fax		-869-6961	
ı	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.com					
В.	Water Treatment Plant	Information					
	Plant Name: Utilites, In					t Telephone Numb	
	Plant Address: 200 We			City: Altamonte Sprin	ings State	e: Fl	Zip Code: 32714
	Type of Water Treated		Purchased Finished V	Vater			
		Day Operating Capacity of Plant, gallons per de	ay: 172,000				
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per subse			
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
	Lead/Chief Operator:	Mike Gavaletz	C	5642		Mon - Fri 8 a.m	ı 4:30 p.m.
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8 A.M	4:30 P.M.
l							
l							1
l							
١							
Ì							
m	. Certification by Lead	d/Chief Operator					
		eatment plant operator licensed in Florida, am	the lead/chief courts	r of the water treatment	nt plant idanti	fied in Dort I of the	is report. I cartify that the
, c info	ormation provided in the	is report is true and accurate to the best of my	knowledge and balisf	n of the water treatmen	nt plant identi king water tra	uicu iii Falt I OI (I). Satment chemicals	used at this plant conform to
NS	F International Standard	d 60 or other applicable standards referenced i	n subsection 62-555 2	20(3) FAC Isless	ertify that the	following addition	nal onerations records for this
piai	int were prepared each d	lay that a licensed operator staffed or visited the	his plant during the mo	onth indicated above: (records of	amounts of chemi	cals used and chemical feed
rate	es; and (2) if applicable,	, appropriate treatment process performance re	cords. Furthermore.	agree to retain these	additional ope	rations records at	the plant site for at least ten
yea	irs and to make them av	vailable for review upon request.			F		•
	min n	11/					
<u> </u>	Mulael		hael J. Gavaletz	<u> </u>		C5642	
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Emergency of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water	Distribution	Minjimum Minjimum UV Dose Required, mW.	ny Me-	Minimum CT Required, Ing.	PH of	Temp. of Wester,	ALOWEST CT Provided Before of at First Customer Customer	Disinfectant Disinfectant Contact Time (T) at C Measurement Point During	Lowest Residual Disinfectant Concentration	Peak Flow	Net Quantity of Finished Water Produced, gal	ni inal4	Day of the Month
Chlorine Dioxide	(saliilica)	2) 311110	*aldeoile	dA li ,noite	Virus Inactiv	/ go.Jean	monstrate Fo	IV Dose, to De	Calculations, or I	CI.			
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Assimum 65,000 **

Maximum 65,000 **

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





PWS Name: Crystal Lake PWS Identification Number; 3590258	• -						
PWS Name: Crystal Lake PWS Community Non-Transient Non-Community Transient Non-Community Consecutive							
PWS Opener: Utilities, Inc. of Florida Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Plant Address: 0.6 (Nynn@utilitiesinc-usa.com Plant Name: Utilities, Inc. of Florida Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000 Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(0)Shift(s) Worked Lead/Chief Operator: Mike Gavalet: C 5642 Mon-fri & am. 430 p.m. Other Operator: Mike Gavalet: C 12749 Sat. 8 A.M. 4.30 p.m.							
Number of Service Connections at End of Month: 173 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person: Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714							mber: 3590258
PWS Owner: Utilities. Inc. of Florida 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 Fexon's		nity Transier					
Contact Person's Title: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs Contact Person's Fleshone Number: 407-869-1919 Contact Person's Fleshone Number: 407-869-1919 Contact Person's F-Mail Address: pc.flynn@utilitiesinc-usa.com Water Treatment Plant Information Plant Name: Utilites, Inc. of Florida Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Plant Category (per subsection 62-699.310(4), F.A.C.): V Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V License Class License Operators License Operators Name License Class License Class License Number Day(e)Shift(s) Worked Mon - Fri 8 a.m. 4-30 p.m. Other Operators: Tery Silline C 12749 Sat. 8 A.M 4-30 p.M. A PARRISH C 1779 License Class C 12749 Sat. 8 A.M 4-30 p.M. Tery Silline C 12749 Sat. 8 A.M 4-30 p.M. Nor Interational Standards of 0 or other applicable standards referenced in subsection 62-555.320(3) - E. C. L slose 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 Interational Standards of 0 or other applicable standards referenced in subsection 62-555.320(3) - E. C. L slose 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 SF Interational Standards of 0 or other applicable standards referenced in subsection 62-555.320(3) - E. C. L slose certify that the Information per cords of this plant conform to Make Prima, paginal belief trevely upon request. Figure 1. Certify that the Information per cords of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate t				Total Population S	Served at Er	nd of Month: 606	
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fi Zip Code: 32714 Contact Person's E-Mail Address: p. (Rynn@utilitiesinc-usa.com) Water Treatment Plant Information Plant Name: Utilities, Inc. of Florida Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fi Zip Code: 32714 Type of Water Treated by Plant: Xeaw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operators: Name License Class License Number: Day(a)Shift(s) Worked Mike Gavaletz C 5642 Mon - Fri 8 a.m 4.30 p.m. Other Operators: Terry Sillinoe C 12749 Sat. 8 A.M 4.30 p.M. Raymand A PRR; 5/f C 1/2,740 In current and incincing subsection for 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 plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and the plant site for at least ten years and the plant site for at least ten years and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and the plant site for at least ten years and the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and the plant site for at least ten years and the plant site for at least ten years and the plant site for at lea						· · · · · · · · · · · · · · · · · · ·	
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Contact Person's E-Mail Address: p.c.flvnn@utilitiesinc-usa.com				City: Altamonte S	prings	State: Fl	Zip Code: 32714
Water Treatment Plant Information Plant Name: Utilities, Inc. of Florida Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714				Contact Person's I	ax Number	r: 407-869-6961	
Plant Name: Utilites, Inc. of Florida Plant Address: 200 Weathersfield Ave. Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water							
Plant Address: 200 Weathersfield Ave. Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water							
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Licensed Operators Lead/Chief Operator: Mike Gavaletz C 5642 Mon - Fri 8 a.m 4:30 p.m. Terry Sillitoe C 12749 Sat. 8 A.M 4:30 p.m. C 1/2 740 II. Certification by Lead/Chief Operator In the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropajate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years Agailable for review upon request.			y: 172,000				
Certification by Lead-Chief Operator: Mike Gavaletz C 12749 Sat. 8 A.M 4:30 p.m.							
Other Operators: Terry Sillitoe RAYMONIN A PARRISH C 12749 Sat. 8 A.M 4:30 P.M. II. Certification by Lend/Chief Operator The undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them, available for review upon request.	Licensed Operators	Name	License Class	License Number	See Tolk Street	Day(s)/Shift(s) Worked
II. Certification by Lead-Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them, available for review upon request.	Lead/Chief Operator:	Mike Gavaletz	С	5642		Mon - Fri 8 a.m	ı 4:30 p.m.
II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them, againable for review upon request.	Other Operators:		С	12749		Sat. 8 A.M	4:30 P.M.
II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them, available for review upon request.		RAYMOND A PARRISH	C	12740			
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plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.	MOFMANON PROVIDED III U NSF International Standa	ed 60 or other applicable standards referenced in	subsection 62-555	320(3) FAC Lab	so certify th	at the following addition	nal operations records for this
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.	nlant were prepared each	day that a licensed operator staffed or visited th	is plant during the m	onth indicated above	ve: (1) reco	rds of amounts of chem	icals used and chemical feed
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Signature and Date Continue	vears and to make them a	vailable for review upon request.	,				
Signature and Date Contact Cont							
Signature and Date Printed or Typed Name License Number	Roumone th	Tarresh 8-2-2004 Mich	ael J. Gavaletz			C5642	
,	Signature and Date	€o~ Print	ed or Typed Name			License Nu	ımber
		,	••				

PWS	VS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida - CAYSTAL LIKE												
HL. D	III. Daily Data for the Month/Year of: July 2004 -												
Means	of Achie	eving Four-L	og Virus In	activation/Rem	oval:*	Free Cl		ПС	hlorine I	Dioxide	Oz	one (Combined Chlorine (Chloramines)
Uli	raviolet	Radiation	Other ((Describe):									
Type o	of Disinfo	ectant Resid	ual Maintair	ned in Distribut	ion System:	⊠F	ree Chi	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	Calculations, or l	IV Doce to be	monstrate Fo			MODEL A	plicable	- 44		
					CI Calou	Lowest CT				·· UY	Dose .		
	100		3.00 75.25	Lowest Residual	Disinfectant	Provided		***		7.74	12.00	Lowest Residual	
				Disinfectant	Contact Time	Before or			Professor and			Disinfectant	
		Nice Commette		Concentration	(m) a C	at First			Minimum	Lowest	Minimum	Concentration	
Day of	Hours	Net Quantity of Finished	4. 8.	(C) Before or at Pirst Customer	Measurement Point During	Customer During	Temp.	pHof	200	Operating UV Dose,	I DA DOR	at Remote Point in	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Wester,	Water, If	me	mw-	mW.	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	soc/cm²	sec/om ³	System, mg/L	System Components Out of Operation
2	24	45,000				ļ			ļ			0,6	
3		37.0em			ļ —				<u> </u>	<u> </u>	 	0.8	
4		33.000	 	 	 			 		-		0:9	
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11	 	42,000	ļ			<u> </u>	 		 	-		 	
13	\//	36,00	 	 	 		 	 			 	1,0	
14	130	47,000	 	 	 	-	 	 	 	 	 	11.5	
15	1	35,000			 			<u> </u>	 			1.0	
16		38,000	·		1			<u> </u>				1,2	
. 17		37.000										1,2	
18		51.000											
19	\vdash	52,000	<u> </u>	 	ļ		 	ļ	 	 		1.0	
20 21	├	41.000	 	 	<u> </u>	 	┼	 	 	 		0,9	
22	 	45,000	 	 	<u> </u>	 	 	 	 	 	1	1,0	
23		54.000	 	 	 		 	 	 	1	 	1,0	
24		43,000	†	<u> </u>	<u> </u>			T	1	1	1	0.9	
25		72,000											
26		72,000										110	
27		29,000			ļ							0.18	
28		50,000	 		<u> </u>	 	-		-			1,2	
30	 	61,000	 		 	 	₩	-	 		+	0.8	
30	20	42,000	 		ļ		+-	 	+	 	+	0.8	
Total	1 <i>6</i> 7	1,300,000	,	_l		<u> </u>			1			//	
Avera	re -	42,000	4										
Marin		177 0000	-1										

[•] Refer to the instructions for this report to determine which plants must provide this information.



Sec	page 4 for instructions.						
Ι.	General Information f	or the Month/Year of: August 2004			·····	***************************************	
١.	Public Water System (P	WS) Information					
	PWS Name: Crystal La	ike			PV	VS Identification Nur	nber: 3590258
		ommunity Non-Transient Non-Community	Transien	t Non-Community	Consec		
	Number of Service Cor	nnections at End of Month: 173		Total Population Se			
	PWS Owner: Utilities,	Inc. of Florida					
	Contact Person: Patrick	(Flynn		Contact Person's T	itle: Regional	Director	
	Contact Person's Mailin	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp		State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number: 407-869-1919		Contact Person's Fa	ax Number: 4	07-869-6961	
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com					
В.	Water Treatment Plant						
	Plant Name: Utilites, In	nc. of Florida			Pl	ant Telephone Numb	er: 407-869-1919
	Plant Address: 200 We			City: Altamonte Sp	orings St	ate: Fl	Zip Code: 32714
	Type of Water Treated		nased Finished V	Vater			
		bay Operating Capacity of Plant, gallons per day: 17	2,000				
		bsection 62-699.310(4), F.A.C.): V			bsection 62-6	99.310(4), F.A.C.): D	
	Licensed Operators	Name	License Class			Day(s)/Shift(s	
	Lead/Chief Operator:	Mike Gavaletz	С	5642		Mon-Fri 8 a.m.	- 4:30 p.m.
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8 A.M 4	:30 P.M.
							:
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			ļ			· · · · · · · · · · · · · · · · · · ·	·
			<u> </u>			·	
П	I. Certification by Lea	d/Chief Operator					
		eatment plant operator licensed in Florida, am the le	ad/chief operate	or of the water treatr	nent plant ide	ntified in Part I of thi	s report. I certify that the
in	formation provided in th	is report is true and accurate to the best of my know	ledge and belief	f. I certify that all d	rinking water	treatment chemicals	used at this plant conform to
N	SF International Standar	d 60 or other applicable standards referenced in sub	section 62-555.3	320(3), F.A.C. I also	o certify that t	the following addition	nal operations records for this
pl	ant were prepared each of	lay that a licensed operator staffed or visited this pla	ant during the m	onth indicated above	e: (1) records	of amounts of chemic	cals used and chemical feed
		, appropriate treatment process performance records	s. Furthermore,	I agree to retain the	se additional o	operations records at t	the plant site for at least ten
		vailable for review upon request.					
	mulaul J	Crantal 8/3/04 Michael J	. Gavaletz			C5642	
Si	ignature and Date ()	Printed or	Typed Name			License Nur	nber
		U					
	· .	-					

PWS I	WS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
III. D	11. Daily Data for the Month/Year of: August 2004												
Ult	raviolet	Radiation	Other ((Describe):		Free Cl	nlorine	C	hlorine E	Dioxide	∐ Oz	one [] (Combined Chlorine (Chloramines)
Type o	of Disinfe	ectant Residu	ial Maintain	ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
l			୍ର	Calculations, or	UV Dose, to De	monstrate Po	xur-Log	Virus Ittactit	alkin, if Ap	plicable	-5.00		
					CT Culcu		200			UV	Dose		
				Lowest Residual	Disinfectant	Lowest CT Provided	Mes.	4.65	72-71	14.55	97 (1972)	Lowest Residual	
				Disinfectant	Contact Time	Before or	20	37.	Sala i		J 5.	Disinfectant	[출시 환경 및 [스트리 앤드 스트트
				Concentration		at First			Minimum	Lowest	Minimum	Concentration	
Day of	Hours	Not Quantity of Pinished		(C) Before or at First Customer	Measurement Point During	Customer	Temp.		_ CT ∞	Operating	UV Dose	at Remote	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow	During Peak Flow.	of Water,	pH of Water, if	Required,	UV Dose,	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair
Month	Operation	Produced, gai	Rate, gpd	Flow, mg/L	minutes	mg-min/L	'•c'	Applicable	min/L	sec/cm²		System, mg/L	or Maintenance Work that Involves Taking Water System Components Out of Operation
1	29	40,000										.,	System Composems Out of Operation
2	<u> 24</u>	43,000										1.0	
3	29	35 (M)										1.0	
4	24	33,αb		ļ		ļ <u></u>						(.0	
5	24	42,000			ļ		ļ	ļ	ļ			1.0	
$\frac{\circ}{7}$	34	46,000			ļ		ļ					1.0	
8	24	21,000 72,000		 	 -		<u> </u>	 		 		[.]	
9	2 4	43,000		 	 		 		 			 	
10	24	44,000					 			 		0.8	
11	λÝ	38.000				 	 		 	 	}	10	
12	24	38,000			 				 	 		1.1	
13	24	40,000	1						<u> </u>	 	†	0,9	
14	24	24,000						1	1			0,5	
15	٧ڍ	X 5										0,5	Plant on Interconnect due to Charly.
16	24	Ø										0.7	
17	24	9'										0.6	
18	2Y	Ø		<u> </u>		ļ	ļ		ļ	↓		0.8	
19	<u> </u>	37,000		 	 	 	├	 		 	 	1.0	
20	34	29,000 29,000	}	}	 	 		 	 		 	ი, გ	
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23	27	¥3.000	 	 	 	 	1.0						
24	37	31,000	 	 		 	1	 		 	 	1.0	
25	29	33,000		1	1	1		 	1	+	1	1.0	
26	24	34,000	1.	1								1.0	
27	24	31/000										(.0	
28	ъΉ	שמעלב										0.7	
29	24	54,000			1		<u> </u>						
30	24	55,∞0					4			 _		1.0	
31	24	35,000	↓	<u> </u>	<u> </u>		1	<u> </u>	_	1	1	1.0	
Total		1026,000	4										
Averag	<u> </u>	33,000	4										

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



ee page 4 for instructions.					
I. General Information		ν 9			
A. Public Water System (F					
PWS Name: Crystal L	ake			PWS Identification	Number: 3590258
PWS Type:	Community Non-Transient Non-	Community Transier	nt Non-Community	Consecutive	
Number of Service Co	nnections at End of Month: 173			rved at End of Month: 606	
PWS Owner: Utilities,	Inc. of Florida				
Contact Person: Patric	k Flynn		Contact Person's Ti	tle: Regional Director	
Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Spi		Zip Code: 32714
	phone Number: 407-869-1919		Contact Person's Fa	x Number: 407-869-6961	
Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.c	com			
3. Water Treatment Plant					
Plant Name: Utilites, I				Plant Telephone Nu	mber: 407-869-1919
Plant Address: 200 Wo			City: Altamonte Sp	rings State: Fl	Zip Code: 32714
Type of Water Treated		Purchased Finished \	Water		
Permitted Maximum I	Day Operating Capacity of Plant, gallon	s per day: 172,000			
	bsection 62-699.310(4), F.A.C.): V			osection 62-699.310(4), F.A.C.	
Licensed Operators	Name	License Class	License Number	Day(s)/Sh	ft(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8	a.m 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.N	1 4:30 P.M.
			<u> </u>		
	<u> </u>		<u> </u>		
II. Certification by Lea	d/Chief Operator				
	eatment plant operator licensed in Flori	ida am the lead/chief operat	or of the water treatm	ent plant identified in Part Lot	this report. I certify that the
information provided in th	is report is true and accurate to the best	of my knowledge and belie	f. I certify that all dri	inking water treatment chemic	als used at this plant conform to
NSF International Standar	d 60 or other applicable standards referen	enced in subsection 62-555.	320(3), F.A.C. I also	certify that the following addi	tional operations records for this
plant were prepared each o	day that a licensed operator staffed or vi	isited this plant during the m	onth indicated above	: (1) records of amounts of che	emicals used and chemical feed
rates; and (2) if applicable	, appropriate treatment process perform	nance records. Furthermore,	I agree to retain these	e additional operations records	at the plant site for at least ten
years and to make them av	vailable for review upon request.				
m. 1 1	11 A selan				
"Illural) Gavat 10/5/04	Michael J. Gavaletz		C5642	
Signature and Date	/ /	Printed or Typed Name		License:	Number
	\cup				

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System Components Out of Operation	Jam melare	20057511E	SUIT/FIN	7/4110	BIOGRAPHICA P.	5.	7/4/01-844	SOURCE	Mow mart	Kate, god			
oc Maintenance Work that Involves Taking Water	Destronation	-Au		-Sit ®	NAME OF STREET	******	Peak Flow,		Sheef gained		Produced, gal	Operation	4
Emergency or Abnormal Operating Conditions; Repair	til tillog //	Tantel	UV Dose	herimboli	10 146	70	During	Point During		Peak Flow) pate W	Plant in	eth
Control of the Contro	CONTRACT TO		Terra series	o Ci		due]	Chetomet	Mountainent	First Contours	1.4.17.66.04.22	badaini 110	Hours	Day of
	noisestneono.) atomas ja		100000	oninial A	23.5		1419.16	o#ω	Concentration: (2)	深的分数	Net Quantity		
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Chlorine Dioxide	nloramines)	Orine (C	IdO banic	ImoD []	orine	ee Cpp	·귀 🔀	on System:	itudirteiQ ni ba	nistnisM ls	sctant Residu	Anisid Yo	Type
									Descripe):	Other (noitaibe	raviolet	in 🗀
combined Chlorine (Chloramines)	↑ □ 200	ZO 🗍	oxide	orine D		อนเมดา	Д Ртее Сћ	חאמו: ד	məA\noitsviton				
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	PUKS	50.00	<u> </u>	20110	to court to	******	ATTION 1 4			00=0200			
	3,401	الخذف	· • / •	shino(4	to ant a	atili#[]	ant Name:	Iq		8250625	tion Number	soffitnab.	PWS
MASED FINISHED WATER	של אטל	A I EK	M ON	פונטח	WANE	MIL	S IKE	CNY NO	INUTAN	NOIT AX	340 770	INOM	

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See page 4 for instructions.					
I. General Information for	the Month/Year of: OCT 2004				
A. Public Water System (PW:					
PWS Name: Crystal Lake	·			PWS Identification	Number: 3590258
PWS Type:	nmunity Non-Transient Non-Community	Transie	nt Non-Community	Consecutive	
	ections at End of Month: 173			ved at End of Month: 606	
PWS Owner: Utilities, Inc	c. of Florida				
Contact Person: Patrick F	lynn		Contact Person's Titl	e: Regional Director	
Contact Person's Mailing	Address: 200 Weathersfield Ave.		City: Altamonte Spri		Zip Code: 32714
Contact Person's Telepho	ne Number: 407-869-1919		Contact Person's Fax	Number: 407-869-6961	
Contact Person's E-Mail	Address: p.c.flynn@utilitiesinc-usa.com		 		
B. Water Treatment Plant Inf	formation				
Plant Name: Utilites, Inc.				Plant Telephone Nu	umber: 407-869-1919
Plant Address: 200 Weatl			City: Altamonte Spr	ings State: Fl	Zip Code: 32714
Type of Water Treated by		hased Finished \	Water		
Permitted Maximum Day	Operating Capacity of Plant, gallons per day: 1	72,000			
	ection 62-699.310(4), F.A.C.): V			section 62-699.310(4), F.A.C	
Licensed Operators	Name	License Class	License Number	Day(s)(Sh	ift(s) Worked
Lead/Chief Operator: M	fike Gavaletz	С	5642	Mon - Fri 8	8 a.m 4:30 p.m.
Other Operators:	erry Sillitoe	С	12749	Sat. 8 A.1	M 4:30 P.M.
			<u> </u>		
		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·				
					V
			<u> </u>		
H. Certification by Lead C	Chief Operator				
	tment plant operator licensed in Florida, am the l	ead/chief operat	or of the water treatme	ent plant identified in Part I o	f this report. I certify that the
	report is true and accurate to the best of my know				
	60 or other applicable standards referenced in sub				
plant were prepared each day	that a licensed operator staffed or visited this pl	lant during the m	onth indicated above:	(1) records of amounts of ch	emicals used and chemical feed
rates; and (2) if applicable, a	ppropriate treatment process performance record	ls. Furthermore,	I agree to retain these	additional operations record	s at the plant site for at least ten
years and to make them avail	lable for review upon request.				
mulal & Ga	vate (1/4/04 Michael)	J. Gavaletz		C5642	
Signature and Date	Printed or	r Typed Name		License	Number

PWS I	WS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
III. Daily Data for the Month/Year of: Oct 2004													
	Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):												
Type o	f Disinfe	ectant Residu	ual Maintain	ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	nlorine (C	hloramines)	Chlorine Dioxide
			C	Calculations, or Lowest Residual Disinfectans	UV Dose to D	monstrate Po	ur-log	Vinus Inactiv	reton, if Ap	plicable.	A 28 W 18		
					ાલા(એઇ	ations	4 37			- TU	DY S		
				I amost Davidsel	Philippines	Lowest CT						Longer 1	
}				Disinfectant	Contact Time	Before or			1.12		4.45	Districtors	
1								72	Minimum	Lowest	Minimum	Concentration	
Day of	Hours	Net Quantity of Finished	1/2/10	(C) Before or at First Customer	Measurement	Customer During	Temp.		CI	Operation UV Dogo		at Remote Point in	Reportancy or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	Daring Peak	Point During Beak Flow	Peak Flow,	Water,	Wast 1	F182	mw.	# · · · · ·	Therese	or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, and		minutes	mg-min/L	ec .	phi of West, if Applicable	min/L	sec/cm		System mail.	or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	32,000										1.0	
3		30,000	<u> </u>	 	 		 		 			0.9	
4	24	45,000	}	 		 	 		 	<u> </u>	1	7.0	
5	24	32,000	}	 		 	 	 	 	 	 	1.0	
6	24	30,000			<u> </u>		 	 	1	 	 	1.2	
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9	34	33,000				<u> </u>	ļ		ļ	ļ	ļ	0.7	
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23	24	33000										1.0	
24	34	49,000											
25	27	49,000	 	-				_	 	 	4	0.8	
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28	24	57,000	 		 	 	+	+	+	+		1.0	
29	1	29,000	†		 	+	†	 	1	+	┪	1.0	
30	र्रेप	47,000		1	 		+	 	1	1	1	1.0	
31	26	33,000											
Total	Total 1,268,000												
Avera	ie.	41.000	1										

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



	General Information		of: NON FOOT					
١.	Public Water System (P							
	PWS Name: Crystal La						PWS Identification No	ımber: 3590258
			Non-Transient Non-Community	Transien	t Non-Community	ПС	onsecutive	
	Number of Service Co		Month: いろろ		Total Population S	erved at I	End of Month: 606	
	PWS Owner: Utilities,	Inc. of Florida						
	Contact Person: Patric	k Flynn			Contact Person's T	itle: Regi	onal Director	
	Contact Person's Maili	ng Address: 200 We	athersfield Ave.		City: Altamonte Sp		State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number: 407-	869-1919		Contact Person's F	ax Numb	er: 407-869-6961	
	Contact Person's E-Ma	nil Address: p.c.flynr	@utilitiesinc-usa.com					
В.	Water Treatment Plant	Information						
	Plant Name: Utilites, I						Plant Telephone Num	ber: 407-869-1919
	Plant Address: 200 We				City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated			ased Finished V				
	Permitted Maximum D	Day Operating Capac	ity of Plant, gallons per day: 17	2,000				
	Plant Category (per su	bsection 62-699.310	(4), F.A.C.): V		Plant Class (per su	bsection	62-699.310(4), F.A.C.):	D
	Licensed Operators		Name	License Class	License Number		Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Mike Gavaletz		С	5642		Mon - Fri 8 a.r	
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8 A.M.	4:30 P.M.
П	. Certification by Lea	d/Chief Operator						
			or licensed in Florida, am the le	ad/chief energic	r of the weter treet	nont plan	t identified in Dort Loft	is nament. I soutify that the
ini	formation provided in th	is report is true and	accurate to the best of my know	advenier operaid ledge and helief	I certify that all d	nem pian rinking w	t lucitificu ili Fart i Oi ti ester trestment chemicali	used at this plant conform to
N	SF International Standar	d 60 or other applica	ible standards referenced in subs	section 62-555 3	20(3) FAC Lals	n certify t	that the following addition	onal operations records for this
pla	ant were prepared each o	day that a licensed or	perator staffed or visited this pla	nt during the me	onth indicated abov	e: (1) rec	ords of amounts of chem	icals used and chemical feed
rat	es; and (2) if applicable	, appropriate treatme	ent process performance records	. Furthermore,	I agree to retain the	se additio	nal operations records a	the plant site for at least ten
ye	ars and to make them av	/ailable for review u	pon request.	•			•	•
	midael	1 Carato	12/2/2011	C			05645	
c:	enoture and Data	1 UMRUG	/2/2/04 Michael J.				C5642	
31	gnature and Date C	<i>'</i> / /	Printed or	Typed Name			License Nu	ımber

rWS !	dentifica	ition Numbe	r: 3590258		P	lant Name	: Utilit	es, Inc. of	Florida				
111. D	aily Dat	a for the Mo	inth/Year o	f: NOV 20	Yot								
Ult	raviolet	Radiation	Other (activation/Rem (Describe):		Free Cl	lorine	ПС	Chlorine I	Dioxide	Oz	cone 🗌 C	Combined Chlorine (Chloramines)
Type o	of Disinfo	ectant Residu	ual Maintain	ed in Distribut	ion System:	⊠F	ree Chl	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
				Calculations, or Lowest Residual Disinfectant Concentration (C) Before of at First Customer During Peak Flow, mg/L									Brasegancy or Abnormal Operating Conditions; Repair of Maintenance, Work that Involves Taking Water System Components Out of Operation
Day of the Month	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, and	Concentration (C) Before or at First Cuntomer During Peak Flow, mg/L	(T) at C Memory common Point During Peak Plow, minutes	of Pirst Customer During Peak Riew mg-min/L	1 3 a 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	pH of Wass if Applicable	Market Registed Registed		And the second s		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	14	33,000										1.0	
3	24	23,000										1.0	
4	24 24	42,000 33,000	ļ	ļ	 	 _			 		 	6.9	
3	좌	39,000	 	 	 		 	 	 	 	 	0.9	
6	24	36,000	 	 	 			 	 -	 	 	1,0	
7	77	53,000	 	 	 	 	 	 	 	 	 	1.0	
8	24	55.000			1		 		 	 	 	0.4	
9	77	46,000		 	 		 		1	 	 	0.7	
10	7.1	47,000			1		1	1			1	1.0	
11	24	38,000 38,005 4 0 ,000										(.0	
12	¥Y	38,005										0.8	
13	34	140,000										1.	
14	14	47,000					<u> </u>						
15	انت	47,000				<u> </u>	 	<u> </u>			ļ	1.5	
16	1 V 2 V	44,000					-	 	 	 	 	1-5	
18	***	42,000	 		 		-	 		┼	 	1-1-5	
19	24	142,000	 		 	+	├ -	 		 	╂	0.8	
20	1X	32,000	 		 	+	 	 	+	+	 	0.9	
21	14	57,000	1	·	1	 	 	 	 	+	 	1	
22	24	58,000	1	1	1	 	1	1	1	 	1	1.0	
23	24	40,000			1		1	1		1		11.7	
24	14	143',000				T						1.0	
25	44	40,000										1,0	
26	24	41,000										0.8	
27	ŞΥ	34,000			1							0.8	
28	24	Sø', 000			L		<u> </u>				<u> </u>		
29	28	SUVOO	 	 			 			1		1.0	
30	14	40,000	 	 	 		 	 		 		219	
Total		11/0/10/5	1/2/ 3/5/	1 100			1	1		ــــــــــــــــــــــــــــــــــــــ		<u> </u>	<u> </u>
Avera	96	76 050	1,26-700										
AVUI	~	1 1000	4	•									

D.

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



See page 4 for instructions.

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	page : tel mettaettene	,					W1 &					
			- 20	04								
A.	Public Water System (F	WS) Information										
	PWS Name: Crystal L	ake				PWS Identification N	umber: 3590258					
	PWS Type:	Community Non-Transient Non-C	Community	☐ Transier	nt Non-Community	Consecutive						
	Number of Service Co	nnections at End of Month: 173			Total Population Served at End of Month: 606							
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patric	k Flynn			Contact Person's Title							
	Contact Person's Maili	ing Address: 200 Weathersfield Ave.			City: Altamonte Sprin	igs State: Fl	Zip Code: 32714					
	Contact Person's Telep	phone Number: 407-869-1919			Contact Person's Fax	Number: 407-869-6961						
Contact Person's E-Mail Address; p.c.flynn@utilitiesinc-usa.com												
B.	3. Water Treatment Plant Information											
	Plant Name: Utilites, I					Plant Telephone Nun	nber: 407-869-1919					
	Plant Address: 200 We				City: Altamonte Sprin	ngs State: Fl	Zip Code: 32714					
	Type of Water Treated			nased Finished V	Vater							
		Day Operating Capacity of Plant, gallons	per day: 17	2,000								
		bsection 62-699.310(4), F.A.C.): V	,,	,		ection 62-699.310(4), F.A.C.):						
	Licensed Operators	Name	Same of the	License Class	License Number	Day(s)/Shift						
	Lead/Chief Operator:	Mike Gavaletz		С	5642	Mon - Fri 8 a.m 4:30 p.m.						
	Other Operators:	Terry Sillitoe		С	12749	Sat. 8 A.M 4:30 P.M.						
	St. Company											
	A STATE OF THE STA				<u> </u>							
	-											
	1 THE STATE OF THE			ļ								
	San San San San San San San San San San	<u> </u>		<u> </u>								
	. Certification by Lea	d/Chief Operator										
		eatment plant operator licensed in Florid	a, am the le	ad/chief operato	or of the water treatmen	at plant identified in Part I of t	his report. I certify that the					
inf	ormation provided in th	is report is true and accurate to the best of	of my know	ledge and belief	. I certify that all drink	cing water treatment chemical	s used at this plant conform to					
NS	F 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											
pla	int were prepared each d	day that a licensed operator staffed or vis	ited this pla	int during the m	onth indicated above: (1) records of amounts of chen	nicals used and chemical feed					
rat	es; and (2) if applicable	, appropriate treatment process performa				dditional operations records a	t the plant site for at least ten					
yea	ars and to make them av	vailable for review upon request.	Dayor	ud Alan .	PAROSH	· C-12	740					
1	12 VAH 1	Dillaras	Michael J.	Company								
4		arrish 1/2/2005	Michael J.			C5642						
06	mature and Date	/ /	Printed or	Typed Name		License N	umper					

PWS	WS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida -caystal and												
III. D	III. Daily Data for the Month/Year of:												
Means	of Achi	eving Four-L Radiation	og Virus In	activation/Rem Describe):	ioval: * [Free Cl	lorine	□с	hlorine D	Dioxide	Oz	cone []	Combined Chlorine (Chloramines)
			ual Maintain	ed in Distribut	ion System:	⊠F	ree Ch	orine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
				Calculations, or l									
					CT Calcul					UV	Dose		
l l						Lowest CT						Lowest	
l				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or			1.4.7	**		Residual Disinfectant	
] [Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	
		Net Quantity		(C) Before or at		Customer	Temp.		CT.	Operating	UV Dose	at Remote	
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
	24	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation
2.5	44	35,000					 				}	1,0	
3:		38,000								 		110	
4		34,000		ļ — — — — — — — — — — — — — — — — — — —			 					0.9	
500		46,000							 				
6		46,000		 						ļ ———		10	
775		38,000										1.0	
15.87		48,000										0.8	
2.92		45,000										1.0	
103		38,000										1.0	
₹11ê		39,000										0.9	
. √12 €		43,000						 					
, 134		44,000	ļ						 		ļ	10	
5 14	<u>V</u>	41,00						<u> </u>	 		 	0.8	
	24	41.000						<u> </u>	 		<u> </u>	10	· · · · · · · · · · · · · · · · · · ·
16		39.000	<u> </u>	 			ļ	 	 			018	
18:		42,000		 	 	 	 	<u> </u>	 	 	<u> </u>	1 2	
19 '		34,000 52,000	 		 		-			 	 	1	
- 20		52,000			 						<u> </u>	1,0	
21-		28,000	<u> </u>	1								0.8	
22:	1.	54,00										1,0	
₹ 23 %		43,000										1,2	
5.24		43,000										1.2	
25		39,000										1.0	
`. 26 ∖		41,500					<u> </u>		ļ		 		
27		41,500	ļ		ļ		<u> </u>				ļ	1.5	
28		47.000							ļ		ļ	1.8,	
29 -		41, 000			ļ	ļ	ـــــ	 		 	 	11.9	
30													
31	24	25,000	 	L	L	<u> </u>		I	1	<u> </u>	1	10.9	<u> </u>
Total :	2000	1,291,000	19										
I AVCIAR	COLUMN TO THE REAL PROPERTY.	42,000	I .										

n--- 1

Maximum 57,000 / Refer to the instructions for this report to determine which plants must provide this information.

PWS Identification Number: 3590258 Plant Name: CRy	STAL LAKE
IV. Summary of Use of Polymer Containing Aerylamide, Polymer Containing F	pichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2004
follows:	t? No Yes, and the polymer dose and the acrylamide level in the polymer are as
Polymer Dose, ppm =	Acrylamide Level, % [†] =
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment	plant? No Yes, and the polymer dose and the epichlorohydrin level in the
polymer are as follows:	
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water treatment plant? No	Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate): 1,05 mg/c	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as $SiO_2 = U/V$	
If sodium silicate is used, the amount of added plus naturally occurring silicate, in r	ng/Las SiO ₂ =

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 acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.
 Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.







	General Information	for the Month/Year of: January/2005			* *								
	Public Water System (P												
۱	PWS Name: Crystal La		·	·· ·		PWS Identification Nu	mber: 3590258						
		Community Non-Transient Non-C	ommunity Transian	t Non-Community		nsecutive	III001. 3370230						
		nnections at End of Month: 174	Ommunity Italisten	Total Population Se									
	PWS Owner: Utilities,		<u></u>	Total Population Se	ci veu ai E	na or monar. 609							
	Contact Person: Patrick			Contact Person's Ti	itle: Pegio	anal Director							
		ng Address: 200 Weathersfield Ave.		City: Altamonte Sp		State: Fl	Zip Code: 32714						
		weathers Ave. 200 Weathers and 200 Weathers and 200 Weathers		Contact Person's Fa									
		il Address: p.c.flynn@utilitiesinc-usa.com		Contact I cison 3 I	ux ituilioc	1. 407-007-0701							
B.	Water Treatment Plant	Information	<u> </u>										
	Plant Name: Utilites, I		······································			Plant Telephone Numl	per: 407-869-1919						
	Plant Address: 200 We			City: Altamonte Sp	orings	State: Fl	Zip Code: 32714						
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V										
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: 172,000										
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D						
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked												
	Lead/Chief Operator: Roy Mericle C 13808 Tue - Fri 8 a.m 4:30 p.m.												
	Other Operators:	Terry Sillitoe	C	12749		Sat. 8 A.M	4:30 P.M.						
		Ray Parrish	C	12740		Mon 8 a.m	4:30 p.m.						
		<u> </u>											
	. Certification by Lead												
l, t	he undersigned water tro	eatment plant operator licensed in Florida	, am the lead/chief operato	r of the water treatn	nent plant	identified in Part I of th	is report. I certify that the						
ınt	ormation provided in the	is report is true and accurate to the best o	f my knowledge and belief	I certify that all di	rinking wa	iter treatment chemicals	used at this plant conform to						
nla ela	or international Standard	d 60 or other applicable standards referen	ced in subsection 62-555.3	20(3), F.A.C. I also	o certify th	nat the following addition	nal operations records for this						
rat	es: and (2) if annlicable	lay that a licensed operator staffed or visi appropriate treatment process performan	ted this plant during the mo	onth indicated above	e: (1) reco	rds of amounts of chem	icals used and chemical feed						
yea	ars and to make them av	ailable for review upon request.	ice records. Furthermore,	agree to retain thes	se addition	iai operations records at	the plant site for at least ten						
-													
	lest.	When 2-2-5	Roy J. Mericle			C13808							
Sig	gnature and Date		Printed or Typed Name			License Nu	mber						

PWS	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
III. D	11. Daily Data for the Month/Year of: January/2005												
Means	of Achie	eving Four-L	og Virus In	activation/Rem	oval: *	Free Cl	lorine	□с	hlorine D	ioxide	Oz	one 🔲 (Combined Chlorine (Chloramines)
UU	raviolet 1	Radiation	Other ((Describe):		<u></u>	·						
Type	of Disinfo	ectant Residu	ıal Maintain	ied in Distribut	ion System:	⊠F	ree Ch	lorine			lorine (C	hloramines)	Chlorine Dioxide
			C	Γ Calculations, or l			ur-Log	Virus Inactiv	ation, if Ap	plicable*		\$ 80 W	
					CT Calcu					UV			
				Lowest Residual	Disinfectant	Lowest CT Provided	A					Lowest Residual	
				Disinfectant	Contact Time	Before or						Disinfectant	
				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	-11-6	CT	Operating	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow.	of Water,	pH of Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Month	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C `	Applicable		sec/cm²		System, mg/L	System Components Out of Operation
1	24	49,000										1.2	
2	24	47,000											
3	24 24	48,000		 		ļ	ļ					1.5	
5	24	49,000 51,000		 		 		ļ	 			1.9	
6	24	47,000		 		-	 				ļ	1.8 2.1	
7	24	49,000		 	 		├ ──	 			 	2.0	
8	24	36,000					 	 			 	1.9	, , , , , , , , , , , , , , , , , , ,
9	24	55,000									 	 	
10	24	55,000										1.5	
11	24	28,000										0.8	
12	24 24	48,000	ļ									1.0	
13	24	42,000 48,000		 	 -	 			<u> </u>			1.0	
15	24	34,000		 		 	├ -					1.2	
16	24	31,000	 	 	 	 	 		 		 	1.1	
17	24	31,000	 			 	 		 		<u> </u>	1.3	
18	24	42,000					<u> </u>			 	<u> </u>	1.2	
19	24	33,000										1.5	
20	24	37,000	ļ							L	<u> </u>	1.6	
21	24	45,000 36,000			 	ļ	 	 			 	1.5	
23	24	39,000	———	 	 	 		 	 	 	 	1.4	
24	24	40,000	 	 	 	 	 	 	 	 	 	1.5	
25	24	44,000	<u> </u>	———	 	 		 	 -	 	 	2.0	
26	24	30,000		1	 	†	 	1			1	1.0	
27	24	86,000										1.5	
28	24	30,000										0.9	
29	24	36,000		1	ļ							1.2	
30	24	36,000 37,000		 	 		↓		<u> </u>	 	 		
Total		1,319,000		<u> </u>	L	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	1	2.50	1
Averag	ie.	42,548	1										

86,000

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



FILE GOPY See page 4 for instructions. 1. General Information for the Month Year of: February/2005 A. Public Water System (PWS) Information PWS Name: Crystal Lake PWS Identification Number: 3590258 PWS Type: **⊠** Community Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 175 Total Population Served at End of Month: 613 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Title: Regional Director Zip Code: 32714 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com B. Water Treatment Plant Information Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919 Plant Address: 200 Weathersfield Ave. Zip Code: 32714 City: Altamonte Springs State: Fl Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Day(s)/Shift(s) Worked Name License Class License Number Lead/Chief Operator: Roy Mericle 13808 Tue - Fri 8 a.m. - 4:30 p.m. C Terry Sillitoe Sat. 8 A.M. - 4:30 P.M. Other Operators: C 12749 Ray Parrish С 12740 Mon 8 a.m. - 4:30 p.m. II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request. Roy J. Mericle C13808 Signature and Date Printed or Typed Name License Number

PWS	WS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
111.	III. Daily Data for the Month Year of: February/2005												
Mean	s of Achi	eving Four-L	og Virus In	activation/Rem	oval: *	Free Cl	lorine		hlorine D	Dioxide	O2	one (Combined Chlorine (Chloramines)
□U	traviolet	Radiation	Dother ((Describe):									
Type	of Disinf	ectant Residu	ual Maintain	ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or		monstrate Fo	our-Log	Virus Inactiv	ation, if Ap	plicable*			
]			CT Calcu					UV	Dose	_	
	·		i			Lowest CT				İ		Lowest Residuai	
Lowest Residual Disinfectant Provided Residual Disinfectant Contact Time Before or Minimu Disinfectant													
				Concentration	(T) at C	at First	l	Ì	Minimu	Lowest	m UV	Concentration	
		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		m CT	Operating		at Remote	
Day of		of Finished	1	First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
the Month	Plant in	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Monu			Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation
$\frac{1}{2}$	24 24	32,000 43,000										1.1	
3	24	32,000		ļ			ļ		<u> </u>		ļ	1.3	
4	24	30,000							ļ	Ļ		1.3	
5	24	40,000		ļ			_	<u> </u>		<u> </u>	ļ	1.2	
6	24	49,000		 		<u> </u>			ļ		 	0.9	
1 7	24	50,000		}						 	}		
8	24	34,000		 	}	 			 		 	2.0 0.8	
9	24	51,000			 			 		 	 	1.3	
10	24	32,000		 			 	 	 		 	0.7	
11	24	38,000		 	 	<u> </u>	 	 	 	 	 	0.6	
12	24	34,000		 	 			 	 		 	0.7	
13	24	46,000	· · · · · · · · · · · · · · · · · · ·	 	t	 	 		 	 	1	0.7	
14	24	47,000			1	 	1	 	 			2.0	
15	24	44,000		T			 		 	 	+	1.0	
16	24	49,000		T		 	 		<u> </u>	1	 	1.0	
17	24	47,000					†		 	-	 	1.0	
18	24	47,000					1			 	-	0.8	
19	24	52,000					1					0.8	
20	24	53,000								I			
21	24	53,000										1.6	
22	24	41,000										1.0	
23	24	57,000	ļ		<u> </u>							1.5	
24	24	37,000	 									1.4	
25 24 43,000 1.5 26 24 40,000 0.9													
22 24 41000													
28	24	41,000	ļ	 				<u> </u>	1				Hydro tank leak - using interconnect
29	24	41,000	<u> </u>	 	ļ	 	<u> </u>	<u> </u>	ļ			0.4	Hydro tank leak - using interconnect
30	24	 	 	 	 	<u> </u>	 		ļ	ļ		L	
31	24	 	 		 	 _	 	<u> </u>	ļ				
Total		1,203,000	 		L	<u> </u>	J	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	
Averag	e.	42,964	ł										
Maxim													

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



See	page 4 for instructions.												
		for the Month/Year of: March/2005	·····										
Α.	Public Water System (P	WS) Information											
l	PWS Name: Crystal La	ake					PWS Identification N	umber: 3590258					
	PWS Type:	Community Non-Transient Non-C	Community	Transien	t Non-Community	Co	nsecutive						
	Number of Service Co	nnections at End of Month: 174			Total Population Se	erved at E	nd of Month: 609						
	PWS Owner: Utilities,	Inc. of Florida											
	Contact Person: Patric	k Flynn			Contact Person's Ti	itle: Regio	onal Director						
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.			City: Altamonte Sp	rings_	State: Fl	Zip Code: 32714					
	Contact Person's Telep	phone Number: 407-869-1919			Contact Person's Fa	ax Numbe	er: 407-869-6961						
	Contact Person's E-Ma	ail Address; p.c.flynn@utilitiesinc-usa.co	om										
B.	Water Treatment Plant												
	Plant Name: Utilites, I						Plant Telephone Num						
	Plant Address: 200 We				City: Altamonte Sp	orings	State: Fl	Zip Code: 32714					
	Type of Water Treated by Plant:												
		Day Operating Capacity of Plant, gallons	per day: 172	2,000									
		bsection 62-699.310(4), F.A.C.): V			Plant Class (per su	bsection 6	52-699.310(4), F.A.C.):						
	Licensed Operators	Name		License Class	License Number		Day(s)/Shift	(s) Worked					
	Lead/Chief Operator:	Roy Mericle		С	13808		Tue - Fri 8 a.m 4:30 p.m.						
	Other Operators:	Terry Sillitoe		C	12749	Sat. 8 A.M 4:30 P.M.							
		Ray Parrish		C	12740 Mon 8 a.m 4:30 p.m.								
	,												
	L	<u> </u>											
П	. Certification by Lea	d/Chief Operator											
		eatment plant operator licensed in Florid	la, am the lea	ad/chief operato	or of the water treatn	nent plant	identified in Part Loft	his report. I certify that the					
inf	ormation provided in th	is report is true and accurate to the best	of my know	ledge and belief	. I certify that all di	rinking wa	ater treatment chemical	s used at this plant conform to					
NS	F International Standar	d 60 or other applicable standards referen	nced in subs	ection 62-555.3	20(3), F.A.C. I also	certify the	hat the following addition	onal operations records for this					
pla	nt 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												
rat	es; and (2) if applicable	, appropriate treatment process performa	ince records.	Furthermore,	I agree to retain thes	se addition	nal operations records a	t the plant site for at least ten					
yea	ars and to make them at	ars and to make them available for review upon request.											
	1 /an	13/1 221-5	D 1.11	*			012000						
~	1695 N 6 5 31 - 5 Roy J. Mericle C13808												
Sig	gnature and Date		Printed or	Typed Name			License N	umber					

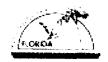
PWS	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
	III. Daily Data for the Month/Year of: March/2005												
				activation/Rem		Free Cl	nlorine	ПС	hlorine D	ioxide	Oz	one 🔲 (Combined Chlorine (Chloramines)
U	traviolet	Radiation	Other ((Describe):									
Type	of Disinf	ectant Resid	ual Maintain	ied in Distribut	ion System:		ree Ch				lorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or I			our-Log	Virus Inactiv	ation, if Ap	plicable*	a Commo		
ľ					CT Calcu					UV	Dose		
		'		Lowest Residual	Disinfectant	Lowest CT Provided					100	Lowest Residual	
1				Disinfectant	Contact Time	Before or					7 77 27	Disinfectant	
		Not Ourseite		Concentration	(T) at C	at First			Minimum	Lowest	Minimum		
Day o	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	CT Required,	Operating	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm²	System, mg/L	System Components Out of Operation
<u> - </u>	24	29,000					ļ					0.6	
3	24	50,000 40,000		 			ļ					1.1	
4	24	35,000		 								0.8 1.0	
	24	32,000		-		 	├──	 				0.9	
6	24	54,000	 	 		 						0.9	
7	24	54,000				 	 					1.0	
8	24	40,000					 				·	1.1	
9	24	40,000										1.1	
10	24	35,000										1.2	
11	24	26,000										1.0	
12	24	37,000 56,000		 		ļ <u>-</u>	ļ	ļ				1.3	
14	24	57,000			ļ	 	ļ		 	 	 	1.5	
15	24	30,000	 	}	 	 	}			 	 	0.9	
16	24	43,000					 	 	 		 	1.3	
17	24	27,000		1	1							1.3	
18	24	29,000										1.0	
19	24	40,000		1								0.8	
20	24	46,000			ļ		ļ				<u> </u>		
21	24	47,000 39,000		 					ļ			1.5	
23	24	39,000	 	 		ļ	 		 		 	1.3	
24	24	38,000		 	 	 	┼	 	 		 	1.5	
25	24	31,000	 	1		 -	+	 	 	 	 	1.0	
26	24	33,000		1	 	 	1-	 	 	 	 	1.3	
27	24	43,000				 	1		 	 	 	1	
28	24	43,000									1	1.8	
29	24	20,000		ļ								1.2	
30	24	49,000			<u> </u>							1.2	
31 Total	24	28,000 1,201,000		1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	.L	L	<u> </u>	1.10	
Avera	De	38,741	4										

Maximum

n--- 1

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

612



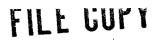
MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER FILE COPY

see	page 4 for instructions.	•			3 8	ha se
1.	General Information	for the Month/Year of: April/2005				
	Public Water System (F					
	PWS Name: Crystal L	ake		· · · · · · · · · · · · · · · · · · ·	PWS Identification N	Jumber: 3590258
		Community Non-Transient Non-	Community Transie	nt Non-Community	Consecutive	-
		nnections at End of Month: 174	***************************************	Total Population Served		
	PWS Owner: Utilities.					
	Contact Person: Patric			Contact Person's Title: F	Regional Director	
		ng Address: 200 Weathersfield Ave.		City: Altamonte Springs		Zip Code: 32714
		phone Number: 407-869-1919		Contact Person's Fax Nu		
	Contact Person's E-Ma	nil Address: p.c.flynn@utilitiesinc-usa.co	om			
В.	Water Treatment Plant	Information				
	Plant Name: Utilites, I				Plant Telephone Nun	
	Plant Address: 200 We			City: Altamonte Springs	s State: F1	Zip Code: 32714
	Type of Water Treated		Purchased Finished	Water		
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	per day: 172,000			
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V			ion 62-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class	License Number	Day(s)/Shif	t(s) Worked
	Lead/Chief Operator:	Roy Mericle	С	13808	Tue - Fri 8 a.	m 4:30 p.m.
	Other Operators:	Terry Sillitoe	С	12749	Sat. 8 A.M.	- 4:30 P.M.
		Ray Parrish	С	12740	Mon 8 a.m.	- 4:30 p.m.
				<u> </u>		
	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
11	. Certification by Lea	d/Chief Operator				
I, t	he undersigned water tr	eatment plant operator licensed in Florid	ia, am the lead/chief operar	or of the water treatment	plant identified in Part I of t	his report. I certify that the
ını	ormation provided in th	is report is true and accurate to the best	of my knowledge and belie	f. I certify that all drinking	ng water treatment chemical	s used at this plant conform to
NS	F International Standar	d 60 or other applicable standards refere	enced in subsection 62-555	.320(3), F.A.C. I also cert	tify that the following additi	onal operations records for this
pla	int were prepared each of	lay that a licensed operator staffed or vis	sited this plant during the n	nonth indicated above: (1)	records of amounts of cher	nicals used and chemical feed
rat	es; and (2) if applicable	, appropriate treatment process performs	ance records. Furthermore	, I agree to retain these add	ditional operations records a	at the plant site for at least ten
yca	ars are to make mem av	vailable for review upon request.				
_	(Cont	Mu 5-3-05	Roy J. Mericle		C13808	
Sid	gnature and Date		Printed or Typed Name			
~1	presence aim iran		rimed of Typed Name		License N	uninci

PWS	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida													
III. D	aily Dat	a for the Me	onth/Year o	f: April/2005		- j								
Means	of Achie	eving Four-I	og Virus In	activation/Rem	oval: *	Free Cl	nlorine		hlorine D	ioxide	Oz	one 🗌 (Combin	ned Chlorine (Chloramines)
		Radiation		(Describe):										
Type	of Disinfo	ectant Residu	ual Maintain	ned in Distribut	ion System:	⊠F	ree Ch	lorine			lorine (C	hloramines)		Chlorine Dioxide
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			C"	T Calculations, or			our-Log	Virus Inactiv	ation, if Ar					
					CT Calcu					UV	Dose			
				I convert Desideral	Disinform	Lowest CT Provided						Lowest Residual		
1 1				Lowest Residual Disinfectant	Disinfectant Contact Time	Before or					Minimu	Disinfectant		
				Concentration	(T) at C	at First			Minimu	Lowest	m UV	Concentration		
		Not Quantity		(C) Before or at	Measurement	Customer	Temp.		m CT	Operating		at Remote		
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of	Required,	UV Dose,		Point in Distribution	Emerge	ency or Abnormal Operating Conditions; Rep laintenance Work that Involves Taking Water
the Month	Plant in	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	mg	mW- sec/cm ²	mW- sec/cm ²	System, mg/L		System Components Out of Operation
Wildian	24	40,000	Rate, apd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm	sec/cm	1.5		System Components out of Operation
2	24	37,000		 							 	1.2	 	
3	24	51,000		 			 		-	 				
4	24	52,000		†	<u> </u>	 	 	 	 			1.2		
5	24	41,000			 	 	-	 			 	1.5		
6	24	49,000			1	<u> </u>						1.4		
7	24	39,000				1						1.7		
8	24	42,000										1.3		
9	24	40,000										1.0		
10	24	51,000												
11	24	52,000										1.4		
12	24	63,000				↓	-	<u> </u>				1.3	 	
13	24	50,000	<u> </u>		ļ		ļ	ļ	 		 	1.3	├	
14	24	45,000			 			 	 	 		1.4	 	
15 16	24	45,000 37,000	 	 			 		 		 	1.4	 	
17	24	62,000				 	 -	 	 	 	 	1.2	 	
18	24	62,000		 	 	+	+		+	 	 	1.4	 	
19	24	66,000	 	 	 	 	 	 	 	+	 	1.2	 	
20	24	57,000			 	1	 	 	 	 	 	1.2	1	
21	24	62,000		1	1	1		1				1.4		
22	24	52,000			1		T			T		1.6		
23	24	58,000										1.2		
24	24	53,000												
25	24	54,000										1.4		
26	24	51,000	<u> </u>				4					0.9		
27	24	34,000	 	 	_				 	<u> </u>		1.1	 	
28	24	45,000 60,000	 		 	_		 				1.2	—	
30	24	54,000	 	+	 				 		 	1.3	 	
31	1-27	24,000	 		+	 	+		 	 	+	1.5	 	
Total	1	1,504,000	+				ــــــــــــــــــــــــــــــــــــــ			ــــــــــــــــــــــــــــــــــــــ	1	<u> </u>		
Avaga		1,304,000	4											

66,000

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





366	page 4 for instructions.	•										
I.	General Information	for the Month/Year of: May 2005										
	Public Water System (F											
	PWS Name: Crystal L	ake				PWS Identification Nu	mber: 3590258					
	PWS Type: 🔀 C	Community Non-Transient Non-Con	nmunity Transien	t Non-Community	Co	nsecutive						
	Number of Service Co	nnections at End of Month: 174		Total Population S	erved at E	nd of Month: 609						
	PWS 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: 32												
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@utilitiesinc-usa.com											
B.	3. Water Treatment Plant Information											
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
	Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714											
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V	Vater								
	Permitted Maximum [Day Operating Capacity of Plant, gallons per	r day: 172,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D											
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked												
	Lead/Chief Operator:	Kathy Sillitoe	~~4 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Mon Fri. Days								
	Other Operators:	Terry Sillitoe	Thur.Fri.Sat. Days									
	•	Roy Mericle	С	13808		Tues Fri	. Days					
		Alexander Lorenzo	С	13756		Mon. & We	ed. Days					
		Roger Holsapple	С	7436		Tues. I	Days					
11	. Certification by Lea	d/Chief Operator										
		eatment plant operator licensed in Florida, a	m the lead/chief operate	r of the water treets	aont plant	identified in Dort Lofth	is report. Leartify that the					
inf	ormation provided in th	is report is true and accurate to the best of n	nv knowledge and belief	I certify that all di	nem piam rinking wa	nter treatment chemicals	used at this plant conform to					
N2	F International Standar	d 60 or other applicable standards reference	d in subsection 62-555.3	20(3), F.A.C. Lalso	certify th	nat the following addition	nal operations records for this					
pia	nt were prepared each of	lay that a licensed operator staffed or visited	d this plant during the mo	onth indicated above	e: (1) reco	rds of amounts of chemi	cals used and chemical feed					
rate	lant 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 ates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten											
yea	ars and to make them av	ailable for review upon request.	•			•	-					
	VOSO		1									
C :	rain all	en 6-3-05 }	inted or Typed Name	L		<u>C-130</u>)99					
ડાઇ	ignature and Date Printed or Typed Name License Number											

PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida													
	aily Dat	o for the M	well-/Vana	f: May 2005									
				activation/Rem	oval: *	Free Ch	loring	ПС	hlorine D	iovide	Oz	one D	Combined Chlorine (Chloramines)
		eving Four-L Radiation		activation/Rem Describe):	iovai: " [rree Cr	norme	Цζ	morme D	IOXIGE			combined emornic (emoramines)
C					on Contact	NZI E	roo CLI	la mina o	[] Ca	hinad Cl-	larina (Cl	aloromines)	Chlorine Dioxide
Type	o Disinic	ectant Residi	iai Maintain	ed in Distribut Calculations, or l	ion System:	X F	ree Chl	lorine	Com	oined Cn	iorine (Ci	nloramines)	Chlorine Dioxide
				Calculations, or C	CT Calcul		ur-Log v	virus inactiv	ation, it Ap	UV I	Doce		
					CT Carcui	Lowest CT	Je sa Test			UVI	JUSC	Lowest	
1				Lowest Residual	Disinfectant	Provided						Residual	
				Disinfectant	Contact Time	Before or			77. "			Disinfectant	
		Not Occupies		Concentration	(T) at C	at First	-		Minimum		Minimum	Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	CT	Operating UV Dose,	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Month	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation
1	24	64,000											
2	24	64,000										1.4	
3	24	39,000										1.1	
4	24	50,000										1.2	
5	24	34,000										1.7	
6 7	24	30,000		<u> </u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1.6	
8	24 24	35,000		ļ								1.3	
9	24	63,000					ļ						
10	24	45,000		 					<u> </u>			1.4	
TI	24	53,000					 	ļ	 			1.5	
12	24	43,000		 			 	 	 			1.3	
13	24	43,000		 			 	 	 			1.5	
14	24	45,000						 	 			1.3	
15	24	73,500		 					 				
16	24	73,500					1					1.6	
17	24	54,000										2.0	
18	24	57,000										1.8	
19	24	57,000	 									1.7	
20	24 24	65,000										1.6	
22	24	47,000 58,000	ļ	ļ				<u> </u>			<u> </u>	1.8	<u> </u>
23	24	58,000	 					<u> </u>					
24	24	36,000	├				-	_	<u></u>	ļ	<u> </u>	1.0	
25	24	56,000	 	 	 		ļ	 	 	 	 	1.2	
26	24	70,000		 	 			 	 		 	.8	
27	24	58,000	 	 	 	 	 -	 	 	 	 	1.1	
28	24	41,000			 	 	 	 	 	 		1.1	
29	24	65,500	t		1	 		 	 	 	 		
30	24	65,500	I	1	1		 	 	 	 	 	1.4	<u> </u>
31	24	65,000						1		· · · · · · · · · · · · · · · · · · ·	1	1.40	<u> </u>
Total		1,671,000									******		<u> </u>
Averag	,c	53,903	i										

Maximum

73,500

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

PWS Identification Number: 3590258	Plant Name: Utilites, Inc. of Florida
IV. Summary of Use of Polymer Containing Acrylamide, Po	lymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May 2005
A. Is any polymer containing the monomer acrylamide used at the	e water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
Polymer Dose, ppm =	Acrylamide Level, % [†] =
B. Is any polymer containing the monomer epichlorohydrin used	at the water treatment plant? \(\subseteq \text{No} \subseteq \text{Yes, and the polymer dose and the epichlorohydrin level in the} \)
polymer are as follows:	
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water treatme	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silicate):	
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silica	
If sodium silicate is used, the amount of added plus naturally	occurring silicate, in mg/L as SiO ₂ =

^{*} 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 acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



,,,,	page 4 for manuchons.											
l.	General Information f	for the Month/Year of: June/2005										
Ā.	Public Water System (P	WS) Information										
	PWS Name: Crystal La	ike			PWS Ider	ntification Num	ber: 3590258					
		Community Non-Transient Non-Community	Transier	it Non-Community	Consecutive							
	Number of Service Cor	nnections at End of Month: 174		Total Population Se	rved at End of Mont	th: 609						
	PWS Owner: Utilities,											
	Contact Person: Patrick Flynn Contact Person's Title: Regional Director											
	Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714											
	Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961											
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
В.	Water Treatment Plant Information											
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
	Plant Address: 200 We	athersfield Ave.		City: Altamonte Sp	rings State: Fl		Zip Code: 32714					
	Type of Water Treated		nased Finished V	Vater								
		Day Operating Capacity of Plant, gallons per day: 17	72,000									
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): V		Plant Class (per sub	section 62-699.310	(4), F.A.C.): D						
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
	Lead/Chief Operator:	Kathy Sillitoe	C	13094		Mon Fri. I	Days					
	Other Operators:	Alexander Lorenzo	С	13756		Mon Thur.	Days					
	-	Terry Sillitoe	В	12749		Thu.Fri. & Sat	. Days					
П	. Certification by Lead	d/Chief Operator										
		eatment plant operator licensed in Florida, am the le	ead/chief operato	or of the water treatm	ent plant identified	in Part Lof this	report Legrify that the					
int	ormation provided in th	is report is true and accurate to the best of my know	ledge and belief	f. I certify that all dri	inking water treatme	ent chemicals us	sed at this plant conform to					
NS	SF International Standard	d 60 or other applicable standards referenced in sub	section 62-555.3	320(3), F.A.C. 1 also	certify that the follo	owing additiona	al operations records for this					
pla	ant were prepared each d	lay that a licensed operator staffed or visited this pla	ant during the m	onth indicated above	: (1) records of amo	unts of chemica	als used and chemical feed					
rat	es; and (2) if applicable,	appropriate treatment process performance records	s. Furthermore,	I agree to retain thes	e additional operation	ons records at th	ne plant site for at least ten					
ye	ars and to make them av	ailable for review upon request.		-	•		-					
Ì	2000	7 78 28 11 11	٠ ١									
_	My Ju) 7-5-05 Kath	Typed Name	106		<u>C-130</u>	<u> </u>					
21	gnature and Date	Printed or	T√ped Name			License Num	ber					

PWS	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
111. 1	aily Data	a for the Mo	nth/Year o	f: June/2005									
Mean	of Achie	eving Four-L Radiation	og Virus In	activation/Rem Describe):	oval: *	Free Ch	lorine	С	hlorine D	ioxide	Oz	one 🔲 🤇	Combined Chlorine (Chloramines)
				ed in Distribut	ion System:	⊠ F	ree Chl	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
Type	or Disillie	Ctant Residu	ai Waiitalli	Calculations, or U	V Dose, to De	monstrate Fo	ur-Log V	Virus Inactiv	ation, if An	plicable*			
	CT Calculations UV Dose												
Day of the Month	Plant in	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During	Temp. of Water,	pH of Water, if Applicable	CT Required, mg-	Lowest Operating UV Dose, mW- sec/cm ²	UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	50,000										0.6	
2	24	42,000		 			ļ				 	1.2	
3	24	36,000 29,000			<u> </u>	 		 			<u> </u>	1.3	
5	24	34,500			 	 		 		 	 	1.2	
6	24	34,500				}	├	 			 	0.8	
7	24	33,000		 	 	 	├──	 				0.8	
8	24	48,000		 								1.0	
9	24	37,000	 	 	ļ							0.8	
10	24	36,000										0.8	
- 11	24	25,000										1.0	
12	24	46,500									ļ		
13	24	46,500	 	<u> </u>		<u> </u>	 	ļ	<u> </u>		ļ	2.2	
14	24	38,000		<u> </u>	ļ	ļ		 	 	ļ	ļ	2.0	
16	24	54,000 27,000			 	├ ──	 		 	 		1.8	
17	24	39,000	<u> </u>		 	 	 	┼──	 		 	1.8	
18	24	35,000	 	 	 	 	 	 	 	 	 	1.6	
19	24	43,000	1	1	 	1	_	 	 	 	 	 	
20	24	43,000		1	1	1	 		1	1	1	1.6	
21	24	28,000										1.8	
22	24	36,000										1.6	
23	24	42,000										1.4	
24	24	22,000								ļ		1.4	
25	24	31,000	Ļ	 		 		 	1	<u> </u>	 	1.5	
26	24	40,500	 	 	 	 	 	_	 		 	L	
28	24	40,500 39,000	 	+	 	+	+	 	+	 	 	0.8	
29	24	21,000	 	+	+	+	+	 	 	 	 	1.6	
30	24	36,000	 -	 	+	 	+	 	+	 	 	1.8	
31	24	1	 	 	 	 	+	 	+	 	1	 	
Total		1,113,000											

^{*} 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
P۱	WS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida
11	V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * June/2005
A.	Is any polymer containing the monomer <u>acrylamide</u> used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
	follows:
	Polymer Dose, ppm = Acrylamide Level, % [†] =
В.	Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
	polymer are as follows:
	Polymer Dose, ppm = Epichlorohydrin Level, % [†] =
C.	Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

^{*} 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 acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

* Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.





General Information for the Month/Year of July /2005	300	page 4 for instructions.											
PWS Name: Crystal Lake	1.	General Information f	or the Month/Year of: July /2005										
PWS Type: Community Non-Transient Non-Community Transient Non-Community Total Population Served at End of Month: 609	A.	Public Water System (P	WS) Information										
Number of Service Connections at End of Month: 174 PWS Owner: Utilities, Inc. of Florida Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714	ı	PWS Name: Crystal La	ike			i	PWS Identification N	umber: 3590258					
PWS Owner: Utilities, Inc. of Florida Contact Person's Patrick Flynn Contact Person's Maining Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714	Ì	PWS Type: 🕅 C	ommunity Non-Transient Non-Con	nmunity Transi	ent Non-Community	Cor	secutive						
Contact Person: Patrick Flynn Contact Person's Title: Regional Director	1	Number of Service Cor	nnections at End of Month: 174		Total Population Ser	ved at Er	nd of Month: 609						
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714		PWS Owner: Utilities,	Inc. of Florida										
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961 Contact Person's F-Mail Address: p.c.flvnn@utilitesine-usa.com B. Water Treatment Plant Information Plant Address: 200 Weathersfield Ave.		Contact Person: Patrick	(Flynn										
R. Water Treatment Plant Information Plant Name: Utilities, Inc. of Florida Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000 Plant Category (per subsection 62-699,310(4), F.A.C.): V Plant Category (per subsection 62-699,310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: Other Operators: Alexander Lorenzo C 13756 Mon Thur. Days		Contact 1 crossing Walning Address, 200 Weathersheld Ave.											
Reserve Plant Information Plant Telephone Number: 407-869-1919 Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714													
Plant Name: Utilites, Inc. of Florida Plant Address: 200 Weathersfield Ave. Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water													
Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: FI Zip Code: 32714 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Ashy Sillitoe C 13094 Mon Fri. Days Other Operators; Alexander Lorenzo C 13756 Mon Thur. Days Terry Sillitoe B 12749 Thur Sat. Days II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this report at the plant site for at least ten are additional operations records at the plant site for at least ten	В.												
Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Kathy Sillitoe C 13094 Mon Fri. Days Other Operators: Alexander Lorenzo C 13756 Mon Thur. Days Terry Sillitoe B 12749 Thur Sat. Days I. Certification by Lead/Chief Operator I. the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555. 320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten													
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Certification by Lead/Chief Operator Certification by Lead/Chief Operator													
Other Operators: Alexander Lorenzo Terry Sillitoe B 12749 Thur Sat. Days Thur Sat. Days II. Certification by 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 chemicals used at his plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten													
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rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten													
years and to make them available for review upon request.	rat	es; and (2) if applicable	appropriate treatment process performanc	e records. Furthermore	e, I agree to retain these	addition	al operations records	at the plant site for at least ten					
	ye	ars and to make them av	ailable for review upon request.				•	·					
KaD 8.4.05 Kathy Sillitoe C-13094	į	Kan S) 8.4.05 K	athy Sillitoe			C-13094						
Signature and Date Printed or Typed Name License Number	Si	gnature and Date					License N	lumber					

PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida													
				f: July /2005									
Means	of Achie	eving Four-L	og Virus In	activation/Rem	ioval: *	Free Ch	lorine	\Box C	hlorine D	ioxide	Oz	one 🔲 🤇	Combined Chlorine (Chloramines)
Ult	raviolet l	Radiation	Other (Describe):						_			
Type o	of Disinfe	ectant Residu	ıal Maintain	ed in Distribut	ion System:	⊠ Fı	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			Cl	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									
		·	1.30.000		CT Calcul			**		UV	Dose		
				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	#####################################
				Disinfectant	Contact Time	Before or						Disinfectant	
				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	
		Net Quantity		(C) Before or at	Measurement	Customer	Temp,		СТ	Operating	UV Dose	at Remote	[2] : 10 : 10 : 10 : 10 : 10 : 10 : 10 : 1
Day of	Hours Plant in	of Finished	D. I. Pl.	First Customer	Point During	During	of	pH of		UV Dose,	Required,		Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water
the Month		Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, °C	Water, if Applicable	mg- min/L	mW- sec/cm ²	mW- sec/cm²	Distribution System, mg/L	System Components Out of Operation
1	24	37.000	sauc, gpo	1 tow, magaz	imiuws	mig-minivity	2.3 9 %	Application	INIT	- SUM VIII	2000000	1.1	System Composition on a System of
2	24	30,000							† - 			1.0	
3	24	32,500											
4	24	32,500										0.8	
5	24	50,000										1.0	
6	24	38,000										1.4	Collected Bacts
7	24	60,000			 		ļ	ļ			ļ	1.0	
8	24	35,000 30,000				 			ļ 			0.8	
10	24	46,500				ļ	!		 			0.7	
11	24	46,500	l .		 			-			 	1.0	
12	24	26,000						 	 	<u> </u>	 	1.0	
13	24	38,000	1		†						† <u> </u>	1.2	
14	24	37,000										1.4	
15	24	29,000										0.6	
16	24	25,000										0.8	
17	24	48,500	ļ				ļ	ļ	<u> </u>		ļ	<u> </u>	
19	24	48,500 42,000	 	ļ		ļ	 	<u> </u>	ļ		<u> </u>	1.4	
20	24	42,000	 	1	 	 	 	_	 	 	 	1.2	
21	24	42,000	 	 	 	}	├─	 	1	 	 	1.4	
22	24	45,000		 	 	 	\vdash	 		-	 	1.0	
23	24	41,000	† 	1	1	 	 	 	 	 	 	0.8	
24	24	49,000			1				1	†	 		
25	24	49,000										1.0	
26	24	36,000										1.60	
27	24	54,000										1.00	
28	24	44,000 46,000	ļ	 	 	ļ	<u> </u>	ļ	1			1.40	
30	24	40,000		 	<u> </u>	 		<u> </u>	ļ	 	 	0.80	
31	24	40,000	 	 	-		-	 		 	 	0.80	
Total	<u> </u>	1,220,000	 	1	4	<u> </u>	Ц	٠		1	1	1	
Averag	e.	40 666	1										

Maximum

60,000

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





See page 4 for instructions.

	page 4 for mistractions.											
		for the Month/Year of: August /2005										
Α.	Public Water System (P	WS) Information										
	PWS Name: Crystal La	ake			P	WS Identification Nu	mber: 3590258					
	PWS Type: 🖂 C	Community Non-Transient Non-Commu	nity Transier	nt Non-Community	Cons	ecutive						
	Number of Service Co	nnections at End of Month: 174		Total Population Se	rved at End	l of Month: 609						
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patrick Flynn Contact Person's Title: Regional Director											
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714												
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961												
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
B.	B. Water Treatment Plant Information											
	Plant Name: Utilites, I				F	Plant Telephone Num	ber: 407-869-1919					
	Plant Address: 200 We			City: Altamonte Sp	rings S	State: Fl	Zip Code: 32714					
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per da	y: 172,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D											
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
	Lead/Chief Operator: Kathy Sillitoe C 13094 Mon Fri. Days											
	Other Operators:	Alexander Lorenzo	С	13756		Mon Th	ur. Days					
		Terry Sillitoe	В	12749		Thur Sa	t. Days					
		Allan Finch	С	7806		Mon Fr	i. Days					
П	. Certification by Lea	d/Chief Operator										
l, t	he undersigned water tr	eatment plant operator licensed in Florida, am t	he lead/chief operate	of the water treatm	ont plant id	lantified in Dort Lafth	is report. I cortify that the					
inf	ormation provided in th	is report is true and accurate to the best of my k	nowledge and belief	f Leertify that all dr	inking wate	r treatment chemicals	used at this plant conform to					
11/2	or international Standard	d 60 or other applicable standards referenced in	subsection 62-555.3	320(3) F.A.C. Lalso	certify that	t the following addition	mal operations records for this					
pia	ini were prepared each c	lay that a licensed operator staffed or visited thi	s plant during the m	onth indicated above	: (1) record:	s of amounts of chem	icals used and chemical feed					
rat	es; and (2) if applicable.	, appropriate treatment process performance rec	ords. Furthermore,	I agree to retain these	e additional	operations records at	the plant site for at least ten					
yea	ears and to make them available for review upon request.											
	il con	7 /										
<u>e.</u>	Karry 200		Sillitoe			C-13094						
Sig	gnature and Date	Printe	d or Typed Name		License Nu	License Number						

D--- 1

PWS	PWS Identification Number: 3590258 Plant Name: Utilites, Inc. of Florida												
111 1	oily Dat	a for the M	nth/Voor o	f: August /20	0.5								
Means	of Achie	eving Four-L	og Virus In	activation/Rem		Free Cl	lorine	ПС	hlorine D	ioxide	Oz	zone 🔲 🤇	Combined Chlorine (Chloramines)
	raviolet	Radiation	Other ((Describe):									
Type	of Disinfo	ectant Residu	ıal Maintain	ed in Distribut	ion System:	⊠F	ree Ch	lorine			lorine (C	(hloramines)	Chlorine Dioxide
			C	l' Calculations, or l			ur-Log	Virus Inactiv	ation, if Ap	plicable*			
					CT Calcul					UV	Dose		
				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
				Disinfectant	Contact Time	Before or						Disinfectant	
				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	
D 06	11	Net Quantity		(C) Before or at	Measurement		Temp.	7. 18 Y. W.	CT ·	Operating	UV Dose	at Remote	
Day of the	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	Required, mg-	UV Dose, mW-	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm²	sec/cm²	System, mg/L	System Components Out of Operation
1	24	88,000										0.60	
2	24	33,000										1.20	
3	24	31,000										0.90	
4	24	55,000										1.00	
5	24	55,000		ļ			 					1.00	
7	24 24	24,000 41,000		ļ			ļ	ļ				1.00	
8	24	41,000		·								0.90	
9	24	36,000						<u> </u>		 	 	1.60	
10	24	39,000				 	 -	 	 	 	 	0.90	
11	24	39,000	·					 			 	0.70	
12	24	30,000							1			0.80	
13	24	42,000										0.90	
14	24	39,000											
15	24	39,000 45,000	 	<u> </u>				<u> </u>	ļ	ļ	<u> </u>	1.00	
17	24	35,000	 	-	}	 	 	 		ļ	<u> </u>	0.80	
18	24	46,000	 		 	 		 	 	 	 	0.80 0.70	
19	24	50,000	 	 	 	 	 	 	 	 	 	0.70	
20	24	44,000	t	1		 	 	 	 	 	 	0.60	
21	24	51,000							1	1	†	1	
22	24	51,000										0.60	
23	24	46,000										0.70	
24	24	52,000	<u> </u>	 		ļ			ļ	ļ	1	0.60	
26	24	46,000 36,000	 		 	 		 	<u> </u>			0.80	Bacts collected
27	24	47,000	 		 	 	 	 	-	ļ		0.60 1.00	
28	24	43,500	 		 	 	-	 	 	 	 	1.00	
29	24	43,500		 		 	 	 	 	 	 	1.00	
30	24	40,000				1	 	 	 	 	 	0.80	
31	24	45,000							1			0.50	
Total	·	1,353,000]										
Averag	e,e	43,645											

Maximum

88,000

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





See page 4 for instructions.

F			E	C	0	P	Y
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	1 8										
		for the Month/Year of: September /	2005								
Α.	Public Water System (F	PWS) Information									
	PWS Name: Crystal L	ake			PWS Identification Nu	mber: 3590258					
	PWS Type:	Community Non-Transient Non-	Community Transien	t Non-Community	Consecutive						
	Number of Service Co	nnections at End of Month: 174		Total Population Served	at End of Month: 609						
	PWS Owner: Utilities,										
	Contact Person: Patric	k Flynn		Contact Person's Title: R	egional 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: p.c.flynn@utilitiesinc-usa.com										
B.	Water Treatment Plant Information										
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919										
	Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714										
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished W								
	Permitted Maximum D	Day Operating Capacity of Plant, gallon	s per day: 172,000								
	Plant Category (per subsection 62-699.310(4), F.A.C.): D										
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(
	Lead/Chief Operator:	Allan Finch	С	7806	Mon Fr						
	Other Operators:	Terry Sillitoe	В	12749	Thur Sat	. Days					
		Roger Holsapple	С	7436	7436 Weekend Checks						
	No.	Domenic Gentillucci	С	12562	Weekend (Checks					
	:.										
	. Certification by Lead	I/Chief Operator									
			do am the land/shist		I 4 : 1 4:6: - 1 :- D 4 T . 6:4 :	Land Catholds					
infa	ormation provided in the	eatment plant operator licensed in Floric is report is true and accurate to the best	of my knowledge and belief	I continue water treatment p	iant identified in Part I of the	is report. I certify that the					
NS	F International Standard	d 60 or other applicable standards reference	or my knowledge and beller.	. I ceruity mat an armking	g water treatment enemicals	nal operations records for this					
pla	nt were prepared each d	lay that a licensed operator staffed or vi	cited this plant during the mo	20(3), F.A.C. I also certil	ry unat the following addition	calcused and chemical feed					
rate	es; and (2) if applicable	appropriate treatment process perform	ance records Furthermore 1	agree to retain these addi	tional operations records at	the plant site for at least ten					
yea	irs and to make them av	ailable for review upon request.	mico records. 1 dimeninore, 1	agree to retain mese addi	monai operations records at	the plant site for at least ten					
•	MM Na	n									
_{	Dellay music	h 10-3-05	Allan Finch		C-7806						
Sig	nature and Date		Printed or Typed Name		License Nur	nber					

D--- 1

PWS	Identifica	ation Number	: 3590258		P	lant Name	Utilit	es, Inc. of	Florida				
	Daily Dat	a for the Mo	onth/Year o	f: September	/2005							one [7]	Combined Chlorine (Chloramines)
Mear	s of Achi	eving Four-L Radiation	og Virus In	activation/Rem (Describe):	oval: *	Free Ch	lorine	∐C	hlorine D		Oz		
				ned in Distribut	ion System:	⊠ Fi	ree Chl	lorine	Com	oined Ch	lorine (C	hloramines)	Chlorine Dioxide
Туре	of Disint	ectant Residu	iai Maintaii	T Calculations, or I	IV Dose to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*			
	į l		<u>_</u>	r Carculations, or	CT Calcul	ations	ar ar			UV	Dose		
Day o	Plant in	Net Quantity of Finished Water	Peak Flow	Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow,	Tenp of yae: Yae:	pH of Water, if Applicable	Minimum CT Required, mg- min/L	Operating	UV Dose Required.	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency of Abnormal Operating Conditions; Repair of Maintenance Work that Involves Taking Water System Components Out of Operation
Mont		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	2.00	Approauc	2001010400			0,5	
	24	47000										0.6	
3	24	34000		 	1	· · · · · · · · · · · · · · · · · · ·						0.6	
4	24	405	}		 								
5	24	405000										0.6	
6	24	39000										6.4	
7	24	31000										0.6	
8	24	35000									 	0.7	
9	24	32000					<u> </u>			<u> </u>	<u> </u>	Q.T	
10	24	26000					!	<u> </u>	 		 	10	
11	24	47000				ļ	 	 	ļ	<u> </u>	ļ	6.7	
12	24	47000	<u> </u>	_ _		 	├		 		 	6.6	
13	24	43000	ļ		 	 	 	 	 		 	0.7	
14	24	45000			 		 	 		 	1	6.7	
15 16	24	43000		- 			┼──	 	 	<u> </u>		0.7	
17	24	28,000	<u> </u>		 	 	 	†				2,4	
18	24	52000	 			1	 					67	
19	24	52000	 		1		 					617 01	7
20	24	46000	 		1	1	1					6-00	<u> </u>
21	24	27000	-									0.0	
22	24	34000					1					0.6	
23	24	34000)									107	
24		36000					1				1	0.6	
25	24	4,0500	>				ļ	_			ļ	 	
26		40500	<u> </u>							 		0.5	
27		42000	2		_		 	<u> </u>		1	 	0.6	
28		26000	3			-		· · · · · · · · · · · · · · · · · · ·		 	-∤	0.5	
29		39000	<u>'</u>		- 		+-		 	 	-	0.5	
30		31000	' 	- 			 	 	+	+	+	1-6	
31 Tota		000,000,1	1,194,00				٠	<u> </u>					
		1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
Ave		40,00 0	39,800	·									

Maximum 60,000 5%, 8000
* Refer to the instructions for this report to determine which plants must provide this information.



See	page 4 for instructions.					•					
П	General Information	for the Month/Year of: October /2005									
	Public Water System (P										
	PWS Name: Crystal La					PWS Identification	Number: 3590258				
		Community Non-Transient Non-Comm	munity Transier	t Non-Community	Cor	nsecutive					
	Number of Service Co	nnections at End of Month: 174		Total Population Se	erved at E	nd of Month: 609					
	PWS Owner: Utilities,	Inc. of Florida									
	Contact Person: Patric			Contact Person's Ti	itle: Regio	onal Director					
		ng Address: 200 Weathersfield Ave.		City: Altamonte Sp		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-Ma	il Address: p.c.flynn@utilitiesinc-usa.com									
B.	Water Treatment Plant Information										
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919										
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Sp	orings	State: Fl	Zip Code: 32714				
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V	Vater							
	Permitted Maximum E	Day Operating Capacity of Plant, gallons per	day: 172,000								
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V			bsection 6	52-699.310(4), F.A.C					
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
	Lead/Chief Operator:	Allan Finch	C	7806		Mon.	- Fri. Days				
	Other Operators:	Terry Sillitoe	В	12749		Thur.	- Sat. Days				
	·	Roger Holsapple	С	7436	Weekend Checks						
	1	Domenic Gentillucci	C	12562		Week	end Checks				
	1										
		<u> </u>									
											
F	I. Certification by Lea	d/Chief Operator									
		eatment plant operator licensed in Florida, ar	m the lead/chief operate	or of the water treatn	nent plant	identified in Part I o	of this report. I certify that the				
in	formation provided in th	is report is true and accurate to the best of m	y knowledge and belie	f. I certify that all di	rinking wa	ater treatment chemic	cals used at this plant conform to				
N.	SF International Standar	d 60 or other applicable standards referenced	in subsection 62-555.3	320(3), F.A.C. I also	o certify th	hat the following add	litional operations records for this				
pl	ant were prepared each	day that a licensed operator staffed or visited	this plant during the m	onth indicated above	e: (1) reco	ords of amounts of ch	emicals used and chemical feed				
ra	tes; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten										
ye	care and to make them a	vailable for review upon request.									
/	May him	1 11-1-65 AII	lan Finch			C-7806					
ج/	MMM funch		nted or Typed Name				Number				
الات	ignature and Date	PI	nted or Typed Name			License	Number				

PWS	dentifica	ation Numbe	r: 3590258		P	Plant Name	e: Utili	tes, Inc. of	Florida				
	aily Dat	to for the M		0 0 1 1 /0									<u> </u>
Magn	any Dat	a tor the Mi	mun/Year (of: October /2	005								
lvieans	oi Acni	eving Four-L	Log Virus In	activation/Ren	ioval: *	Free C	hlorine		hlorine D	Dioxide	O ₂	zone 🗍	Combined Chlorine (Chloramines)
		Radiation	Other	(Describe):									(emoralines)
Type	of Disinf	ectant Residu	ual Maintair	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	hined Ch	Jorine (C	hloramines)	Chlorine Dioxide
1			C	Γ Calculations, or	JV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation if Ar	plicable*	norme (C	Interaction (S)	
ļļ					CT Calcul	ations				UV	Dose	1 - a	•
						Lowest CT					<u> </u>	Lowest	
1 1			- 1	Lowest Residual	Disinfectant	Provided						Residual	
! {				Disinfectant Concentration	Contact Time (T) at C	Before or						Disinfectant	
[[Net Quantity		(C) Before or at	Measurement	at First Customer	Temp.		Minimum	Lowest	Minimum		
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose.	UV Dose		
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm ²	sec/cm ²	System, mg/L	or Maintenance Work that Involves Taking Water
$\frac{1}{2}$	24	31,000									Sec. Oil	0.6	System Components Out of Operation
$\frac{2}{3}$	24 24	46,500										0.0	
4	24	46,500		·								0.6	Collected 3 Bact's
5	24	25,000 35,000		ļ								0.5	CONCELLO 3 DACES
6	24	33.000										0.7	**************************************
7	24	37.000										0.7	
8	24	28,000										0.6	
	24-24	37,500	**									0.8	
10	24	37,500											
11	24	36,000	 -									0.6	
12	24	28,000		 								0.6	
13	24	32,000										0.6	
14	24	35,000										0,6	
15	24	33,000	· · · · · · · · · · · · · · · · · · ·									0.5	
16	24 -24-	43.000										0,6	
17	24	43,000										C:5	
18	24	38,000											
19	24	51,000										0.6	
20	24	52,000										0.7	The second secon
21	24	32,000										0.6	
22	24	35,000										0.6	
23	24	36,000											
	ર્બ ₹≠	36,000										0.7	
25	24	28,000										0.4	
26	24	32,000										0.5	
27	24	42,000										0.5	
28 29	24	41,000										6.5	
		39,000										0.6	
31	24 24	45,500										UKKO	
Total	24	45,500	1 2									0,5	
		1 ,000,000 40,000	1,156,000)									<u> </u>
Average		(4 0:00)	37 790										

Maximum 60,000 52,000 * Refer to the instructions for this report to determine which plants must provide this information.

612



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

See page 4 for instructions.

FILE COPY

Ш	General Information f	or the Month/Year of: November /200	5									
A.	Public Water System (P											
	PWS Name: Crystal La					PWS Identification	Number: 3590258					
		Community Non-Transient Non-Co	mmunity 🔲 Transie	nt Non-Community		nsecutive						
		nnections at End of Month: 175		Total Population Se	erved at Er	nd of Month: 613						
	PWS Owner: Utilities,											
	Contact Person: Patricl	c Flynn		Contact Person's Ti	itle: Regio	nal Director						
	Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714											
		hone Number: 407-869-1919		Contact Person's Fa	ax Number	r: 407-869-6961						
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
B.	3. Water Treatment Plant Information											
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Sp	rings	State: Fl	Zip Code: 32714					
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished		<u> </u>							
	Permitted Maximum D	ay Operating Capacity of Plant, gallons pe	r day: 172.000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D											
	Licensed Operators	Name	License Class									
	Lead/Chief Operator:	Allan Finch	С	7806			- Fri. Days					
	Other Operators:	Terry Sillitoe	В	12749			· Sat. Days					
		Alex Lorenzo	С	13756	****		- Fri. Days					
		Kathy Sillitoe	С	13094		Mon. •	- Fri. Days					
						.,						
				·								
				<u> </u>								
	Contification	L/Cl : A O										
	. Certification by Lead	I/Chief Operator										
ı, t	ne undersigned water tro	eatment plant operator licensed in Florida,	am the lead/chief operate	or of the water treatm	ent plant i	identified in Part I of	this report. I certify that the					
NIC	ormation provided in in	s report is true and accurate to the best of r	ny knowledge and belie	f. I certify that all dr	inking wat	er treatment chemica	als used at this plant conform to					
nla	or international Standard	i 60 or other applicable standards reference	ed in subsection 62-555.	320(3), F.A.C. 1 also	certify th	at the following addi	tional operations records for this					
pia	os: and (2) if and iteal	ay that a licensed operator staffed or visite	d this plant during the m	onth indicated above	: (1) recor	ds of amounts of che	micals used and chemical feed					
var	es, and (2) if applicable,	appropriate treatment process performance	e records. Furthermore,	I agree to retain thes	e addition	al operations records	at the plant site for at least ten					
yea	ars and to make mem av	ailable for review upon request.										
	Kon Sout		rata grava			Q						
e:			Lathy Sillitoe			C-13094						
315	gnature and Date	P	rinted or Typed Name			License 1	Number					

											000,691,1		fatoT
												74	18
	1.20										34,000	54	30
	1.20										24,000	7.4	67
Flushed system 4,100	04.1										47,000	74	87
											47,000	54	LZ
	08.0										38,000	54	56
	00.1										40,000	74	72
	09.0										46,000	74	77
	08.0										27,000	77	73
	09.0										45,000	54	77
	07.0										46,500	5.4	17
											49,500	74	07
	07.0										37,000	74	61
	09.0										40,000	74	81
	07.0										39,000	74	41
	07.0										42,000	74	91
	09.0										34,000	57	51
changed packing and proformed well maint.	09.0										46,000	57	pl
											46,000	7.4	£1
	07.0										40,000	tř	15
	07.0							·			37,000	5.4	11
Flushed system 5,810	07.0										31,000	54	10
collected 3 bacts	09.0										000,12	54	6
	09.0										33,000	57	8
	02.0										41,500	7.7	L
											41,500	57	9
	06.0						L				000,75	54	S
	08.0						<u> </u>				000,85	74	t
	09.0										29,000	74	3
	T.0										31,000	54	7
	07.0	BOTTO AT AN AN AN AN AN AN AN AN AN AN AN AN AN	Balance in the same of the sam		A CONTRACTOR OF THE PARTY OF TH		7/uim-8m	- and a conve	Section Control of Control	Rate, gpd	30,000	7.7	1
Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Lovest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	UV Dose Required, Wm.	Operating Dose, Win	Kequired,	pit of Water, if Applicable	Temp. Of Water,	Lowest CT Provided Before of at First Customer During Peak Flow,	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual	Peak Flow	Net Quantity of Finished Water Produced, gal	Hours Plant in Operation	Day of the Month
		950	a na d			10 S.	anoit	CT Calcula	AM CONTRACTOR		1		
		L, L						V Dose, to Den	Calculations, or L	D	MD10031 11175	1	2011:
Chlorine Dioxide	(sənimsə)	(Cl	IdO banio	Com	orino	ee Chl	₁┦ ⊠	on System:	oitudirisid ni ba				
combined Chlorine (Chloramines)	one 🔲 C	zo 🗌	əbixoi	olorine D	n 🗌	lorine] Егее Сһ		ctivation/Remo			of Achie	Means
								2002	: November /	nth/Year of	oM offront	stad vlia	0.111
				ronda	s, Inc. of	Othite	int Name:	314		3290528	tion Number:	dentifica	I SMd
									LIVO 4TV				

38,966

mumixeM

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



FILE COPY

See page 4 for instructions.

	General Information t	or the Month/Year of: December /2005			· · · · · · · · · · · · · · · · · · ·				
	Public Water System (P								
[PWS Name: Crystal La					PWS Identification N	Jumber: 3590258		
- 1		Community Non-Transient Non-Commu	nity Transie	nt Non-Community	ПСо	nsecutive	unoer, 3370236		
		nnections at End of Month: 175		Total Population S					
	PWS Owner: Utilities,			<u>, , , , , , , , , , , , , , , , , , , </u>	***************************************				
	Contact Person: Patrick	c Flynn		Contact Person's T	itle: Regio	nal Director			
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp		State: Fl	Zip Code: 32714		
	Contact Person's Telep	hone Number: 407-869-1919	· · · · · · · · · · · · · · · · · · ·	Contact Person's F					
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com							
В.	Water Treatment Plant								
	Plant Name: Utilites, In	nc. of Florida				Plant Telephone Nun	nber: 407-869-1919		
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Sp	prings	State: Fl	Zip Code: 32714		
	Type of Water Treated	by Plant: X Raw Ground Water F	urchased Finished	Water	·····	*			
		ay Operating Capacity of Plant, gallons per day	: 172,000						
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D		
	Licensed Operators	Name	License Class	License Number			t(s) Worked		
	Lead/Chief Operator:	Allan Finch	С	7806		Mon Fri. Days			
	Other Operators:	Terry Sillitoe	В	12749		Thur S	at. Days		
		Alex Lorenzo	С	13756		Mon I	Fri. Days		
		·							
m	. Certification by Lead	d/Chief Operator							
		eatment plant operator licensed in Florida, am the	na lead/chief operate	or of the water treatr	nent plant	identified in Part Loft	his raport. I cartify that the		
		is report is true and accurate to the best of my k							
		d 60 or other applicable standards referenced in							
		lay that a licensed operator staffed or visited thi							
rat	es: and (2) if applicable.	, appropriate treatment process performance rec	ords. Furthermore.	I agree to retain the	se addition	al operations records a	it the plant site for at least ten		
		ailable for review upon request.				p ** a ** o ** o * o * o * o * o * o * o	and plant one for at least ton		
	/ Ab N	1							
	Dan Luise	$h \frac{1-2-06}{1}$ Allan	Finch			C-7806			
Sig	nature and Date Printed or Typed Name License Number								

PWS	dentifica	tion Number	: 3590258		P	lant Name	: Utilit	es, Inc. of	Florida				
				f: December		75 ~			N. 1				2 11 1011 2 (011
		eving Four-L Radiation		activation/Rem Describe):	oval: *	Free Cl	hlorine		Chlorine D	Dioxide	☐ Oz	zone 🔲 (Combined Chlorine (Chloramines)
				ed in Distributi	on System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
	N. A. W.			Calculations, or							norme (C	inoraninos)	Cinorine Dioxide
					CT Calcu		NEC SA			UV	Dose		
Day of the Month	Hours Plant in	Net Quantity of Finished Water Produced, gal	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp. of Water,	pH of Water, if	CT Required,	UV Dose, mW-	mW.	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repa or Maintenance Work that Involves Taking Water
1	24	36,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C∋	Applicable	mg-min/L	sec/cm ²	sec/cm ²	System, mg/L	System Components Out of Operation
2	24	38,000						 	 		 	1,6	
3	24	27.000										1,4	
4	24	46,500											
5	24 24	46,500					ļ	!	 	ļ	ļ	1.2	BACT Gamples
$-\frac{3}{7}$	24	33,000			 	ļ <u>.</u>	 	 	 -	}	 	0.2	Flushed 8000 gal
8	24	45,000		 	 	ļ	 	 	 	 	 	1.2	Flushed soci gal
9	24	32,000				 	†		 	<u> </u>	 	1,2	
10	24	30,000					<u> </u>			 		0,9	
11_	24	38,500											
12	24	38,500										0,3	
13	24	32,000		 	ļ		ļ	ļ	ļ	ļ		0,9	
14	24	32,000		ļ		} -	-	 	1	ļ		1.0	
15	24	39,000	 	 		ļ			 	 	 	1.0	
17	24	42,000		<u> </u>		 	 -	<u> </u>	 	 		1.0	
18	24	31,000			 		-	 -	+	 	 	0.6	
19	24	31,000		1	1	 	1	 	 	 	†	0.9	
20	24	54,000			1	1		T	,			0.7	
21	24	37,000										0.8	
22	24	37,000										6.9	
23	24	34,000	ļ		ļ			<u> </u>	<u> </u>		<u> </u>	1.0	
24	24	40,000	ļ		ļ	 	 	_	 	<u> </u>		1.3	
26	24	37,000		 	 	 	 	 	 	 	-	 	
27	24	37 000	 	+	 	 	 	 	 	 	 	0,9	
28	24	37.000				 	 		1	1	1	0.8	
29	24	42,000	<u> </u>		 	1	 	†	1	 	1	0.7	
30	24	36,000					1			1	1	0.7	
31	24	36,000										0,8	
Total		1,158000	1		-								

^{*} 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 Plant Name: Utilites, Inc. of Florida PWS Identification Number: 3590258 IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December /2005 A. Is any polymer containing the monomer acrylamide used at the water treatment plant? A. Is any polymer dose and the acrylamide level in the polymer are as follows: Acrylamide Level, %[†] = Polymer Dose, ppm = No Yes, and the polymer dose and the epichlorohydrin level in the B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? polymer are as follows: Epichlorohydrin Level, %[†] = Polymer Dose, ppm = C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate): Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as $SiO_2 =$ 0,74 If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as $SiO_2^2 =$ * 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

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Crystal Lake Docket No. 060253-WS

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2005

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	CRYSTAL LAKE	County	Seminole	PWS ID#	3590258
Plant Location	Sunset Dr./Lot #1 of Loch Arbor, Sanford.	, FL		Phone	407.869.1919
	Utilities, Inc. of Florida			Phone _	407.869.1919
Owner Address	200 Weathersfield Avenue, Altamonte Sp	orings, FL 32714	1		
Contact Person	Patrick Flynn/Kathy Sillitoe Title Reg. Di	rector/Mgr.	Phone 4	107.869.1919/40	07.869.8588 x229
This Survey Dat	e 10/18/05 Last Survey Date	10/30/02	La	st C.I. Date	4/3/03
PWS TYPE & C	LASS	RAW WAT	ER SOUR		
Community (205 City of Sanford
	nt Non-community				
☐ Non-Commu	unity	interconnect		r Capacity: <u>6" </u>	iutomatic
PWS STATUS		mercomoci			
	stem with approval number & date	AUXILIAR'	Y POWER	SOURCE	
	dated 12/21/55 accepted.	☐ Yes	☐ None	□ Not Required	uired
	lated 11/18/83	Source			
<u> </u>	3.00.00	Capacity of	Standby ((kW)	
Unapproved	system	Switchover	: 🗌 Autor	natic 🔲 Man	ual
Chappioved	System.	Standby Pl			
SERVICE AREA	A CHARACTERISTICS			Load	
	ome subdivision			s it operate?	
Food Service:	☐ Yes ☐ No ☒ N/A	High	Service Pu	ımps	
				pment	
	MAINTENANCE	Satisfy 1/2	max-day d	lemand? ∐Ye	s No Unk
	or: 🛛 Yes 🔲 No 🔲 Not required	Comments	_Automati	c pressure differ	rential valve on
	ertification Class-Number				sure drops below
Allan Finch C-7	7806, Terry Sillitoe B-12749	45 psi. M	eets auxilia	ry power require	ement.
O & M Log: 🛛 `	Yes No Not required			ESSES IN USI	
Operator Visitati				orination; Iron s	
Hrs/day: Requir	redActual	Stiles Ken	<u>1 Aquadene</u>	-sodium polyph	osphate
Days/wk: Requi	ired 5+1 Actual 5+1				
Non-consecuti	ive Days? ☐ Yes ☐ No ☒ N/A			nent is needed	1?
MORs submitted	d regularly? 🛛 Yes 🔲 No 🗍 N/A	None at th	is time		
	m MORs? ☐ No ☒ Yes ☐ N/A	For control	of what de	ficiencies?	
Using old MOR	form. Messy data entry.	<u>N/A</u>			
		DISTRIBUT	TION SYST	TEM	
				ce <u>Flow</u>	/ Meter
Number of Cons	ino Connections 174 (MOR)			500 gpm Badge	
	ice Connections 174 (MOR) ed 609 Basis 3.5/svc. cx.		<i>,</i>	Devices: X Y	
				None observed	.,,,,,
	om MORs) 0.043 MGD 11/04			tion Control Pr	ogram: Yes
	MORs) 0.093 MGD11/04			an: 🛛 Yes 🔲	
• •	Capacity 0.173 MGD			an. 🖂 res 🗀	
Comments		Comments			

PWS ID#	3590258
Date	10/18/05

GROUND WATER SOURCE

Well Numb	oer	1		
Year Drille		1955		
Depth Drill		260'		
Drilling Me		Unknown		
Type of Gr		Unknown		
Static Wat		17'		
Pumping V	Vater Level	Unknown		
Design We	ell Yield	Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	240 gpm		
Strainer		Bronze @ 45'	 	
Length (ou	ıtside casing)	82'		
Diameter ((outside casing)	6"		***************************************
Material (c	outside casing)	Steel		
Well Conta	amination History	None		
Is inundati	on of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	>100'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	~90'		
	Other Sanitary Hazard	See comments		
	Туре	Vertical turbine		
	Manufacturer Name	Goulds		
PUMP	Model Number	5-CHC-5		
	Rated Capacity (gpm)	Unknown		
	Motor Horsepower	15		
Well casin	g 12" above grade?	Yes		
Well Casir	ng Sanitary Seal	Yes		
l	r Sampling Tap	Yes		
Above Gro	ound Check Valve	Yes		
Fence/Hou	using	Yes		
Well Vent	Protection	N/A		

COMMENTS Well 1- AAH2572

The wastewater plumbing setback distance previously accepted by the Department under condition of continued satisfactory bacteriological and chemical sampling results. 6" interconnect accepted in lieu of 2nd well.

	PWS ID # 3590258
	Date10/18/05
CHLORINATION (Disinfection)	STORAGE FACILITIES
Type: Gas Hypo	(G) Ground (H) Hydropneumatic (E) Elevated
Make Stenner Capacity 17 gpd Chlorine Feed Rate 4	(B) Bladder (C) Clearwell Tank Type/Number H
Avg. Amount of Cl ₂ gas used N/A	
Chlorine Residuals: Plant 2.0 Remote 0.5	Capacity (gal) 4,500
Remote tap location Ridge Drive	Material Steel
DPD Test Kit: ☐ On-site ☐ With operator ☐ Not Used Daily	Gravity Drain Yes
Injection Points Prior to hydro tank	By-pass Piping No
Booster Pump Info	Pressure Gauge Yes
Comments Have ORP (chlorine meter also)	Sight Glass or Yes
	Level Indicator
Chlorine Gas Use YES NO Comments Requirements	Fittings for Yes Sight Glass
Dual System	Protected Openings Yes
Auto-switchover	PRV/ARV ARV
Alarms:	On/Off Pressure
Loss of Cl ₂ capability	Access Padlocked Yes
Loss of Cl ₂ residual	Height to Bottom of
Scale	Elevated Tank
Chained Cylinders	Height to Max Water Level
Reserve Supply	Comments ARV tested OK 2/28/05. The plant may be
Adequate Air-pak	taken off-line for tank cleaning due to the inter-
Sign of Leaks	connect. Tank inspection scheduled first quarter 2006.
Fresh Ammonia	
Ventilation	
Room Lighting	HIGH SERVICE PUMPS
Warning Signs	Pump Number
Repair Kits	Туре
Fitted Wrench	Make
Housing/Protection	Model
AERATION (Gases, Fe, & Mn Removal)	Capacity (gpm)
	Motor HP
Type Capacity Aerator Condition	Date Installed
Bloodworm Presence Visible Algae Growth	Maintenance
Protective Screen Condition	Comments

Comments _____

PWS ID#_	3590258
Date	10/18/05

DEFICIENCIES:

- 1. Monthly Operation Reports (MORs) not entirely and/or correctly filled out. The "Days Plant Staffed or Visited" column is regularly not indicated. The MORs are frequently messy and difficult to read. A new form should be used whenever a mistake is made in data entry. No entries should be scratched out. The indicated max day flow is frequently incorrect based on the data provided in the daily flow.
- 2. Provide information, if available, for spaces throughout the report marked "Unknown".
- 3. The interconnect was found to be full of stagnant and discolored water. Please provide an interconnect flushing schedule.

MONITORING AND REPORTING:

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2006
- Lead and Copper Tap Sampling due 06/2008-09/2008
- SOCs due 2006
- Radiologicals due 2006
- VOCs due 2006
- Secondaries due 2006
- Disinfection Byproducts due 07/2006-09/2006

Please be advised that the following items must be completed no later than December 31, 2005:

Emergency Response Plan - Develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C. Update and implement the plan as necessary thereafter.

Operations and Maintenance Manual - Provide an operation and maintenance manual for each drinking water treatment plant, and update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection.

Drinking Water Distribution System Map - Develop and maintain an up-to-date map of the drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems.

PWS ID#	3591061
Date	10/18/05

MONITORING AND REPORTING (cont.)

Audio-Visual Alarm System for Standby Power - At each site where standby power is required an audio-visual alarm system that is activated in the event any power source fails must be provided. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water.

nspector	Title	Env. Specialist III	Date _	10/18/05	
9-					
Approved by	Title	Environmental Manager	Date	12/1/05	

RESPONSE:	Please indicate changes to the following:
PWS ID Number: <u>3590258</u>	Business Name:
PWS Name: Crystal Lake	Owner(s) Name:
Attn: Patrick Flynn, Utilities, Inc. of Florida	
Mailing Address:	
Date:	Phone Number(s):
Florida Department of Environmental Pro Drinking Water Compliance/Enforcement 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803 Attention: Reggie Phillips, Environmental Specia	Program
	y Report for the subject public water system dated October 18, 2005,
Deficiency Item No. Correct	ive Action Done Date Done
(Attach additional sheet if necessary)	
I hereby certify to the correctness of the above in	
PWS Owner/Representative Signature:	
Name of PWS Owner/Representative:	(Please Type or Print)

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

VIA: E-mail and United States Mail

Mr. Reggie Phillips
Department of Environmental Protection
Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

Re:

Seminole County – PW

Ravenna Park
Crystal Lake
PWS ID No. 3591061
PWS ID No. 3590258
Bear Lake
PWS ID No. 3590069
Weathersfield
PWS ID No. 3591451
Oakland Shores
Jansen
PWS ID No. 3590912
PWS ID No. 3590615

Dear Mr. Phillips:

Enclosed please find the responses to the deficiencies noted during your inspection of the above-referenced facilities on October 18 and October 27, 2005.

These responses have also been transmitted to you via email. If you have any questions or need anything further, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

Kathy Sillitoe Area Manager

cc Kim Dodson, Environmental Manager, FDEP Patrick C. Flynn, Regional Director, UIF

Scotty L. Haws, Assistant Operations Manager, UIF

Page 1 of 1 Document 1 FHY[E COMY

RESPO	ONSE:	Please indicate changes to the following:								
PWS ID N	Number: <u>3590258</u>	Business Name: <u>Utilities, Inc. of Flo</u>	Business Name: Utilities, Inc. of Florida							
PWS Nan	ne: <u>Crystal Lake</u>	Owner(s) Name: Utilities, Inc. of Flo	orida							
Attn: Pat	trick Flynn, Utilities, Inc. of Florida									
Mailing A	ddress: 200 Weathersfield Avenue	Mailing Address: 200 Weathersfield A	venue							
****	Altamonte Springs, FL 32714	Altamonte Springs, F	FL 32714							
Date:	December 13, 2005	Phone Number(s): 407-869-1919								
3319 Ma Orlando Attention: In respons the followi	Water Compliance/Enforcement Proguire Boulevard, Suite 232, Florida 32803 Reggie Phillips, Environmental Specialist se to the Department's Sanitary Survey Reing actions were done to correct the listed defined to the second se	port for the subject public water system d	ated <u>October 18, 2005</u>							
Deficien <u>Item No</u> .		Action Done	Date Done							
1	The monthly operations report contained correct	ctions for November 2005. All future MORs	December 2005							
	will be legible and completed accurately.		Describer 2000							
2	Unable to locate any additional information for s	spaces marked "unknown."								
3	The interconnect with Seminole County was add	ded to a bi-weekly flushing rotation.								
			· · · · · · · · · · · · · · · · · · ·							
Attach add	ditional sheet if necessary)									
hereby ce	ertify to the correctness of the above <u>in</u> formal	tion:								
	er/Representative Signature:	ek (Lya 12/191	65							
lame of P	WS Owner/Representative: Patrick C. Flynn	n, Regional Director (Please Type or Print)								

Crystal Lake
Docket No. 060253-WS

25.30-440(6) Permits

Test Year Ended December 31, 2005



November 15, 2000

POST OFFICE BOX 1429

FAX (Executive) 329-4125

618 E. South Street

TDD 407-897-5960

Orlando, Florida 32801 407-897-4300

TELEPHONE 904-329-4500 TDD 904-329-4450

(Legal) 329-4485

7775 Baymeadows Way

Jacksonville, Florida 32256

Suite 102

904-730-6270 TDD 904-448-7900 TOD SUNCON

PALATKA, FLORIDA 32178-1429

nce) 329-4508

(Permitting) 329-4315 SERVICE CENTERS PERMITTING: 305 East Drive

33 N. Wickham Road Melbourne, Florida 32904 Tronda 32935-8109 407-984-4940 407-752-3100 TDD 407-722-5368 TDD 407-752-3102

Utilities Inc of Florida

200 Weathersfield Ave Altamonte Springs, FL 32714

SUBJECT: Consumptive Use Permit Number 8351

CRYSTAL LAKE

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on November 15, 2000.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Gloria Lewis, Director

Sincefela

Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent:

THE COLINAS GROUP INC

515 N. VIRGINIA AVENUE Winter Park, FL 32789

William Kerr, CHAIRMAN MELBOURNE BEACH

Ometrias D. Long, vice Chairman

Jeff K. Jennings, SECRETARY

Duane Ottenstroer, TREASURER

Dan Roach FERNANDINA REACH William M. Segal MAITLAND

Otis Mason ST. AUGUSTINE

Clay Albright EAST LAKE WELF

Reid Hughes DAYTONA BEACH

PERMIT NO. 8351

PROJECT NAME: CRYSTAL LAKE

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 20.19 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 520.

LOCATION:

Site: CRYSTAL LAKE

Seminole County

Section(s):

Λ

Township(s):

20\$

Range(s):

30E

ISSUED TO:

Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 15, 2000

AUTHORIZED BY:

St. Johns River Water Management District Department of Resource Management

By:

Dwight T Jenkins Division Director

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8351 UTILITIES INC OF FLORIDA DATED NOVEMBER 15, 2000

- 1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- 4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- 9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
- 10. The permittee must ensure that all service connections are metered.
- 11. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
- 12. All submittals made to demonstrate compliance with this permit must include the

permit number 8351 plainly labeled on the submittals.

- 13. This permit will expire on November 15, 2020.
- 14. Maximum annual ground water withdrawals must not exceed 20.19 million gallons.
- 15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
- 16. The permittee must assure that all service connections continue to be metered.
- 17. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
- 18. Well no. 1 must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 19. Total withdrawals from well no. 1 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31

- 20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
- 21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is

- greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
- 22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
- 23. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by January 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
 - (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 8, 1999; and
 - (b) supply all of the information specifically required by the compliance report condition(s) on the permit.

Notice Of Rights

- 1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
- 2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice).
 Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
- 3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party reqarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
- 4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
- 5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
- 6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
- 7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

- 8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written desision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
- 9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
- 10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
- 11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
- 12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
- 13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
- 14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
- 15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

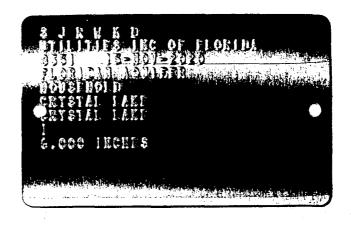
Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

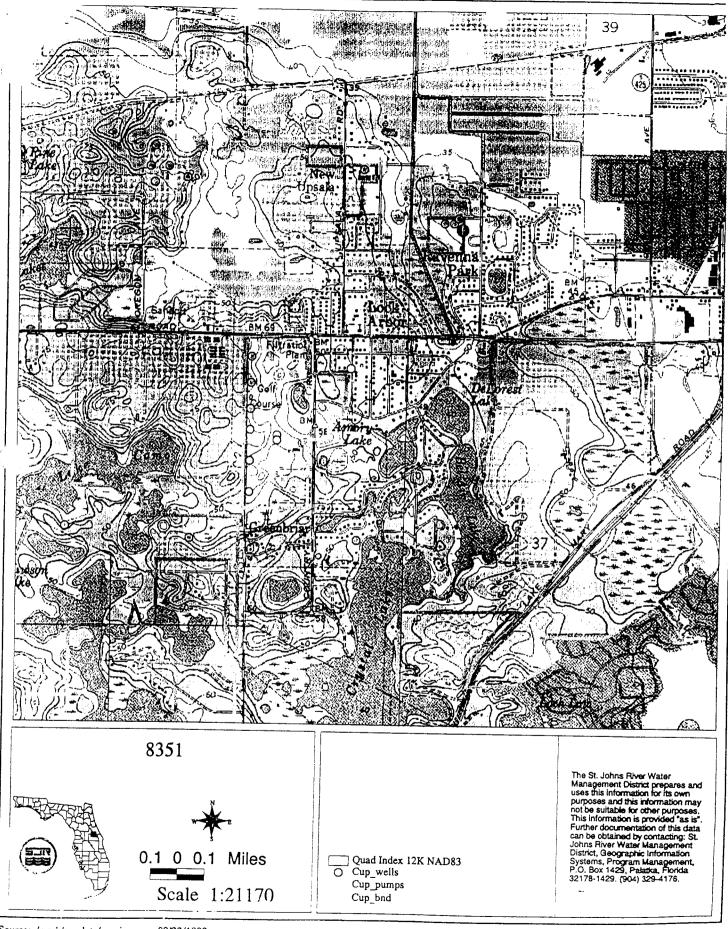
علم الح at 4:00 p.m. this 45th day of November, 2000.

> Division of Permit Data Services Gloria Lewis, Director

St. Johns River Water Management District Post Office Box 1429 Palatka, FL 32178-1429 (904) 329-4152

Permit Number: 8351





Source: /work/cupdata/maping.apr 09/22/1999

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429

Palatka, Florida 32178-1429

Consumptive Use Permit Number: 8351 - באין באות אות אות אות אות ביינו אינו אינו אינו אינו אינו אינו אינו	
Date of Permit Issuance: November 15, 2000 Station Name: 1	
Pump Capacity: 240 GPM	
Serial Number on Meter:	
Meter Model:	
Discharge Pipe Diameter:	
Date of Last Meter Calibration:/	
Date of This Calibration:/	
Name of Person Performing Calibration:	
Method or Equipment Used for Calibration:	
Initial Meter Reading at Start of Calibration:	
Final Meter Reading at End of Calibration:	
Readings on Equipment Used for Calibration:	
Start: End:	·
(Attach Formulas Used to Make Calculations)	
Percent of Error Between Meter Reading and Calibration Equipment:	%
Name of Person Completing Form (Please Print):	
Company Name:	
Address:	
Cit- 'State/Zip:	
Davtime Telephone: () -	

Please Retain a Copy for Your Records





St. Johns River Water Management District P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8351

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT CRYSTAL LAKE

WELL NAME 1

PUMP NAME

COMPL	ETE THE FORM	BY PRINTIN	G EACH "NU	MBER" W	ITHOUT	тоисн	ING TH	E SIDES	OF THE	вох
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Step 1.	MARK	ALL THA	AT APPL	.Y						
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Step 2. R	EPORT MO									
	GAI	LLONS			OR	MET	ER R	EADI	NGS	

JAN	01										
FEB	01										
MAR	01										
APR	01										
MAY	01		-								
JUN	01										

Step 3.	CONTACT NAME
	PHONE NUMBER



15593





St. Johns River Water Management Distric P. O. Box 1429 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# 8351

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT CRYSTAL LAKE

WELL NAME 1

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

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MA	٩RK	ALL T	HAT	APPL	.Y					
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Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JUL	00							
AUG	00							
SEP	00							
OCT	00							
NOV	00		4					
DEC	00							
Step 3.	CC	ONTACT NA	ME	 		_		
	PH	IONE NUME	BER					



15593

Crystal Lake

Docket No. 060253-WS

25.30-440(7) Notices

Test Year Ended December 31, 2005

NOTICES

None

Crystal Lake
Docket No. 060253-WS

25.30-440(8) Field Employees

Test Year Ended December 31, 2005

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

Crystal Lake
Docket No. 060253-WS

25.30-440(9) Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. # Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934 99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932 99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET		Alafaya Utilities, Inc.
636 06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON		Alafaya Utilities, Inc.
221 02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY		Alafaya Utilities, Inc.
19 00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK		Alafaya Utilities, Inc.
610 06 CHEV C15 V-8 311 03 CHEV C15 FULL	1GCEC14V86Z103857 1GCEC14X23Z114639	MICHAEL OVERTON EDWARD ROBERTS		Alafaya Utilities, Inc. Alafaya Utilities, Inc.
308 03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED		Alafaya Utilities, Inc.
431 04 CHEV C25	1GCHK24U04E296751	DON TAYLOR		Alafaya Utilities, Inc.
24 00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP		Bayside Utility Services, Inc.
638 06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP		Bayside Utility Services, Inc.
8691 86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223 02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL		Cypress Lakes, Utilities, Inc.
608 06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL		Cypress Lakes, Utilities, Inc.
16 00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF		Eastlake Water Service, Inc.
9808 98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW		Labrador Utilities, Inc.
427 04 CHEV C15 FULL 508 05 CHEV C25 4X4	1GCEC14X94Z275720 1GBHK24UX5E233792	SHANTAVIOUS RAINEY VARIOUS		Labrador Utilities, Inc. Mid-County
103 01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER		Mid-County
9833 98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI		Mid-County
111 01 CHEV 1500	1GCEC14W81Z185977	SPARE		Mid-County
461 04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO		Mid-County
9928 99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN		Sandalhaven
426 04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT		Sandalhaven
9935 99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT		Sanlando Utilities, Inc.
9933 99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET		Sanlando Utilities, Inc.
9931 99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE		Sanlando Utilities, Inc.
9927 99 DODGE DAKOTA 9602 96 FORD RANGER REGULAR	1B7FL26XXX\$261958 1FTCR10X1TUB67972	JIM SWEGHEIMER SPARE		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
516 05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN		Sanlando Utilities, Inc.
101 01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO		Sanlando Utilities, Inc.
220 02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE		Sanlando Utilities, Inc.
14 00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102 01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835 98 CHEV S-10	1GCCS14X0WK247116			Sanlando Utilities, Inc.
9834 98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS		Sanlando Utilities, Inc.
110 01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER		Sanlando Utilities, Inc.
109 01 CHEV 1500	1GCEC14V31E249471 1GCEC14V32Z313941	JEFF PINDER DALE WHITE		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
217 02 CHEVY C15 FULL 18 00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH		Sanlando Utilities, Inc.
108 01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL		Sanlando Utilities, Inc.
113 01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER		Sanlando Utilities, Inc.
107 01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112 01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT		Sanlando Utilities, Inc.
312 03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE		Sanlando Utilities, Inc.
305 03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN		Sanlando Utilities, Inc.
433 04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK JERRY HAHN		Sanlando Utilities, Inc.
304 03 CHEV C15 FULL 8926 89 FORD F-350	1GCEC14X23Z115810 1FDKF37G5KNA56982	DUMP TRUCK		Tierre Verde Utilities, Inc. of Florida
9765 97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET		Utilities, Inc. of Florida
35 00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK		Utilities, Inc. of Florida
503 05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612 06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc, of Florida
637 06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH		Utilities, Inc, of Florida
222 02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES		Utilities, Inc. of Florida
424 03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH		Utilities, Inc. of Florida
436 04 CHEV C15 FULL 301 03 CHEV C15 FULL	1GCEC14X24Z201474 1GCEC14X63Z115146	JACK ADKINS STEVE HABERY		Utilities, Inc, of Florida Utilities, Inc, of Florida
422 04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ		Utilities, Inc. of Florida
509 05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI		Utilities, Inc. of Florida
639 06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES		Utilities, Inc, of Florida
428 04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE		Utilities, Inc, of Florida
512 05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN		Utilities, Inc. of Florida
650 06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY		Utilities, Inc. of Florida
9250 92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN		Utilities, Inc. of Florida
242 02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS		Utilities, Inc, of Florida Utilities, Inc, of Florida
9925 99 CHEV LUMINA 453 04 CHEV C15 EXT CAB	2G1WL52M1X9177423 2GCEC19T341374628	KATHY SILLITOE TONY WIERZBICKI		Utilities, Inc. of Florida
609 06 CHEV C25	2GCEC191341374626 2GCEC19VX61115736	SCOTT STEWART		Utilities, Inc. of Florida
129 01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL		Utilities, Inc, of Florida
33 00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE		Utilities, 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 Crystal Lake

Docket No. 060253-WS

25.30-440(10) Customer Complaints

Test Year Ended December 31, 2005

CUSTOMER COMPLAINTS

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