CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

# FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Utilities, Inc. of Florida - Seminole County

Exact Legal Name of Utility

# **VOLUME III**



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 ( / )

BINDER 9 of 11

System(s):

Oakland Shore Park Ridge

DOCUMENT NUMBER-DATE

09075 OCT-28

FPSC-COMMISSION OF --

Oakland Shores

Docket No. 060253-WS

Seminole/Orange County

Test Year Ended December 31, 2005

# Oakland Shores

Docket No. 060253-WS

25.30-440(1) Detailed Map

Test Year Ended December 31, 2005

# <u>MAPS</u>

SUBMITTED TO COMMISSION SEPARATELY

# Oakland Shores

Docket No. 060253-WS

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2005

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

|  | Г  | Chemical                  | Water     | Unit                  |
|--|--|---------------------------|-----------|-----------------------|
|  | Con A on Manage  |                           | Treatment | Price                 |
| County   | System Name  | Used                      | Treatment | File                  |
| Seminole   | Weathersfield  | Chlorine                  | 40-45 gpd | \$ 1.15/gal           |
|  |  |                           |           |                       |
|  |  | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
| Seminole   | Oakland Shores   | Chlorine                  | 20-25 gpd | \$ 1.15/gal           |
|  | CONTRACTOR OF THE SECOND   |                           |           |                       |
|  |  | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
| Seminole   | Little Wekiva  | Chlorine                  | 3-4 gpd   | \$ 1.15/gal           |
|  |  |                           |           |                       |
| And the first terminal termina | - Committee and the Committee of the Com | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
| Cominala   | Dark Didno   | Chlorina                  | 2.4 and   | \$ 1.15/gal           |
| Seminole   | Park Ridge   | Chlorine                  | 3-4 gpd   |                       |
|  |  | Polyphosphate             | 1-2 gpd   | \$14.00/ gal          |
|  |  | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
|  |  |                           |           |                       |
| Seminole   | Phillips   | Chlorine                  | 2-3 gpd   | \$ 1.15/gal           |
|  |  | Polyphosphate             | 1-2 gpd   | \$14.00/ gal          |
|  |  |                           |           |                       |
|  |  | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
| Seminole   | Crystal Lake   | Chlorine                  | 3-4 gpd   | \$ 1.15/gal           |
|  |  | Polyphosphate             | 1-2 gpd   | \$14,00/ gal          |
| 769 SWITTE   |  | CAN BE THE SOURCE IN LAST |           | A CHARLES             |
|  |  | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
| Seminole   | Ravenna  | Chlorine                  | 8-12 gpd  | \$ 1.15/gal           |
|  |  |                           |           |                       |
| anne er de mendelmen er er på i 12 habiterate er gjærge 3.   | The second secon | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
| Seminole   | Bear Lake  | Chlorine                  | 7-10 gpd  | \$ 1.15/gal           |
|  |  |                           |           | AT THE REAL PROPERTY. |
| no. · · · · · · · · · · · · · · · · · · ·  | The second secon | Chemical                  | Water     | Unit                  |
| County   | System Name  | Used                      | Treatment | Price                 |
|  |  | OL 1- A                   | 40.45     | 6 4 4 Plan - 1        |
| Seminole   | Jansen   | Chlorine                  | 12-15gpd  | \$ 1.15/gal           |
|  | _ !  | Polyphosphate             | 2-3 gpd   | \$14.00/ gal          |

### UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

| County          | System Name            | Chemical<br>Used | Water<br>Treatment | Wastewater<br>Treatment | Annual<br>Amount | Quantity | Unit Price | Feed<br>Rate |
|-----------------|------------------------|------------------|--------------------|-------------------------|------------------|----------|------------|--------------|
| PINNELLAS COUNT | v                      |                  |                    |                         | <del>   </del>   |          |            |              |
| FINNELLAS COUNT |                        | 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  |
|                 |                        |                  |                    |                         | <del> </del>     |          |            |              |
|                 |                        |                  |                    |                         |                  |          |            |              |
|                 |                        |                  |                    |                         |                  | ļ        | ļ          |              |
|                 |                        |                  |                    | <u> </u>                | <u> </u>         | L        | <u> </u>   |              |

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GOLDEN, HILLES

09/26/2006

13:52

4078696961 —

85/26/2086

3526227090

4878595951

Р. 04

# UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

| County        | System Name  | Chemical<br>Used | Water<br>Treatment | Wastewater<br>Treatment | Annual<br>Amount | Quantity | Unit Price | Feed<br>Rate  |
|---------------|--------------|------------------|--------------------|-------------------------|------------------|----------|------------|---------------|
| MARION COUNTY | <del> </del> | -                |                    |                         | <del> </del>     | i        | † <u> </u> |               |
|               | GOLDEN HILLS | Liquid Chlorine  | (Yes) No           | Yes / No                | 1,325 G.4        | GALS 1   | 0.95/GAL   | 4.9 gals/di   |
|               |              | Ammenia-         | Yes / Na           | Yes / No                |                  |          |            |               |
|               |              |                  |                    |                         |                  |          |            |               |
|               | CROWNWOOD    | Stick Chlorida   | Yes/No             | Yes/No                  | 50 485           |          |            | 0.2 185/da    |
|               |              | Liquid Chlorina  |                    | Yes No                  | 1,945 64         | GALS :   | 095 /GAL   | 7-2 gals /cla |
|               |              | -Gra Chlorino    | - Yeo/No           | Yes/No                  |                  |          |            | ,             |
| •             |              | Liquid Chlorine  | Yec/No             | Yes / No                |                  |          |            |               |
|               |              | Granular Chlory  |                    | (Yas)/No                | 100 485          | LBS 2    | 1.48/18    | 0.4 LB>/day   |
|               |              |                  |                    |                         | (e. ( )          |          |            |               |
|               |              |                  |                    |                         | (so far)         |          | (010)      | _             |

(269 days sofar)

# Oakland Shores 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 600f

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

Oakland Shores PWS ID# 3590912

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

Enclosure

ec:

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

604

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

| PUBLIC WATER SYSTEM INFORMATIO   | N (to be completed b     | y sampler – Please typ     | e or print legibly)                       |  |
|--|--------------------------|----------------------------|---|--|
| System Name: <u>Oakland</u>  | Shores                   | PWS I.D                    | . #: 3 5 0                                | 10912  |
| System Type (check one): Community   | □Nontrar                 | sient Noncommunity         | □Transi                                   | ent Noncommunity   |
| Address: LAKE Shore DR   |                          |                            |   |  |
|  |                          |                            |   |  |
| City:mailland  |                          |                            | ZIP Code:                                 | 32751  |
| Phone #: 407-869-1919  |                          | Fax #:                     | <del></del>                               |  |
| E-Mail Address:  | ·                        |                            |   |  |
| •  |                          |                            |   |  |
| SAMPLE INFORMATION (to be completed I  | oy sampler)              | popularen del constant     |   | in the second of |
| Sample Number: AD51886   | -01                      | Location Code (if kn       |   |  |
| Sample Date: 6/2/05  |                          | Sample Time:               | 1100                                      | AM PM (Circle One)   |
| Sample Location (be specific): P.O.E.@   | Oaklavo                  | Shores Wate                | TURIS S                                   |  |
| Disinfectant Residual (Required when reporting   | results for trihalometha | nes and haloacetic acids): | mg/L                                      | Field pH:  |
|  |                          |                            |   |  |
| Sample Type (Check Only One)   |                          | Reason(s) for Sar          | mple (Check all that                      | apply)   |
| Distribution   | A Routine Compli         | ance (with 62-550)         | ☐Quarterly (Wh                            | ich Quarter?)  |
| Entry Point (to Distribution)  | ☐Confirmation of         | MCL Exceedance*            | Special (not fo                           | r compliance with 62-550)  |
| Plant Tap (not for compliance with 62-550)   | ☐Composite of M          | lultiple Sites**           | □Violation Res                            | olution  |
| Raw (at well or intake)  | ☐Clearance (perm         | litting)                   | Replacement                               | (of invalidated Sample)  |
| Max Residence Time   | Other:                   |                            |   |  |
| ☐Ave Residence Time  | Sampling Procedu         | re Used or Other Co        | mments:                                   |  |
| ☐Near First Customer   |                          |                            |   | ·  |
| *See 62-550.500(6) for requireme<br>NOTE: See 62-550.512(3) for ad<br>for nitrate or nitrite MCL e | ditional requirements    |                            | 2-550.550(4) for re<br>a results page for |  |
| Sampler's Name: TERRY 5:11:  | FOE                      |                            |   |  |
| Sampler's Phone #: 407-869-1919  |                          | Sampler's Fax #: _         | 407-869-6                                 | 961  |
| Sampler's E-Mail Address:  |                          |                            |   |  |
|  |                          |                            |   |  |
| CERTIFICATION (to be completed by s  | ampler)                  |                            |   |  |
|  |                          | 000                        | 20 100                                    |  |
| (Print Name)   |                          | ,()                        | (Print Title)                             | 1  |
| do HEREBY CERTIFY that the abov  | e public water s         | system and sampl           | (,,                                       | formation is   |
| Simplify All   | 1                        |                            | Data: /                                   | 114/20   |
| Signature: 1 7 W Kelled  |                          |                            | _ Date: 4                                 |  |

# 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) A051886-01 Lab Assigned Report Number or Job ID A051886 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts ☐ AJJ 17 All 30 All 21 Trihalomethanes Partial All Except Dioxin Partial Haloacetic Acids ✓ Nitrate Partial Bromate Radionuclides ✓ Nitrite Dioxin Only Chlorite Single Sample Asbestos Only Secondaries 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 1, Myrna Santiago Laboratory Manager 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 Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Reason(s): MCL(s) Exceeded Detection(s) incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other: Person Notified: Date Notified: Comments Date Reviewed: DEP/DOH Reviewing Official:

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

A051886

6/2/2005

6/2/05 11:25

6/9/2005

Report No.:

Date Sampled:

**Date Received:** 

**Date Reported:** 

Client:

Utilities, Inc.

**Project Name:** 

Oakland Shores

**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: Oakland Shores

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

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#### Advanced Environmental Laboratories, Inc.

#### Analytical Report

Client: Utilities, Inc.

**Report No.:** A051886

Project Name: Oakland Shores

Date/Time Sampled: 06/02/05 11:00

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

Shipping Method: Client drop off

Sample Number: A051886-01

Inorganic Contaminants

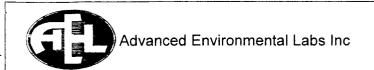
| morgam    | c comanname    |     |       |                     |           |                   |         |                  |                  |                    |  |
|-----------|----------------|-----|-------|---------------------|-----------|-------------------|---------|------------------|------------------|--------------------|--|
| Contam ID | Contam Name    | MCL | Units | Analysis<br>Results | Qualifier | Analytical Method | Lab MDL | Analysis<br>Date | Analysis<br>Time | DOH Lab<br>Cert. # |  |
| 1040      | Nitrate (as N) | 10  | mg/L  | 0.024               | i         | 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             |  |

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: UTI                             | LITIES, INC. (UTL-                                  | A)                        | Project name              | OAKLAND                  | SHOR     | ES        |              |
|---|---|---------------------------|---------------------------|--------------------------|----------|-----------|--------------|
| Date/Time Rcvd: 6/2/                    | 2005 11.25  | Log-                      | In request number         | : A051886                |          |           |              |
| Received by: BDI                        | M   |                           | Completed by              | : BDM                    |          |           |              |
| Cooler/Shipping                         | Information:  |                           |                           |                          |          |           |              |
| Courier: ⊠ AEL □ C                      |   | nv Express □ FedE         | x 🗆 Other (describe       | <b>)</b> :               |          |           |              |
| Type: ⊠ Cooler □ Bo                     |   |                           | 2 (                       |                          |          |           |              |
|   |   |                           |                           |                          |          |           |              |
| Cooler temperature:                     | Identify the cooler at                              | na accument the ten       | nperature blank or ic     | e water measu            | remer    | 11.       |              |
| Cooler ID                               | 1   |                           |                           |                          |          |           | ·            |
| Temp (°C)                               | 3   |                           |                           |                          |          |           |              |
| Temp taken from                         | <ul><li>☐ Temp blank</li><li>☒ Cooler</li></ul>     | ☐ Temp blank<br>☐ Cooler  | ☐ Temp blank<br>☐ Cooler  | ☐ Temp blank<br>☐ Cooler |          | ☐ Temp bl | ank          |
| Temp measured                           | ☑ IR gun  | ☐ IR gun                  | ☐ IR gun                  | □ IR gun                 |          | ☐ IR gun  |              |
| with                                    | ☐ Thermometer (enter ID):                           | ☐ Thermometer (enter ID): | ☐ Thermometer (enter ID): | ☐ Thermometer (ID):      | enter    | ID):      | meter (enter |
| Other Information Any discrepancies sho | ould be explained in                                | CHECKLIST                 | tion below.               |                          | YES      | NO        | NA_          |
|   | eals on shipping contain                            |                           |                           |                          |          |           | 1            |
|   | apers properly include                              |                           | 11.100                    |                          | 1        |           | <b></b>      |
|   | apers properly filled or<br>rrive in good condition |                           | labels)?                  |                          | 1        |           | <b></b>      |
|   | labels complete (samp                               |                           | vsis, preservatives)?     |                          | 1        |           |              |
|   | labels agree with the c                             |                           | Z, F                      |                          | 1        |           |              |
|   | ttles used for the tests                            |                           |                           |                          | 1        |           |              |
|   | nple preservation tech                              |                           | e label?                  |                          | /        |           |              |
|   | eceived within holding                              |                           | 2                         |                          | /        | <u> </u>  |              |
|   | vials checked for the probables present in the      |                           | <u> </u>                  |                          | <u> </u> |           | 1            |
|   |   |                           | one: 🗆 NO ICE 🗆 BI        | UE ICE                   | 1        |           |              |
| 13. Was the cooler                      | temperature less than 6                             | 5°C?                      |                           |                          | 1        |           |              |
|   | Is checked and record                               |                           | •                         |                          |          |           | 1            |
|   | mples are checked by e containers provided          |                           |                           |                          | /        |           |              |
|   | ccepted into the labora                             |                           | <del></del>               |                          | 1        |           |              |
|   | y to split samples into                             |                           |                           |                          |          | 1         |              |
| Kit ID                                  | Comments:   |                           |                           |                          |          |           |              |
|   |   |                           |                           |                          |          |           |              |
|   |   |                           |                           |                          |          |           |              |
|   |   |                           |                           | <del>- , - ,</del>       |          |           |              |
|   |   |                           |                           |                          |          |           |              |
|   |   |                           |                           |                          |          |           |              |

#### 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 #: A051886 CustomerName: Utilities, Inc. Collector: Terry Silhitoe

| AEL Jax                       |
|-------------------------------|
| 6601 Southpoint Parkway       |
| Jacksonville, FI 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. | .) |
|------------|------------------|-----------------|----------------|--------------|--------|--------------|----------|-----------|--------------------|----|
| A051886-01 | 1                | Nitrate (J)-DVV | Drinking Water | 6/2/2005     | 11:00  | 6/2/05 11:25 | 6/3/2005 |           | 250mt. Poly        |    |
| A051886-01 | 1                | Nitrite (J)-DW  | Drinking Water | 6/2/2005     | 11:00  | 6/2/05 11:25 | 6/3/2005 |           | 250mL Poly         |    |

Gainesville Relinquisher:

Shipping Relinquisher. AEL Counter

Shipping Receiver: AEL Coune

Jacksonville Receiver:

#### Advanced

Environmental Laboratories, Inc.
6601 Southpoint Pkwy. Jackson

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

A051886

| CLIENT NAME: Utilities Inc. PROJECT NAME: Oakland Shores  DDRESS: 200 Weathersfield Ave P.O. NUMBER/PROJECT NUMBER:  Altamonte Springs, FL 32714 PROJECT LOCATION: BAKLand SHORES IT PROJECT LOCATION: BAKLAND SHO |                     |              |              |
|--|---------------------|--------------|--------------|
| Altamonte Springs, FL 32714 PROJECT LOCATION: BAKJAND SHORES WITE  |                     |              | LA           |
| NITURE CITATION (MIT   |                     |              | 5            |
| TURN AROUND TIME:  STANDARD  STANDARD  FAX:  B12749  REMARKS/SPECIAL INSTRUCTIONS:  STANDARD  STANDARD   |                     |              | 5            |
| TURN AROUND TIME:  STANDARD  STANDARD  SAMPLED BY: 1'19 Subtract B12 7 49  REMARKS/SPECIAL INSTRUCTIONS:  O  O  O  O  O  O  O  O  O  O  O  O  O  |                     |              | 5            |
| TURN AROUND TIME:  REMARKS/SPECIAL INSTRUCTIONS:  STANDARD  STANDARD   |                     |              | 5            |
| STANDARD STANDARD  |                     | ŀ            | 1 0          |
| - Ι ω Ι Ο Ι  |                     |              | AB           |
| RUSH   |                     |              | Z            |
|  |                     |              | NUMBER       |
|  |                     |              | BE           |
|  |                     |              | 77           |
| SAMPLE DESCRIPTION Grab SAMPLING MATRIX NO. PreserV  |                     |              |              |
| ID SAMPLE DESCRIPTION Comp DATE TIME MATRIX COUNT  | and the Contract of | 4.0          |              |
| 1 NOS/NOS POE OCILARO Shores G GGOS NOO DW 1 X   |                     |              | -01          |
|  |                     |              |              |
|  |                     |              |              |
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|  |                     |              |              |
|  |                     |              |              |
| I-Ice H=(HCI) S=(H2SO4 N=(HNO3) T=(Sodium Thiosulfate) Relinquish by: Date Time  | Received by:        | Date         | Time         |
| pment Method Sample Kit Cooler# 1 Ty full lace (1/05 1125 Qui  | in O. mistin        | 6/2/05       | 3125         |
|  |                     |              |              |
| AB   |                     | <u> </u>     | <del> </del> |
| eived on Ice Yes No QC sent received   |                     | revised 8/01 | <del></del>  |







#### 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

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

"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 31, 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 Oakland Shores, Utilities, Inc. PWS ID# 3590912

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 13, 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 X□ANNUALLY          | V=15 0444  |
|---|--|------------|
|   | QUARTERLY REPORTING PERIOD: July 2005 thur June 2006 | YEAR: 2005 |
| SYSTEM INFORMATION                                      |  |            |
| PWS NAME: Oakland Shores                                |  |            |
| PWS ID NUMBER: 3590912                                  | 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 C  | OMPLIANC | E SUMMAR | Υ     | 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<br>all TTHM samples taken in each<br>quarter for the last four quarters   |          |          |       |                         | Provide the arithmetic average of<br>all HAA5 samples taken in each<br>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)  |       |       |       |       |  |

<sup>\*</sup>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  | 44.6                    | Calculate the arithmetic average all HAA5s samples taken over the last year  | 25.24 |  |  |  |  |  |  |
| 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    |  |  |  |  |  |  |

<sup>\*</sup>Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

<sup>\*\*</sup>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<br>in the Distribution<br>System (Average<br>or Maximum<br>Residence Time) | Date of<br>Sample<br>Collection<br>(mo/da/yr) | Disinfectant<br>Residual (mg/L)<br>at Time of<br>Sample<br>Collection | Name of<br>Person<br>Collecting<br>Sample | Date of<br>Analysis<br>(mo/da/yr) | Analytical<br>Method | Laboratory Name &<br>Certification Number      | TTHM<br>Analysis<br>Result (ug/L |
|--------------------|--|---|---|---|-----------------------------------|----------------------|--|----------------------------------|
| 101 E. Faith Terr. | MRT  | 7/13/05                                       | 0.4   | Alexander<br>Lorenzo                      | 7/14/05                           | E502.2               | Advanced Enviromental<br>Laboratories # E82574 | 44.6                             |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
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|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |
|                    |  |   |   |   |                                   |                      |  |                                  |

| Sample Location    | Sample Location<br>in the Distribution<br>System (Average<br>or Maximum<br>Residence Time) | Date of<br>Sample<br>Collection<br>(mo/da/yr) | Disinfectant<br>Residual (mg/L)<br>at Time of<br>Sample<br>Collection | Name of<br>Person<br>Collecting<br>Sample | Date of<br>Analysis<br>(mo/da/yr) | Analytical<br>Method | Laboratory Name &<br>Certification Number         | HAA5<br>Analysis<br>Result (ug/L) |  |
|--------------------|--|---|---|---|-----------------------------------|----------------------|---|-----------------------------------|--|
| 101 E. Faith Terr. | MRT  | 7/28/05                                       | 1.0   | Alexander<br>Lorenzo                      | 8/4/05                            | EPA552.2             | Advanced<br>Environmental<br>Laboratories E 82574 |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |
|                    |  |   |   |   |                                   |                      |   |                                   |  |

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

| PUBLIC WATER SYSTEM INFORMATI  | ON (to be completed by sampler – Please type or print legibly)           |
|--|--|
| System Name: OAKLAND SHORE   | PWS I.D. #: 3590912  |
| System Type (check one):   |  |
| Address: LAKE S  | HORE DR.   |
|  |  |
| City: MAITCAND   | State: FLA, ZIP Code:  |
| Phone #: 407-869-19  | 19 Fax#: 407-869-6961  |
| E-Mail Address: S, L, HAW5 (   | Q UTILITIES INC,   |
| SAMPLE INFORMATION (to be completed  | d by sampler)  |
| Sample Number: A052417-01  | Location Code (if known):  |
| Sample Date: 7/13/05   |  |
| Sample Location (be specific): 101 E FA  |  |
|  | g results for trihalomethanes and haloacetic acids):                     |
| , ,  |  |
| 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 requiren<br>NOTE: See 62-550.512(3) for a<br>for nitrate or nitrite MCL | dditional requirements attach a results page for each site.              |
| Sampler's Name: <u>ACEXANDE</u>  | R LORENZO  |
| Sampler's Phone #: 407-948-  | 4202 Sampler's Fax #: 407-869-6961                                       |
| Sampler's E-Mail Address:  |  |
| CERTIFICATION (to be completed by  | sampler)   |
|  |  |
| (Print Name)   | ORENZO, OPERATOR   |
| <b>(</b>   | ve public water system and sample collection information is              |
| Signature: WKandle   | Date: 8/15/05  |
|  |  |

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

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

|   | iced Environme  | ental Labs - Orlando   | Florida  | Certification #: E53076  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
|   |   | lvd., Suite 1016   | _  | Certification Expiration Date: 6/30/2006   |  |  |  |  |
|   | onte Springs, F   |  | Telephone #: (407) 937-1594  |  |  |  |  |  |
|   |   |  |  | 1 diophone #. (407) 301*1004   |  |  |  |  |
| ANALYSIS INFOR  | tMATION (to be  | e completed by lab   |  |  |  |  |  |  |
| PWS ID (from pag  | e 1):   |  | Date Sample  | e(s) Received: 7/13/2005 4:15:00   |  |  |  |  |
| Lab Assigned Rep  | ort Number or   | Job ID A052417   | Sample Number (  | From page 1) A052417-01  |  |  |  |  |
| Group(s) Analyzed   | l Results attac   | hed for compliance with ch   | hapter 62-550, F.A.C. (check all   | that apply):   |  |  |  |  |
| Inorgani  | cs  | Synthetic Organics   | Volatile Organics  | Disinfection Byproducts  |  |  |  |  |
| ☐ All 17  | ,   | All 30   | All 21   | ✓ Trihalomethanes  |  |  |  |  |
| Partia  | al  | All Except Dioxin  | Partial  | Haloacetic Acids   |  |  |  |  |
| ☐ Nitrat  | e.  | ☐ Partial  | Radionuclides  | Bromate  |  |  |  |  |
| Nitrite   | <del>)</del>  | Dioxin Only  |  | Chlorite   |  |  |  |  |
| Asber   | stos Only   |  |  | Secondaries  |  |  |  |  |
|   |   |  | L. Quily Composite   | All 14   |  |  |  |  |
|   |   |  |  | Partial  |  |  |  |  |
| Vere any analyses   | subcontracted   | d? ✓ Yes 🗌 No  |  |  |  |  |  |  |
| yes, please provi   | de DOH certific   | cation number E82574   |  |  |  |  |  |  |
| TTACH DOH AN  | ALYTE SHEET   | FOR EACH SUBCONTRA   | ACTED LAB  | <del></del>  |  |  |  |  |
|   |   | CED  | TIFICATION   |  |  |  |  |  |
|   |   | CEN  | THEATION   |  |  |  |  |  |
| Myrna Santiago  |   | , Laboratory Manager   |  |  |  |  |  |  |
| (Print Nar  | ne)   |  |  |  |  |  |  |  |
| o HEREBY CERT   |   |  | orrect and unless noted meet al  | I requirements of the  |  |  |  |  |
|   |   | Accieditation Conference   | (NELAU).   |  |  |  |  |  |
|   | Intal Laboratory  | 1  |  |  |  |  |  |  |
| ational Environme   | MANA  | autas .  | Date: ኅ  | -2205  |  |  |  |  |
| ignature:   | Mma   | Mybago  Trent Florida DOH lab certi  |  | -205   |  |  |  |  |
| ational Environme ignature: Failure to provide nalysis results will   | a valid and cur   | ion of the report, possible e  | fication number and a current A  | nalyte Sheet for the attached water system for failure to sample   |  |  |  |  |
| ational Environme<br>ignature:<br>Failure to provide<br>nalysis results will  | a valid and cur   | rrent Florida DOH lab certi<br>ion of the report, possible e<br>e DOH Bureau of Laborato   | fication number and a current A  | nalyte Sheet for the attached water system for failure to sample   |  |  |  |  |
| ignature: Failure to provide nalysis results will nd may result in no   | a valid and cur<br>result in rejecti<br>otification of the  | ion of the report, possible e  | ification number and a current A enforcement against the public vry Services.  | nalyte Sheet for the attached water system for failure to sample   |  |  |  |  |
| ignature: Failure to provide nalysis results will nd may result in no   | a valid and cur<br>result in rejecti-<br>otification of the<br>diological samp  | ion of the report, possible endors by Bureau of Laborato ple dates and locations fo  | ification number and a current A enforcement against the public vry Services.  | nalyte Sheet for the attached water system for failure to sample   |  |  |  |  |
| ignature: Failure to provide nalysis results will not may result in no Please provide ra  | a valid and cur<br>result in rejecti<br>otification of the<br>diological samp   | ion of the report, possible en DOH Bureau of Laborato ple dates and locations for  (to be completed by DB  | ification number and a current A enforcement against the public way Services.  If each quarter.  The property of the property of the public way in the publi | water system for failure to sample   |  |  |  |  |
| ignature:  Failure to provide nalysis results will not may result in no Please provide ra  OMPLIANCE DET  | a valid and cur<br>result in rejecti-<br>otification of the<br>diological samp<br>ERMINATION  | ion of the report, possible endors by Delay and Iocations for to be completed by Delay Yes No  | ification number and a current A enforcement against the public very Services.  or each quarter.  EP or DOH)  Sample Analysis Info Sample  | water system for failure to sampl  |  |  |  |  |
| ignature:  Failure to provide nalysis results will not may result in not Please provide rail  OMPLIANCE DET ample Collection In Replacement Samp                                    | a valid and cur<br>result in rejecti-<br>otification of the<br>diological same<br>ERMINATION<br>of Satisfactory<br>ole(s) Requested   | ion of the report, possible of DOH Bureau of Laborato ple dates and locations fo (to be completed by Do  | ification number and a current A enforcement against the public very Services.  If each quarter.  EP or DOH)  Sample Analysis Info Sample Revised Report Requences   | water system for failure to sampl  |  |  |  |  |
| ignature: Failure to provide nalysis results will not may result in no Please provide ra OMPLIANCE DET ample Collection In Replacement Samp   | a valid and cur<br>result in rejecti-<br>bification of the<br>diological samp<br>ERMINATION<br>of Satisfactory<br>ble(s) Requested<br>oring Required  | ion of the report, possible of DOH Bureau of Laborato ple dates and locations for to be completed by DE Y SE No (circle or highlight group(s) abord (circle or highlight group(s)) | ification number and a current A enforcement against the public very Services.  or each quarter.  EP or DOH)  Sample Analysis Info Samp | atisfactory: Pyes No   |  |  |  |  |
| ignature:  Failure to provide natysis results will not may result in not Please provide ra  OMPLIANCE DET ample Collection Ir Replacement Sample Additional Monito peason(s):       | a valid and cur<br>result in rejecti-<br>otification of the<br>diological samp<br>ERMINATION<br>of Satisfactory<br>oring Required oring Required (s.(s.) Exceeded                               | ion of the report, possible of DOH Bureau of Laborato ple dates and locations for to be completed by DE (circle or highlight group(s) about the circle or highlight group(s).      | ification number and a current A enforcement against the public very Services.  If each quarter.  EP or DOH)  Sample Analysis Info Samp | atisfactory: Yes No ested (circle or highlight group(s) above Incomplete Report                          |  |  |  |  |
| ignature: Failure to provide nalysis results will not may result in no Please provide ra OMPLIANCE DET ample Collection In Replacement Sample Additional Monito eason(s):  MCL Miss | a valid and cur<br>result in rejecti-<br>otification of the<br>diological samp<br>ERMINATION<br>of Satisfactory<br>ole(s) Requested or<br>oring Required (c.(s) Exceeded<br>ing Analyte Shi     | ion of the report, possible of DOH Bureau of Laborato ple dates and locations for to be completed by DE (circle or highlight group(s) about the circle or highlight group(s).      | ification number and a current A enforcement against the public very Services.  or each quarter.  EP or DOH)  Sample Analysis Info Samp | atisfactory:     Yes   No  |  |  |  |  |
| Failure to provide nalysis results will not may result in not Please provide ra  OMPLIANCE DET ample Collection In Replacement Samp Additional Monito eason(s):  Miss Othe          | a valid and cur<br>result in rejecti-<br>otification of the<br>diological samp<br>ERMINATION<br>of Satisfactory<br>ole(s) Requested or<br>oring Required (c.(s) Exceeded<br>ing Analyte Shi     | ion of the report, possible of DOH Bureau of Laborato ple dates and locations for to be completed by DE (circle or highlight group(s) about the circle or highlight group(s).      | ification number and a current A enforcement against the public very Services.  If each quarter.  EP or DOH)  Sample Analysis Info Samp | atisfactory: Pyes No ested (circle or highlight group(s) abov  Incomplete Report Analysis Unsatisfactory |  |  |  |  |
| Failure to provide nalysis results will not may result in not Please provide ra  OMPLIANCE DET ample Collection In Replacement Samp  Additional Monito eason(s): MCL                | a valid and cur<br>result in rejecti-<br>otification of the<br>diological samp<br>ERMINATION<br>of Satisfactory<br>oring Required or<br>oring Required of<br>(s) Exceeded<br>ing Analyte Shoer: | ion of the report, possible of DOH Bureau of Laborato ple dates and locations for to be completed by DE (circle or highlight group(s) about the circle or highlight group(s).      | ification number and a current A enforcement against the public very Services.  If each quarter.  EP or DOH)  Sample Analysis Info Samp | atisfactory: Yes No ested (circle or highlight group(s) abov   |  |  |  |  |



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

A052417

7/13/2005

7/13/05 16:15

7/21/2005

Report No.:

Date Sampled:

**Date Received:** 

Date Reported:

Client:

Utilities, Inc.

Project Name:

Oakland Shores

**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: Oakland Shores

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 = 8

## Advanced Environmental Laboratories, Inc.

#### Analytical Report

Client: Utilities, Inc.

Report No.: A052417

Project Name: Oakland Shores

**Date/Time Sampled:** 07/13/05 7:30

Matrix: Drinking Water

Date/Time Received: 7/13/05 16:15

PWS ID#:

Client Sample ID: 1

Sampled By: Alexander Lorenz

Site: 101 Faith Ter

Shipping Method: Client drop off

Sample Number: A052417-01

Disinfection Byproducts

| Contam ID | Contam Name          | MCL | Units | Analysis<br>Results | Qualifier | Analytical Method | Lab MDL | Analysis<br>Date | Analysis<br>Time | DOH Lab<br>Cert.# |
|-----------|----------------------|-----|-------|---------------------|-----------|-------------------|---------|------------------|------------------|-------------------|
| 2941      | Chloroform           |     | ug/L  | 19                  |           | E502.2            | 0.31    | 7/14/2005        | 16:12            | E82574            |
| 2942      | Bromoform            |     | ug/L  | 2.6                 |           | E502.2            | 0.36    | 7/14/2005        | 16:12            | E82574            |
| 2943      | Bromodichloromethane |     | ug/L  | 13                  |           | E502.2            | 0.38    | 7/14/2005        | 16:12            | E82574            |
| 2944      | Dibromochloromethane |     | ug/L  | 10                  | 1.6       | E502.2            | 0.28    | 7/14/2005        | 16:12            | E82574            |

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: OAKLAND SHORES |                  |              |                  |              |  |  |  |
|---|--|----------------------|------------------------------|------------------|--------------|------------------|--------------|--|--|--|
| Date/Time Rcvd: 7/1   | 3/05 1   | 6.15 <b>Lo</b> g     | g-In request number          | : A052417        |              |                  |              |  |  |  |
| Received by: RP   | G  |                      | Completed by                 |                  |              |                  |              |  |  |  |
| Cooler/Shipping   |  |                      |                              |                  |              | <del></del>      | ····         |  |  |  |
|   |  |                      |                              |                  |              |                  |              |  |  |  |
| Courier: ☐ AEL 🛛 C  | Client DUPS DPo                                    | ny Express D FedE    | Ex DOther (describe          | e):              |              |                  |              |  |  |  |
| Type: 🛛 Cooler 🗆 Bo   | x 🗆 Other (describe                                | e)                   |                              |                  |              |                  |              |  |  |  |
| Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement |  |                      |                              |                  |              |                  |              |  |  |  |
| Cooler ID   |  |                      |                              |                  |              |                  |              |  |  |  |
| Temp (°C)   | 2  |                      |                              |                  |              |                  | <del></del>  |  |  |  |
| 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 | <del> </del> | ☐ Cooler☐ IR gun |              |  |  |  |
| Temp measured   | ☐ Thermometer (enter                               | ☐ Thermometer (enter | ☐ Thermometer (enter         | ☐ Thermometer (  | enter        | ☐ Thermo         | meter (enter |  |  |  |
| with  | ID):   | ID):                 | ID):                         | ID):             |              | ID):             |              |  |  |  |
| Any discrepancies sho   |  | CHECKLIST            | ction below.                 |                  | YES          | NO               | NA_          |  |  |  |
|   | eals on shipping contain                           |                      |                              |                  |              |                  | 1            |  |  |  |
|   | apers properly include                             |                      |                              |                  | 1            |                  |              |  |  |  |
|   | apers properly filled or                           |                      | labels)?                     |                  | 1            | -                |              |  |  |  |
|   | rrive in good condition abels complete (sample     |                      | lysis preservatives)?        |                  | 1            |                  | <del></del>  |  |  |  |
|   | abels agree with the c                             |                      | lysis, preservatives):       |                  | 1            |                  |              |  |  |  |
|   | ttles used for the tests                           |                      |                              |                  | 1            |                  |              |  |  |  |
|   | nple preservation tech                             |                      | ne label?                    |                  | /            | •                |              |  |  |  |
|   | ceived within holding                              |                      | 0                            |                  | 1            |                  |              |  |  |  |
|   | ials checked for the prubbles present in the       |                      | ?                            | - <del></del>    |              | -                | 7            |  |  |  |
|   |  |                      | k one:   NO ICE BI           | JE ICE           | 1            | -                |              |  |  |  |
|   | emperature less than 6                             |                      |                              |                  | 1            |                  |              |  |  |  |
|   | Is checked and recorde                             |                      | ?                            |                  |              |                  | 1            |  |  |  |
|   | mples are checked by                               |                      |                              |                  |              |                  |              |  |  |  |
|   | containers provided to<br>excepted into the labora |                      |                              |                  | 1            | -                |              |  |  |  |
|   | to split samples into                              |                      |                              |                  | /            | 1                |              |  |  |  |
|   |  | onior oothoo.        |                              |                  | 1            |                  |              |  |  |  |
| Kit ID  | Comments:  |                      |                              |                  |              |                  |              |  |  |  |
|   |  |                      |                              |                  |              |                  |              |  |  |  |
|   |  |                      |                              |                  |              |                  |              |  |  |  |
|   |  |                      |                              |                  |              |                  |              |  |  |  |
| <u> </u>  |  |                      |                              |                  |              |                  |              |  |  |  |
|   |  |                      |                              |                  |              |                  |              |  |  |  |

# Chain-of-Custody for AEL Orlando to AEL Jax

528 South North Lake Blvd, S AEL Orlando

Altamonte Springs FL 32701

Contact Person: Myrna Santiago

CustomerName: Utilities, Inc. Project #: A052417

Collector: Alexander Lorenzo

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

Check if Rush

| Rottle Time (Base)               | 40mL VOC vial    |
|----------------------------------|------------------|
| # Bottles                        |                  |
| Due Date # Bottles               | 7/27/2005        |
| Collect Date / Time Receive Date | 7/13/05 16:15    |
| / Time                           | 7:30             |
| Collect Date                     | 7/13/2005 7:30 7 |
| Matrix                           | Drinking Water   |
| Test                             | THMs (DW)        |
| Client Sample ID                 | -                |
| Lab Code                         | A052417-01       |

Shipping Relinquisher: AEL Courier

Orlando Relinquisher:

Shipping Receiver: AEL/Courie

Jacksonville Receiver:

Date/Time:

Date/Time:

Page 1 of 1

revised 8/01

| ď | ء لو |        | <b>Environmental Laboratorio</b> |
|---|------|--------|----------------------------------|
| , | · 1  | and of | CCO4 Coudbanded Diversi          |

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

QC | sent

received

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 A052417 CLIENT NAME: BOTTLE Utilities Inc. PROJECT NAME: Oakland Shores SIZE 40mL Vials 200 Weathersfield Ave & TYPE P.O. NUMBER/PROJECT NUMBER. Altamonte Springs, FL 32714 PROJECT LOCATION: PHONE: 407-869-1919 FAX: REQUIRED CONTACT: SAMPLED BY: ALEXANDER LORENZO TURN AROUND TIME: REMARKS/SPECIAL INSTRUCTIONS LAB NUMBER STANDARD ANALYSIS **THM'S** WW=waste water SW=surface water GW=ground water DW=drinking water A=air SO=soil SL=sludge SAMPLE SAMPLING Grab SAMPLE DESCRIPTION NO ID Comp COUNT TIME 1 G 3 101 E. FAITH TERR. 7/13/05/0730 X I-Ice H=(HCI) S=(H2SO4 N=(HNO3) T=(Sodium Thiosulfate) Relinquish by: Date Method Shipment Sample Kit Cooler# alexander Toreno 2/13/05 1615 D/T 2 D/T 3 Trip Bl.









#### 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      |  |
| 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      |  |
| inc                                     | 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 INFORMAT   | ION (to be completed by sampler – Please type or print legibly)            |
|--|--|
| System Name: Oakland Shores  | PWS I.D. #: 3 5 9 0 9 1 2  |
|  | Transient Noncommunity Transient Noncommunity                              |
| City: Maitlano   | State: 41 ZIP Code: 32751  |
|  | Fax#: 407-869-6961   |
|  | :Utilities Inc - USA. com  |
| SAMPLE INFORMATION (to be complete   | d by sampler)  |
| Sample Number: A052628   | Location Code (if known): MRT  |
| Sample Date: <u>7-28-05</u>  | Sample Time: O925 (AM) PM (Circle One)                                     |
| Sample Location (be specific): 101 €,  | TAIL TERR  |
|  | ng results for trihalomethanes and haloacetic acids): 1.0 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 requirer<br>NOTE: See 62-550.512(3) for a<br>for nitrate or nitrite MCL | additional requirements attach a results page for each site.  exceedances. |
| Sampler's Name: <u>ACEXANS</u>   |  |
|  | +207 Sampler's Fax #: 407-869-6961   |
| Sampler's E-Mail Address:  | A  |
| CERTIFICATION (to be completed by  | sampler)   |
| ACEXANDER CORE   | ENZO, OPERATOR, (Print Title)  |
| <b>(</b> ,   | (Print Title) eve public water system and sample collection information is |
| Signature: <u>Alexandu</u>   | Torenso Date: 8/30/05  |
|  |  |

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

#### 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\* LabName: Advanced Environmental Labs - Orlando Florida Certification #: E53076 Address: 528 S. North Lake Blvd., Suite 1016 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(s) Received: 7/28/2005 2:35:00 Lab Assigned Report Number or Job ID A052628 Sample Number (From page 1) A052628 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts All 17 All 30 Ali 21 Trihalomethanes Partial All Except Dioxin Partial ✓ Haloacetic Acids Nitrate Partial Bromate Radionuclides Nitrite Dioxin Only Chlorite Single Sample Asbestos Only Secondaries Qtrly Composite\*\* Ali 14 Partial Were any analyses subcontracted? ✓ Yes No If yes, please provide DOH certification number E82574 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION I, Myrna Santiago , Laboratory Manager (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). 5-25-05 Date: Signature: Failure to provide availd 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 Collection Info Satisfactory 🔳 Yes 🛮 🕷 No Sample Analysis Info Satisfactory: 📳 Yes 📱 No Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Reason(s): MCL(s) Exceeded Detection(s) incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis 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

A052628

7/28/2005

7/28/05 14:35

8/23/2005

Report No.:

Date Sampled:

**Date Received:** 

**Date Reported:** 

Client:

Utilities, Inc.

**Project Name:** 

Oakland Shores

**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:

Oakland Shores

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 =

## Advanced Environmental Laboratories, Inc.

#### Analytical Report

Client: Utilities, Inc.

Project Name: Oakland Shores

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 101 Faith Ter

Sample Number: A052628-01

Report No.: A052628

Date/Time Sampled: 07/28/05 9:25

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

Sampled By: Alexander Lorenz

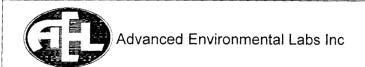
Shipping Method: Client drop off

#### Disinfection Byproducts

| Contam ID  | Contam Name                             | MCL | Units | Analysis<br>Results | Qualifier | Analytical Method | Lab MDL | Analysis<br>Date | Analysis<br>Time | DOH Lab<br>Cert. # |
|------------|---|-----|-------|---------------------|-----------|-------------------|---------|------------------|------------------|--------------------|
| 2450       | Chloroacetic Acid                       |     | ug/L  | 0.81                | U         | E552.2            | 0.81    | 8/4/2005         | 23:26            | E82574             |
| 2451       | Dichloroacetic Acid                     |     | ug/L  | 8.5                 |           | 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  | 0.34                | U         | E552.2            | 0.34    | 8/4/2005         | 23:26            | E82574             |
| 2454       | Dibromoacetic Acid                      |     | ug/L  | 5.4                 | 1         | E552.2            | 0.45    | 8/4/2005         | 23:26            | E82574             |
| U The comp | pound was analyzed for but not detected |     |       |                     | 125.2     | 4                 |         |                  |                  |                    |

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                   | : OAKLAND S               | HORE  | ES        |              |  |  |  |
|---|------------------------------------|------------------------------|--------------------------------|---------------------------|-------|-----------|--------------|--|--|--|
| Date/Time Rcvd: 7/2   | 8/05 1                             | 4.35 L                       | Log-In request number: A052628 |                           |       |           |              |  |  |  |
| Received by: RP   | G                                  |                              | Completed by                   | : RPG                     |       |           |              |  |  |  |
| Cooler/Shipping   | Information:                       |                              |                                |                           |       |           |              |  |  |  |
|   |                                    | ny Express 🗆 Fe              | dEx  Other (describe           | e):                       |       |           |              |  |  |  |
|   |                                    |                              | ,                              |                           |       |           |              |  |  |  |
| · —   | ·                                  | ,                            | temperature blank or ic        |                           | remer | nt        |              |  |  |  |
| Cooler ID   | 1                                  |                              |                                |                           |       |           |              |  |  |  |
| Temp (°C)   | 2                                  |                              |                                |                           |       |           |              |  |  |  |
| Temp taken from   | ☐ Temp blank ☑ Cooler              | ☐ Temp blank ☐ Cooler        | ☐ Temp blank ☐ Cooler          | ☐ Temp blank ☐ Cooler     |       | ☐ Temp bl | ank          |  |  |  |
| Temp measured with  | ☑ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (ente | ☐ IR gun                       | ☐ IR gun ☐ Thermometer (e | enter | □ IR gun  | meter (enter |  |  |  |
| CHECKLIST  VES NO NA  1. Were custody seals on shipping container(s) intact?  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? |                                    |                              |                                |                           |       |           |              |  |  |  |
| 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 #: A052628
CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

Contact Person: Sean Hyde

Check if Rush

904-363-9350 Fax 904-363-9354

6601 Southpoint Parkway Jacksonville, FI 32216

AEL Jax

| Collect Date / Time Receive Date Due Date # Rottlas Dotter Co. | boune type (Pres.) | 40mL Vial Amber             |
|--|--------------------|-----------------------------|
| #<br>political   | # DOLLIES          |                             |
| Due Date   | 2ma on a           | 8/11/2005                   |
| Receive Date   |                    | 05 9:25 7/28/05 14:35       |
| / Time   |                    | 9:25                        |
| Collect Date   |                    | 7/28/2005                   |
| Matrix   |                    | Drinking Water              |
| Test   |                    | 330 naioacetic Acids (J)-55 |
| Client Sample ID   | *                  | -                           |
| Lab Code   | A052628-01         |                             |

Jacksonville Receiver:

Shipping Relinquisher: AEL Courier

Orlando Relinquisher:

Shipping Receiver: AEL Courier

Date/Time: 7/26/05 /7

Page 1 of 1

| <u> </u>                     | 9610 Princess Palm Ave. •<br>2106 NW 67th Place, Ste. 1 | icksonville, F.C. 32216 • 904.36<br>Tampa, FL. 33619 • 813.630.9<br>7 • Gainesville, FL. 32606 • 35,<br>le. 1016 • Altamonte Springs, I | 9616 • Fax                  | 813.630.432  | 27 • E84589<br>67 0050 • E | 82620      | • E53076     |  |               |              |                                       | A            | 050  | (2)  | •  |
|------------------------------|---|---|-----------------------------|--------------|----------------------------|------------|--------------|--|---------------|--------------|---------------------------------------|--------------|--|--|--|
| CLIENT NAME: ADDRESS: Altamo | Utilities Inc.  | PROJECT NAME:   |                             | Oakl         | and Sh                     | nores      |              | BOTTLE   |               |              |                                       | A            | 052  | 622  | 3  |
| ADDRESS:                     | 200 Weathersfield Ave                                   | P.O. NUMBER/PROJECT NUMB  | BER:                        |              |                            |            |              | & TYPE   | 40mL<br>Vials |              | -                                     |              | ,  |  |  |
| Altamo                       | onte Springs, FL 32714                                  | PROJECT LOCATION:   |                             |              |                            |            |              | <del>                                     </del> | 1             | <u> </u>     | <del> </del>                          | <del> </del> | <del>                                     </del> | <del>                                     </del> |  |
| HONE:                        | 407-448-1715  | FAX:  | К.                          |              |                            |            |              |  | [             | 1            |                                       |              |  | 1  | Aic  |
| CONTACT:                     | Kathy Sillitoe  | SAMPLED BY: ALEXA   | MPLED BY: ALEXANDER LORENZO |              |                            |            |              |  |               |              |                                       |              |  | 1  | 0.0  |
|                              | TURN AROUND TIME:                                       | RE  | MARKS/SPE                   | ECIAL INSTRU | ICTIONS:                   |            |              | ANALYSIS REQUIRED                                |               |              | }                                     | }            |  |  | 17 EA E 3 103 - 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| X STANDARD                   |   |   |                             |              |                            |            |              | H.   |               |              | 1                                     |              |  | 1  | 16   |
| T RUSH                       |   |   |                             |              |                            |            |              | 8  | }             | 1            | {                                     | 1            |  |  |  |
|                              |   |   |                             |              |                            |            |              | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \          | -             |              | -                                     | {            |  |  |  |
| <u>≻</u>                     |   |   |                             |              |                            |            |              |  | HAA           |              | }                                     |              | }  |  |  |
| WW=waste w                   | aller SW=surface water GW=ground                        | d water DW=drinking water   | 7                           | 7            | A≃air                      | SO≃soil    | SL=sludge    | ₹  |               |              |                                       |              |  |  |  |
| SAMPLE<br>O ID               | SAMPLE DESC   | CRIPTION  | Grab<br>Comp                |              | PLING                      | MATRIX     | NO.<br>COUNT | Preserv  | NH4CI         |              |                                       | <u> </u>     |  |  |  |
| 9 10                         |   |   | Comp                        | DATE         | TIME                       |            | COUNT        |  |               |              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |              |  |  |  |
| AMPLE 105-008-1              | 101 E. FAT  | TH TERR,  | G                           | 1/28/05      | 0925                       | <b>M</b> M | 3            |  | Х             |              |                                       |              |  |  |  |
|                              |   |   |                             |              |                            |            |              |  |               |              |                                       | 1            | <del>                                     </del> | 1  | <del>-</del>   |
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| I                            |   |   | 1                           |              |                            | 1          |              |  |               |              | }                                     | }            |  |  | ā  |
| <b>†</b>                     |   |   |                             |              |                            |            |              |  |               | <del> </del> |                                       | <del></del>  | <del></del>                                      |  | \ <u>{</u>   |
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|                              |   |   |                             |              |                            |            |              |  |               |              |                                       | <del> </del> |  |  | -800-GO-AVERT  |
|                              |   |   |                             |              |                            |            |              |  |               | <u> </u>     |                                       |              |  |  |  |
|                              |   |   | 1                           |              |                            |            |              |  |               |              |                                       |              |  |  |  |
|                              |   |   |                             |              |                            |            |              |  |               |              |                                       | <del> </del> | <del> </del>                                     |  |  |
|                              |   |   |                             |              |                            |            |              |  |               |              |                                       |              | <u> </u>   |  |  |
|                              | }   |   |                             |              |                            |            |              |  |               |              |                                       |              |  |  |  |
| I-Ice                        | H=(HCI) S=(H2SO4 N=(HNO3                                | ) T=(Sodium Thiosulfate)  | I                           | L            |                            |            | Relin        | quish by:  |               | Date         | Time                                  | 1            | Received by:                                     | Date   | Time   |
| <b>Sp</b> ipment             | Method Sa   | ımple Kit Cooler#   |                             |              | 1                          | alexa      | nder         | Town   | 100           | 2h8/05       | 1435                                  | 12/          | 3  |  | Time 5 1435  |
| <u>k</u>                     | Via:RE  |   |                             |              | 2                          |            |              |  |               | 1,00,100     | 4-1                                   | VI           |  | 1/20/0   | 7 1135   |
| Fice Spipment                | Via: Tri  | D/T   |                             |              | 3                          |            |              |  |               |              |                                       | J            |  |  |  |
| Saceived on Inc              | Yes No Qu   | CT sent   | 1                           |              | 4                          | <u></u>    |              |  |               | <u> </u>     | L                                     | <u></u>      |  |  |  |
|                              | Ti tes i livio (de                                      | SI   sent   | [ re                        | ceived       |                            |            |              |  |               |              |                                       |              |  | revised 8/                                       | 01   |
| iliseź                       |   |   |                             |              |                            |            |              |  |               |              |                                       |              |  |  |  |







#### Laboratory Scope of Accreditation

Page 1

#### 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-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      |
| !,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      |
| 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-Dichtorobenzene                         | EPA 524.2   | Other Regulated Contaminants                                    | NELAP         | 1/21/2005      |
| 2,4-D                                       | EPA 515.3   | Synthetic Organic Contaminants                                  | NELAP         | 1/21/2005      |
| Alachior                                    | 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     |
| is(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 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

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

| Matrix: Drinking Water                        |               |  | Certification |                |
|---|---------------|--|---------------|----------------|
| Analyte                                       | Method/Tech   | Category   | Type          | Effective Date |
| Bromodichloromethane                          | EPA 524.2     | Group II Unregulated Contaminants                                      | NELAP         | 1/21/2005      |
| Bromoform                                     | EPA 502.2     | Other Regulated<br>Contaminants, Group Il Unregulated<br>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       |
| 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<br>Contaminants, Secondary Inorganic<br>Contaminants | NELAP         | 4/4/2002       |
| Dalapon                                       | EPA 515.3     | Synthetic Organic Contaminants   | NELAP         | 1/21/2005      |
| Di(2-ethylhexyl)adipaæ                        | 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       |
| 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         | 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      |

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NON-TRANSFERABLE 06/29/2005-E82574







Laboratory Scope of Accreditation

Page 3

#### 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   | Certification<br>Type | 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,<br>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       |
| Aagnesium   | EPA 200.7     | Primary Inorganic Contaminants   | NELAP                 | 4/4/2002       |
| Manganese   | EPA 200.7     | Secondary Inorganic Contaminants                                       | NELAP                 | 4/4/2002       |
| <b>dercury</b>                                      | EPA 245.1     | Primary Inorganic Contaminants   | NELAP                 | 4/4/2002       |
| <b>Mercury</b>                                      | SM 3112 B     | Primary Inorganic Contaminants   | NELAP                 | 4/4/2002       |
| 1ethoxychlor  | EPA 508       | Synthetic Organic Contaminants   | NELAP                 | 3/24/2005      |
| lickel  | EPA 200.7     | Primary Inorganic Contaminants   | NELAP                 | 4/4/2002       |
| litrate   | SM 4500-NO3 F | Primary Inorganic Contaminants   | NELAP                 | 2/13/2003      |
| litrate-nitrite                                     | SM 4500-NO3 F | Primary Inorganic Contaminants   | NELAP                 | 2/13/2003      |
| itrite  | SM 4500-NO3 F | Primary Inorganic Contaminants   | NELAP                 | 2/13/2003      |
| litrite as N  | SM 4500-NO2 B | Primary Inorganic Contaminants   | NELAP                 | 1/21/2005      |
| dor   | 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      |
| xamyl   | EPA 531.1     | Synthetic Organic Contaminants   | NELAP                 | 4/19/2005      |
| CBs   | EPA 508       | Synthetic Organic Contaminants   | NELAP                 | 3/24/2005      |
| entachlorophenol                                    | EPA 515.3     | Synthetic Organic Contaminants   | NELAP                 | 1/21/2005      |
| Н   | EPA 150.1     | Primary Inorganic<br>Contaminants, Secondary Inorganic<br>Contaminants | NELAP                 | 4/4/2002       |
| icloram   | EPA 515.3     | Synthetic Organic Contaminants   | NELAP                 | 1/21/2005      |
| otassium  | EPA 200.7     | Secondary Inorganic Contaminants                                       | NELAP                 | 1/21/2005      |
| esidue-filterable (TDS)                             | EPA 160.1     | Secondary Inorganic Contaminants                                       | NELAP                 | 4/4/2002       |
| elenium   | EPA 200.9     | Primary Inorganic Contaminants   | NELAP                 | 4/17/2002      |
| elenium   | SM 3113 B     | Primary Inorganic Contaminants   | NELAP                 | 4/4/2002       |

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NON-TRANSFERABLE 06/29/2005-E82574







#### Laboratory Scope of Accreditation

Page 4 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                  | Method/Tech | Catagory                         | Certification | Effective Date |
|---|-------------|----------------------------------|---------------|----------------|
| Analyte                                 |             | Category                         | Туре          |                |
| 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       |
| etrachloroethylene (Perchloroethylene)  | EPA 524.2   | Other Regulated Contaminants     | NELAP         | 1/21/2005      |
| Challium                                | 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      |
| inc                                     | EPA 200.7   | Secondary Inorganic Contaminants | NELAP         | 4/4/2002       |

Oakland Shores

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005



See page 4 for instructions.

| Sec   | page 4 for monuchons.  | •                                    |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|---|--|--------------------------------------|----------------------|--|------------------------|-------------|--------------------------|------------------------------------|--|--|--|--|--|
|   |  | for the Month/Year of: January       | y 2004               | ······································ |                        |             |                          |                                    |  |  |  |  |  |
| A.  | Public Water System (F   | PWS) Information                     |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   | PWS Name: Oakland S  | Shores                               |                      |  |                        |             | PWS Identification N     | lumber: 3590912                    |  |  |  |  |  |
|   | PWS Type: 🖂 C  | Community Non-Transient              | Non-Community        | Transier                               | t Non-Community        | ПС          | onsecutive               |                                    |  |  |  |  |  |
|   | Number of Service Co   | nnections at End of Month:           | 187                  |  | Total Population S     | erved at I  | End of Month: 655        |                                    |  |  |  |  |  |
|   | 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 Av     | /e.                  |  | City: Altamonte St     |             | 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.  | 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   |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   | Type of Water Treated  | l by Plant: Raw Ground W             | ater Purcha          | ased Finished V                        | Vater                  |             |                          |                                    |  |  |  |  |  |
|   | Permitted Maximum I  | Day Operating Capacity of Plant, g   | allons per day: 360  | 0,000                                  |                        |             |                          |                                    |  |  |  |  |  |
|   | 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:   | Mike Gavaletz                        |                      | С                                      | 5642                   |             |                          | .m 4:30 p.m.                       |  |  |  |  |  |
|   | Other Operators:   | Terry Sillitoe                       |                      | С                                      | 12749                  |             | Sat. 8 A.M.              | - 4:30 P.M.                        |  |  |  |  |  |
|   |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   |  |                                      |                      |  |                        | ·           |                          |                                    |  |  |  |  |  |
|   |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   | Continue   | I/Ch: FO                             |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   | . Certification by Lea   |                                      | Florida and the las  | 1/-1: 6                                | Cal                    |             |                          | 7                                  |  |  |  |  |  |
| I, 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 |  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
| NS  | F International Standar  | d 60 or other applicable standards   | referenced in cubs   | ection 62-555                          | . 1 certify that an di | o certify t | hat the following additi | onal operations records for this   |  |  |  |  |  |
| pla   | nt were prepared each  | lay that a licensed operator staffed | or visited this plan | nt during the m                        | onth indicated above   | e: (1) reco | ords of amounts of cher  | nicals used and chemical feed      |  |  |  |  |  |
| rat   | es; and (2) if applicable  | , appropriate treatment process per  | formance records.    | Furthermore.                           | I agree to retain the  | se additio  | nal operations records a | at the plant site for at least ten |  |  |  |  |  |
| yea   | ars and to make them av  | ailable for review upon request.     |                      | <b>,</b>                               | 8                      |             |                          |                                    |  |  |  |  |  |
| -   | - 1 1 1  |                                      |                      |  |                        |             |                          |                                    |  |  |  |  |  |
|   | milas 1  | ravalet 2/3/64                       | Michael J.           | Gavaletz                               |                        |             | C5642                    |                                    |  |  |  |  |  |
| Sig   | gnature and Date   |                                      | Printed or           | Typed Name                             |                        |             | License N                | umber                              |  |  |  |  |  |

|   |  |   |  |  |  |  |  |   |   |  |   | L                                  |                      |
|---|--|---|--|--|--|--|--|---|---|--|---|------------------------------------|----------------------|
|   | סיפ  | T   | т  |  |  |  |  |   |   |  | 00875   | reset parties                      | otal                 |
|   | 1 87   |   | +  |  | <del></del>                                      | <del> </del>                                     |  |   |   |  | 24, 000   | र रहे                              | 31                   |
|   | 1.0  |   |  |  | <del></del>                                      | 1  | l  |   |   |  | 000,99  | bC                                 | 30                   |
|   |  |   |  |  |  |  | <del></del>                                      |   |   | T  | 74, 000   | hè                                 | 67                   |
|   | 01   |   |  | ļ  |  |  |  |   |   |  | 900139  | he                                 | 87                   |
|   | 1 9:1  |   |  |  | 1  |  |  |   |   | 1  | 000/15  | रिटे                               | LZ                   |
|   | <del>                                     </del> |   |  |  |  |  |  | 1   |   | <del>                                     </del> | 000, th   |                                    | 97                   |
|   | <del> </del>                                     |   |  |  |  |  |  |   |   | ·  | 000 46  | 150 ht                             | 52                   |
|   | 0.1  |   |  |  |  |  |  |   |   | <del> </del>                                     | 000 93  | ) Ae                               | 74                   |
|   | 1.1  |   |  |  |  |  |  |   |   |  | 000,397   | he                                 | 23                   |
|   | 0.1  |   |  |  |  | T  |  |   |   |  | 000 28  | 100                                | 77                   |
|   | 75.1   |   |  |  |  | 1  |  | 1   |   | <u> </u>   | 000119  |                                    |                      |
|   | 01   |   |  |  |  |  |  |   |   | <del> </del>                                     | CO011 6   | 1 76                               | 31<br>30             |
|   | gro  |   |  |  |  |  |  |   |   | <del>                                     </del> | 000100  | 75                                 | 100                  |
|   |  |   |  |  |  |  |  | T   |   |  | 000 Lh<br>000 S8<br>000 S8                            | 1                                  | 6I<br>81             |
|   | 1.0  |   |  |  |  | 1  | 1  | <b></b>   | T   | <del> </del>                                     | 0000  | THE<br>FRE                         | 81                   |
| V   | 07   | 1   |  |  | T  |  |  | <del>                                     </del>            |   | <del> </del>                                     | 000/25  | 13                                 | L1                   |
|   | 10   |   |  | T  | T  | $\overline{}$                                    | 1  |   |   |  | 30,000  | ME                                 | 91                   |
|   | 0'1  |   |  |  |  |  | <del> </del>                                     | <del> </del>  |   |  | 200 12  |                                    | SI                   |
|   | 0.1  |   |  |  |  |  | <del>                                     </del> |   |   | <del> </del>                                     | C000 00   |                                    | ÞI                   |
|   | 11   |   |  | 1  |  | <del>                                     </del> |  |   |   |  | 000'85  | he                                 | EI                   |
|   |  |   |  |  | <del> </del>                                     | <del> </del>                                     |  | <del> </del>  |   | <del> </del>                                     | 000/58  | he                                 | 15                   |
|   | <u> </u>   |   |  |  | 1  | <del>                                     </del> | <del> </del>                                     | <del> </del>  |   | <del> </del>                                     | 000/5%  | 46                                 | 11                   |
|   | 11   |   |  |  |  | <del>                                     </del> | <del>                                     </del> | <del> </del>  | <del>                                     </del>            | <del> </del>                                     | 1 200 23  | 75                                 | 01                   |
|   | 1 77   |   | 1  |  | 1  |  | <del>                                     </del> | <del> </del>  |   |  | 000 29  | V.C                                | 6                    |
|   | 111  |   |  |  |  | <del>                                     </del> |  | <del>                                     </del>            |   |  | 000/56  | <del>አ</del> ሮ                     | 8                    |
|   | L'O  |   |  |  |  | 1  | <del> </del>                                     |   |   |  | 000 158   | 15                                 | L                    |
|   | 6'0  |   |  |  | <del> </del>                                     | <del>                                     </del> |  | <del> </del>  |   | ļ  | 900,55  | 15°                                | 9                    |
|   |  |   |  |  | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | <del> </del>  |   |  | 000 101   | <i>5</i> €                         | ς                    |
|   | 111  |   |  |  | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del> </del>  |   |  | 000,101   | んて                                 | Þ                    |
|   | Li   |   | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     |  |   |   |  | 000:129   | KE                                 | 3                    |
|   | 57   |   | +  | <del>                                     </del> | <del> </del>                                     |  | <del></del>                                      |   |   |  | 000,59  | λt                                 | 7                    |
| System Components Out of Operation  | J/8m mats/S                                      | gec/cm,   | ,mo/ods  | T/unu ,  | Applicable                                       |  | STATISTICS STORE                                 |   | Santanan I area communication                               |  | 000/28  | んて                                 | Ţ                    |
| Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water | uonnaunsier                                      | Minimum<br>UV Doge<br>Required<br>Required      | UV Dose,   | mt.<br>Kedinico<br>C.L                           | TO Hq.   | Conp.  | Lowest CT<br>Provided<br>Before or<br>at First   | Disinfectant Context Time (T) at C Measurement Point During | Lowest Residual Disinfectant Concentration (C) Before or at | Peak Flow<br>Rate, gpd                           | Net Quantity<br>of Finished<br>Water<br>Produced, gal | ewoH<br>Plant in<br>Male<br>Person | Day of the the Month |
|   | 100  |   |  |  |  | Son-m  | V i wa panyii                                    | CT Calcul   | Calculations, of U  |  |   |                                    |                      |
| Chlorine Dioxide  | hloramines)                                      | 2) anno   | mo pamo  |  | 2000   | Voo 1-xi   | off stertanon                                    | INTO SOUT VI  | Calculations or 1   | L)   |   |                                    | 1111                 |
| 10  | (504;44040]4                                     | <i>5)</i> • • • • • • • • • • • • • • • • • • • | 140 benic  |  | anino  | ee Chl   | н <u>Х</u>                                       | on System:  | ed in Distributi  | nistnisM ls                                      | ectant Residu   | Inisid Jo                          | Туре о               |
| Chloramines)  | one C  | zo 🗌  | əbixoi   | orine D  | ID []  | lorine   | Tree Ch  |   | activation/Rem<br>Describe):                                | Other (  | Radiation   | raviolet                           | ilu 🗀                |
|   |  |   |  |  |  |  |  |   | OS Yrannat 3  | 0.1854/010                                       | a tor the Mo  | 112 (1112<br>112 (1112             | (1-111               |
|   | ZIWOW C  | CINA  | 240  | nor ros s  | TO : OTH 10-                                     |  |  |   |   |  |   |                                    |                      |
|   | ZHOMZ  | (,,,,,  | 4-0  | Florida  | 30 onless  | tilitU :   | amsV insl  | d   |   | 3590912  | tion Number   | soritineb.                         | I SMd                |
| HASED FINISHED WATER  | טא אטאנ  | <b>HILK</b>                                     | MD M   | ากมก   | WAND   | MIL  |  | LOW LAN   | IVEL OIL  | MALLVAIS   | 3 10 1 711  |                                    |                      |

C ---u

Average 73,000

Maximum 101,000

\* 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: February 2004          | 4             |                  |                        |               |                            |                                   |   |
|   | Public Water System (P    | WS) Information                               |               |                  |                        |               |                            |                                   |   |
|   | PWS Name: Weathers        | HETO OAKLAND SHURES MED                       |               |                  |                        |               | PWS Identification No      | umber: 35914513570912             |   |
|   | PWS Type:                 | Community Non-Transient Non-C                 | ommunity      |                  | t Non-Community        |               | nsecutive                  |                                   |   |
|   | Number of Service Co      | nnections at End of Month: 35                 |               |                  | Total Population S     | Served at E   | nd of Month: 882           |                                   |   |
|   | PWS Owner: Utilities,     | Inc. of Florida                               |               |                  |                        |               |                            |                                   |   |
|   | Contact Person: Patric    | k Flynn                                       |               |                  | Contact Person's 7     | itle: Regio   | nal 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, 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  |                        |               |                            |                                   |   |
|   | Permitted Maximum I       | Day Operating Capacity of Plant, gallons      | per day: 1.1  | 2 MOD 360,0      | 100 mg                 |               |                            |                                   |   |
|   | Plant Category (per su    | bsection 62-699.310(4), F.A.C.): IV           |               |                  |                        | ubsection 6   | 2-699.310(4), F.A.C.):     |                                   |   |
|   | Licensed Operators        | Name  |               |                  | License Number         |               | Day(s)/Shift               |                                   |   |
|   | Lead/Chief Operator:      | Mike Gavaletz                                 |               | С                | 5642                   |               | Mon - Fri 8 a.i            | n 4:30 p.m.                       |   |
|   | Other Operators:          | Terry Sillitoe                                |               | С                | 12749                  |               | Sat. 8 A.M.                | - 4:30 P.M.                       |   |
|   |                           |   |               |                  |                        |               |                            |                                   |   |
|   |                           |   |               |                  |                        |               |                            |                                   |   |
|   |                           | ·   |               |                  |                        |               |                            |                                   |   |
|   |                           |   |               |                  |                        |               |                            |                                   |   |
|   |                           |   |               |                  |                        |               |                            |                                   |   |
|   |                           |   |               |                  |                        |               |                            |                                   |   |
|   |                           |   |               |                  |                        |               |                            |                                   |   |
|   |                           |   |               |                  | l                      | <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 treat  | ment plant    | 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 | of my know    | ledge and belief | . I certify that all o | rinking wa    | ater treatment chemicals   | s used at this plant conform to   |   |
| NS  | SF International Standar  | d 60 or other applicable standards referen    | nced in subs  | section 62-555.3 | 320(3), F.A.C. I als   | so certify th | nat the following addition | onal operations records for this  |   |
| pla   | int were prepared each of | day that a licensed operator staffed or vis   | ited this pla | nt during the m  | onth indicated above   | ve: (1) reco  | ords of amounts of chem    | nicals used and chemical feed     |   |
|   |                           | , appropriate treatment process performa      | nce records.  | . 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   | ailable for review upon request.              |               |                  |                        |               |                            |                                   |   |
|   | mulail 1 Cm               | valty 3/4/04                                  | Michael J.    | Gavaletz         |                        |               | C5642                      |                                   |   |
| Si  | gnature and Date          |   |               | Typed Name       |                        |               | License N                  | umber                             |   |
| ~•;   | 5                         | $\mathcal{O}$                                 |               | 71               |                        |               |                            |                                   |   |

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| PWS           | PWS Identification Number: 3591451 3590912 mg Plant Name: Utilites, Inc. of Florida |                                      |  |   |   |  |  |  |   |                                 |  |                              |  |
|---------------|---|--------------------------------------|--|---|---|--|--|--|---|---------------------------------|--|------------------------------|--|
|               |   |                                      |  | f: February 2   |   |  |  |  |   |                                 |  |                              |  |
| Means         | of Achieraviolet  | eving Four-L<br>Radiation            | og Virus In<br>Other (                           | activation/Rem<br>(Describe):   | oval: * [   | Free Cl  | nlorine  | ПС   | Chlorine D                              | Dioxide                         | Oz   | cone [] (                    | Combined Chlorine (Chloramines)  |
| Type o        | of Disinf   | ectant Residu                        | ual Maintain                                     | ed in Distribut   | ion System:   | ⊠F   | ree Ch   | lorine   | Com                                     | bined Ch                        | lorine (C  | hloramines)                  | Chlorine Dioxide   |
|               |   |                                      | ď  | Calculations, or U  | JV Dose, to De  | monstrate Fo   | ur-Log   | Virus Inactiv                                    | ation, if Ap                            | plicable*                       | 2.30.200   |                              |  |
|               |   |                                      |  |   | CT Calcul   |  |  |  | UV Dose                                 |                                 | 를 받는 경기를 받는 것이 되었다.<br>1차 의 기계를 받는 것이 되었다.       |                              |  |
| Day of        | Hours<br>Plant in   | Net Quantity<br>of Finished<br>Water | Peak Flow  | Lowest Residual Disinfectant Concentration (C) Before or as First Customer  | Contact Time<br>(T) at C<br>Measurement<br>Point During | Lowest CT<br>Provided<br>Before or<br>at First<br>Customer<br>During | Temp.  | pH of  | CT<br>Required,                         | Lowest<br>Operating<br>UV Dose, | UV Dose<br>Required,                             | at Remote<br>Point in        | Emergency or Abnormal Operating Conditions; Repair                                   |
|               |   | Produced, gal                        | Rate, gpd  | During Peak<br>Flow, mg/L   | Peak Flow,<br>minutes                                   | Peak Flow,<br>mg-min/L   | Water,   | Water, if<br>Applicable                          | mg-<br>min/L                            | mW-<br>sec/cm²                  | mW-<br>sec/cm²                                   | Distribution<br>System, mg/L | or Maintenance Work that Involves Taking Water<br>System Components Out of Operation |
| 1             | 24  | 72,000                               |  | Marie |   | 3110 11110   |  | r.sppiiounic                                     | *************************************** | 20VW.VIII                       | accour.  | Byatem, mgr                  | System components out of operation   |
| 2             | 24  | 72,000                               |  |   |   |  |  | <b></b>  |   |                                 | <b></b> -  | 1.0                          |  |
| 3             | 24  | 47,000                               |  |   |   |  |  |  |   |                                 |  |                              |  |
| 4             | 24  | P3 000                               | <b></b>  |   |   |  |  |  |   |                                 |  | 0.8                          |  |
| 5             | 34  | 75,000                               |  |   | <b>}</b>  |  |  |  |   |                                 |  | 10                           |  |
| <u>6</u><br>7 | 24<br>24  | 57,000<br>47,000                     | <b></b>  | <del> </del>  | <del> </del>  |  |  | ļ  |   |                                 |  | 1                            |  |
| 8             | 24  | 83,000                               | <del> </del>                                     | <del>}</del>  | <b></b>   | <del></del>  |  | <del> </del>                                     |   | <del></del>                     |  | 1.0                          |  |
| 9             | 24  | 84,000                               | <del> </del>                                     | <del> </del>  |   |  |  | <del> </del>                                     | <del> </del>                            |                                 | <del> </del>                                     | 0.9                          |  |
| 10            | 24  | 58 000                               | <del></del>                                      | <del> </del>  |   |  | <del> </del>                                     | <del> </del>                                     | <del> </del>                            | <del> </del>                    | <del> </del>                                     | 1.0                          |  |
| 11            | 29  | 82,000                               |  | † <del></del>   |   |  |  | <del> </del>                                     | <del> </del>                            |                                 | <del> </del>                                     | 1.0                          |  |
| 12            | 24  | 81.000                               |  |   |   |  |  |  |   |                                 |  | 1.0                          | )  |
| 13            | 24  | 57,000                               |  |   |   |  |  |  |   |                                 |  | 1.0                          |  |
| 14            | 34  | 63,000                               | ļ  |   |   |  |  |  |   |                                 |  | 0.8                          |  |
| 15            | 39  | 73,000                               | ļ  | <del> </del>  | <b></b>   |  | <u> </u>   | ļ  |   |                                 |  |                              |  |
| 16<br>17      | 24  | 74,000                               | <del> </del>                                     |   | <b></b>   | <b> </b> -   | <del> </del>                                     | <del> </del>                                     | <del> </del>                            |                                 | <del> </del>                                     | 9.7                          |  |
| 18            | 29<br>24  | 78.000                               | <del> </del>                                     |   | <del> </del>  | <del></del>  | <del>├</del> ──                                  | <del> </del>                                     | <del> </del>                            |                                 | <del> </del>                                     | 1.1                          |  |
| 19            | 24  | 32,000                               | <del> </del>                                     | <del> </del>  | <del>                                     </del>        | <del> </del>   |  | <del> </del>                                     | <del> </del>                            | <del></del>                     | <del> </del>                                     | 1.0                          |  |
| 20            | 24  | 68.000                               |  |   |   | t  | <del>                                     </del> | <del>                                     </del> | 1                                       | <del> </del>                    | 1  | 0.8                          |  |
| 21            | 24  | 60,000                               |  |   |   |  |  |  |   |                                 |  | 0.7                          |  |
| 22            | 24  | 102,000                              |  |   |   |  |  |  |   |                                 |  |                              |  |
| 23            | 24  | 103,000                              |  |   |   |  |  |  |   |                                 |  | 1.0                          |  |
| 24            |   | 65,000                               |  | ļ   | ļ   |  |  |  |   |                                 | <b></b>  | 0.8                          |  |
| 25°<br>26     | 24  | 68,000                               | <del> </del>                                     | <del> </del>  | <del> </del>  | <u> </u>   |  |  |   | <u> </u>                        | <b></b>  | 0.8                          |  |
| 27            | 24<br>24  | 70,000                               | <del> </del>                                     | <del> </del>  |   |  |  | <del> </del>                                     |   | <del> </del>                    | <del> </del>                                     | 1.0                          |  |
| 28            | 24  | 52,000                               | -  | <del> </del>  | <del> </del>  |  |  |  | <del> </del>                            | <del> </del>                    | <del> </del>                                     | 0,8                          |  |
| 29            | 34  | 91,000                               | <del> </del>                                     | <del> </del>  | <del> </del>  | <del> </del>   | ├  | <del> </del>                                     | <del> </del>                            | <del> </del>                    | <del> </del>                                     | 0,8                          |  |
| 30            |   | 1.755                                | <del>                                     </del> | <del>                                     </del>  | <del> </del>  |  | <del>                                     </del> | <del> </del>                                     | <del> </del>                            | t                               | <del>                                     </del> | <del> </del>                 |  |
| 31            |   |                                      |  |   |   | 1  | T  | t  | 1                                       | 1                               | 1  | 1                            |  |
| Total         | 87.7°, 11   | 201/800                              |  |   |   |  |  |  |   |                                 |  | ·                            |  |

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<sup>\*</sup> 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: March 20          | 04              |                  |                        |            |                           |                                    |  |  |  |  |
|     | Public Water System (F  |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     | PWS Name: Oakland S   | Shores                                   |                 |                  |                        |            | PWS Identification N      | Number: 3590912                    |  |  |  |  |
|     |   | Community Non-Transient No               | on-Community    | Transier         | nt Non-Community       | ПС         | onsecutive                |                                    |  |  |  |  |
|     |   | nnections at End of Month: 225           |                 |                  | Total Population S     | erved at l | End of Month: 788         |                                    |  |  |  |  |
|     | PWS Owner: Utilities,   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     | Contact Person: Patric  | k Flynn                                  |                 |                  | Contact Person's T     | itle: Regi | ional Director            |                                    |  |  |  |  |
|     | Contact Person's Maili  | ing 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                       |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   | ail Address: p.c.flynn@utilitiesinc-us   | a.com           |                  |                        |            |                           |                                    |  |  |  |  |
| B.  | Water Treatment Plant   | Information                              |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     | Plant Name: Utilites, I   | nc. of Florida                           |                 |                  |                        |            | Plant Telephone Nur       | nber: 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               | er 🔲 Purch      | nased Finished V | Vater                  |            |                           |                                    |  |  |  |  |
|     |   | Day Operating Capacity of Plant, gall    | ons per day: 36 | 50,000           |                        |            |                           |                                    |  |  |  |  |
|     | 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)/Shi                | ft(s) Worked                       |  |  |  |  |
|     | Lead/Chief Operator:  | Míke 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.                          |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   |  |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     | . Certification by Lea  | d/Chief Operator                         |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   | eatment plant operator licensed in Fl    | orida am tha le | ad/objet energic | or of the water treats | mont plan  | at identified in Part Lof | this report. I certify that the    |  |  |  |  |
|     |   | is report is true and accurate to the be |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   | d 60 or other applicable standards ref   |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     |   | day that a licensed operator staffed or  |                 |                  |                        |            |                           |                                    |  |  |  |  |
| rat | es; and (2) if applicable   | , appropriate treatment process perfo    | rmance records  | s. Furthermore,  | I agree to retain the  | se additic | onal operations records   | at the plant site for at least ten |  |  |  |  |
| yea | ers and to make them av   | ailable for review upon request.         |                 |                  |                        |            | •                         | -                                  |  |  |  |  |
|     | m. 1 11   | -AT MELON                                |                 |                  |                        |            |                           |                                    |  |  |  |  |
|     | mulal) (  | raint 4/5/04                             | Michael J.      |                  |                        |            | C5642                     |                                    |  |  |  |  |
| Sig | gnature and Date  | )  | Printed or      | Typed Name       |                        |            | License N                 | lumber                             |  |  |  |  |
|     |   | $\mathcal{U}$                            |                 |                  |                        |            |                           |                                    |  |  |  |  |

| PWS           | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                          |              |                                    |                             |                       |          |               |  |                     |                     |                       |  |
|---------------|--|--------------------------|--------------|------------------------------------|-----------------------------|-----------------------|----------|---------------|--|---------------------|---------------------|-----------------------|--|
| HII. 18       | aily Dat   | a for the Mo             | onth/Year o  | f: March 200                       | 4                           |                       |          |               |  |                     |                     |                       |  |
|               |  |                          |              | activation/Rem                     |                             | Free Ch               | lorine   | ПС            | hlorine D  | ioxide              | Oz                  | one 🗆 C               | Combined Chlorine (Chloramines)                    |
| Ult 🔲         | raviolet   | Radiation                | Other (      | (Describe):                        |                             |                       |          |               |  |                     |                     |                       |  |
| Type o        | of Disinfo   | ectant Residu            | ıal Maintain | ed in Distributi                   | on System:                  |                       | ee Ch    |               |  |                     | lorine (C           | hloramines)           | Chlorine Dioxide                                   |
|               |  |                          | C            | Γ Calculations, or I               |                             |                       | ur-Log ' | Virus Inactiv | ation, if Ap                                     |                     |                     |                       |  |
| , ,           | Safa in the  |                          |              |                                    | CT Calcul                   |                       |          |               |  | UV                  | Dose                |                       |  |
|               |  |                          |              | Lowest Residual                    | Disinfectant                | Lowest CT<br>Provided |          |               |  |                     |                     | Lowest<br>Residual    |  |
| ) }           |  |                          |              | Disinfectant                       | Contact Time                | Before or             |          |               |  |                     |                     | Disinfectant          |  |
|               |  |                          |              | Concentration                      | (T) at C                    | at First              |          |               | Minimum  |                     | Minimum             | Concentration         |  |
| Day of        | Hours  | Net Quantity of Finished |              | (C) Before or at<br>First Customer | Measurement<br>Point During | Customer<br>During    | Temp.    | pH of         | CT<br>Required,                                  | Operating           | UV Dose             | at Remote<br>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  |                          | Rate, gpd    | Flow, mg/L                         | minutes                     | mg-min/L              | °C       | Applicable    | min/L  | sec/cm <sup>2</sup> | sec/cm <sup>2</sup> | System, mg/L          | System Components Out of Operation                 |
| 1 2           | 24   | 92.000                   |              |                                    |                             |                       |          |               |  |                     |                     | 09                    |  |
| $\frac{2}{3}$ | 7.4<br>7.4   | 53,000<br>81,000         |              |                                    |                             |                       |          |               |  |                     |                     | (.0                   |  |
| 4             | 24   | 82,000                   |              |                                    |                             |                       |          |               |  |                     |                     | # B                   |  |
| 5             | 24   | 63,000                   |              |                                    |                             |                       |          |               |  |                     | <b></b>             | 1.0                   |  |
| 6             | 24   | 62,000                   |              |                                    |                             |                       | -        |               |  |                     |                     | 5.8                   |  |
| 7             | PC   | 98,000                   |              |                                    |                             |                       |          |               |  |                     |                     |                       |  |
| 8             | 37   | 94,000                   |              |                                    |                             |                       |          |               |  |                     |                     | (.0                   |  |
| 9             | γς<br>γς   | 79,005                   |              |                                    |                             |                       |          |               |  |                     | ļ                   | 0.8                   |  |
| 11            | 34   | 72,000                   |              |                                    |                             |                       |          |               | ļ  | <del></del>         | <b></b>             | 0.0                   |  |
| 12            | 24   | 93,000                   |              |                                    |                             |                       |          |               |  |                     | <b></b>             | 0.8                   |  |
| 13            | 24   | 107,000                  |              |                                    |                             |                       |          |               | <del> </del>                                     |                     | <del> </del>        | D.9                   |  |
| 14            | 24   | 134,00                   |              |                                    |                             |                       |          |               |  |                     |                     |                       |  |
| 15            | 24   | (32,000                  |              |                                    |                             |                       |          |               |  |                     |                     | 1.0                   |  |
| 16<br>17      | 34<br>34   | 60,000<br>73,000         |              |                                    |                             |                       |          |               |  |                     |                     | 3.9                   |  |
| 18            | <del>- 1</del>   | 76,000                   |              | }                                  | <u> </u>                    |                       |          | <del> </del>  | <u> </u>   |                     |                     | (-1                   |  |
| 19            | 34   | 84,000                   | <del> </del> | <del> </del>                       | L                           |                       |          | <b> </b>      | <u> </u>   |                     | ļ                   | 1.0                   |  |
| 20            | 24   | \$ (, ⊘⊃)                |              |                                    |                             |                       |          | <del> </del>  | <del>                                     </del> |                     |                     | 1.0                   |  |
| 21            | yc   | 0,00                     |              |                                    |                             |                       |          |               |  |                     |                     |                       |  |
| 22            | 24   | 106,000<br>78,000        |              |                                    |                             |                       |          |               |  |                     |                     | 1.3                   |  |
| 24            | 24<br>24   | 87,000                   |              |                                    |                             |                       |          | ļ             |  |                     |                     | 1.0                   |  |
| 25            | 24   | 107,000                  |              | <del> </del>                       |                             |                       |          | <del></del>   |  | <del></del>         |                     | 0.8                   |  |
| 26            | 24   | 70 000                   |              | <del> </del>                       |                             |                       |          | ļ             |  | ·                   |                     | 0.7                   |  |
| 27            | 24   | 65,000                   |              |                                    |                             |                       |          | ļ             | <del>                                     </del> | <del></del>         |                     | 0.7                   |  |
| 28            | 24   | 13c/000                  |              |                                    |                             |                       |          |               |  |                     | <u> </u>            | - · · ·               |  |
| 29<br>30      |  | (32,000                  |              |                                    |                             |                       |          |               |  |                     |                     | 1.0                   |  |
| 31            | 24<br>24   | લ્ર8,000<br>વળ્∂ા        |              | <del> </del>                       |                             |                       |          |               |  |                     |                     | 0.8                   |  |
| Total         | ~  | 2,161,000                |              | L                                  | L                           | L                     |          | <u> </u>      | L  | L                   | L                   | 0.8                   |  |
| Average       |  | 20000                    | l            |                                    |                             |                       |          |               |  |                     |                     |                       |  |

Maximum

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



| A LEGALIST |                     |  |                        |                        |               |                        |  | (A)                                     |
|------------|---------------------|--|------------------------|------------------------|---------------|------------------------|--|---|
| See page   | 4 for instructions. |  |                        |                        |               | ACCES.                 |  |   |
| I. Gene    | ral Information     | for the Month/Year of: April 2004  |                        |                        |               | 1370 <b>4.</b>         | Manager and the state of the st |   |
| A. Public  | Water System (F     | PWS) Information   |                        |                        | _             |                        |  | *************************************** |
| PWS        | Name: Oakland S     | Shores   |                        |                        |               | PWS Identification 1   | Number: 3590912  |   |
|            |                     | Community Non-Transient Non-Comm   | unity   Transier       | nt Non-Community       | Con           | secutive               |  |   |
| Num        | ber of Service Co   | nnections at End of Month: ユュラ   |                        | Total Population S     | erved at En   | d of Month: 788        |  |   |
| PWS        | Owner: Utilities,   | Inc. of Florida  |                        |                        |               |                        |  |   |
| Cont       | act Person: Patric  | k Flynn  |                        | Contact Person's T     | itle: Regior  | al Director            |  |   |
| Cont       | act Person's Maili  | ng Address: 200 Weathersfield Ave.   |                        | City: Altamonte Sp     | orings        | State: Fl              | Zip Code: 32714  |   |
| Cont       | act Person's Telep  | phone Number: 407-869-1919   |                        | Contact Person's Fa    | ax Number     | 407-869-6961           |  |   |
|            |                     | il Address: p.c.flynn@utilitiesinc-usa.com   |                        |                        |               |                        |  |   |
|            | Treatment Plant     |  |                        |                        |               |                        |  |   |
|            | Name: Utilites, I   | The state of the s |                        |                        |               | Plant Telephone Nui    | mber: 407-869-1919   |   |
|            | Address: 200 We     |  |                        | City: Altamonte Sp     | orings        | State: Fl              | Zip Code: 32714  |   |
|            | of Water Treated    |  | Purchased Finished V   | Vater                  |               |                        |  |   |
|            |                     | Day Operating Capacity of Plant, gallons per da  | ay: 360,000            |                        | ···           |                        |  |   |
|            |                     | bsection 62-699.310(4), F.A.C.): IV  |                        |                        | bsection 62   | -699.310(4), F.A.C.)   |  |   |
|            | ensed Operators     | . Name   | License Class          | License Number         |               | Day(s)/Shi             | ft(s) Worked   |   |
| Lead       | /Chief Operator:    | Mike Gavaletz  | C                      | 5642                   |               | Mon - Fri 8 a          | a.m 4:30 p.m.  |   |
| Othe       | r Operators;        | Terry Sillitoe   | С                      | 12749                  |               | Sat. 8 A.M             | l 4:30 P.M.  |   |
|            |                     |  |                        |                        |               |                        |  |   |
|            |                     |  |                        |                        |               |                        |  |   |
|            |                     |  |                        |                        |               |                        | **************************************   |   |
|            |                     |  |                        |                        |               |                        |  |   |
|            |                     |  |                        |                        |               |                        |  |   |
|            |                     |  |                        |                        |               |                        |  |   |
| - 18 de    |                     |  |                        |                        |               |                        |  |   |
|            |                     | <u> </u>   |                        |                        |               |                        |  |   |
| II. Cer    | tification by Lea   | d/Chief Operator   |                        |                        |               |                        |  |   |
|            |                     | eatment plant operator licensed in Florida, am   | the lead/chief operato | or of the water treatn | nent plant i  | dentified in Part I of | this report. I certify tha   | t the                                   |
|            |                     | is report is true and accurate to the best of my   |                        |                        |               |                        |  |   |
| NSF Inte   | rnational Standar   | d 60 or other applicable standards referenced i  | n subsection 62-555.3  | 320(3), F.A.C. I also  | o certify tha | t the following addit  | tional operations records  | s for this                              |
|            |                     | lay that a licensed operator staffed or visited th   |                        |                        |               |                        |  |   |
|            |                     | , appropriate treatment process performance re   | ecords. Furthermore,   | I agree to retain thes | se additiona  | d operations records   | at the plant site for at le  | ast ten                                 |
| years and  | d to make them av   | vailable for review upon request.  |                        |                        |               |                        |  |   |
|            | relat 60            | wate 5/5/04 Mich   | nael J. Gavaletz       |                        |               | C5642                  |  |   |
| Signatur   | e and Date          | Print  | ed or Typed Name       |                        |               | License N              | Number   |   |

Dans 1

| PWS        | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                                      |              |  |   |  |  |                    |  |  |  |              |  |
|------------|--|--------------------------------------|--------------|--|---|--|--|--------------------|--|--|--|--------------|--|
| 111. E     | aily Dat   | a for the Mo                         | onth/Year (  | of: April 2004   |   |  |  |                    |  |  |  |              |  |
| Means      | of Achi  | eving Four-L                         | og Virus In  | activation/Rem   | noval: *  | Free Cl  | lorine   |                    | hlorine I  | Dioxide  | □ O <sub>2</sub>                                 | zone 🔲 (     | Combined Chlorine (Chloramines)  |
|            |  | Radiation                            |              | (Describe):  |   | F-3 :-   |  | <del> </del>       |  |  |  |              |  |
| Type       | of Disinf  | ectant Residi                        | ual Maintair | ned in Distribut<br>T Calculations, or I   | ion System:   | ∭F   | ree Ch   | lorine             | Com  | bined Ch   | lorine (C  | hloramines)  | Chlorine Dioxide   |
|            |  |                                      |              | r Calculations, of s   | CT Calcu  | lations  | m-ros  | A IL (12 TOMESTIA  | ator, II A                                       |  | Dose   |              |  |
| Day of the | Hours<br>Plant in  | Net Quantity<br>of Finished<br>Water | Peak Flow    | Lowest Residual Disinfectant Concentration (C) Before or at Pirst Customer During Peak | Disinfectant<br>Contact Time<br>(1) at C<br>Measurement<br>Point During<br>Peak Flow, | Lowest CT<br>Provided<br>Before or<br>at Pirst<br>Customer<br>During<br>Peak Flow, | Temp,<br>of<br>Water,                            | pH of<br>Water, if | CT   | Lowest   |  | at Remote    | Emergency or Abnormal Operating Conditions; Repair<br>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 <sup>2</sup>                              | sec/cm²  | System, mg/L | System Components Out of Operation   |
| 2          | 14<br>14   | \$1,000<br>126,000                   |              | <del> </del>   | <b></b>   | <b></b>  |  | <del> </del>       | <b> </b>   |  | <b> </b>   | 0.9          |  |
| 3          | 29   | 82,000                               |              | <del> </del>   | <b></b>   |  |  |                    | <del> </del>                                     | ļ  |  | 0.8          |  |
| 4          | 24   | 118 000                              |              |  |   | <b>—</b> ——  |  |                    | <del> </del>                                     |  | <del>}</del>                                     |              |  |
| 5          | 29   | 118,000                              |              |  |   |  |  |                    |  |  |  | 0.7          |  |
| 6          | 29   | 93,000                               |              |  |   |  |  |                    |  |  |  | 1.0          |  |
| 8          | 24<br>24   | 125,000                              |              |  | <b> </b>  |  |  |                    |  | <b> </b>   |  | 0.8          |  |
| 9          | <u>3</u> V   | 75,000                               |              | <del> </del>   | <del></del>   |  | <del> </del>                                     | <u> </u>           |  |  | ļ  | 1.0          |  |
| 10         | 34   | 91,000                               | <u> </u>     | <del> </del>   |   | <del>                                     </del>                                   | <b></b> -  | <del> </del>       | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 0.8          |  |
| 11         | 24   | 128,000                              |              |  | <del>                                     </del>                                      |  | <u> </u>   |                    | <del> </del>                                     | <del> </del>                                     | <del></del>                                      | 1.0          |  |
| 12         | 24   | 129,000                              |              |  |   |  |  | <b></b>            | <del> </del>                                     |  | 1  | 1.0          |  |
| 13         | 24<br>24   | 57,000                               |              |  |   |  |  |                    |  |  |  | 0.9          |  |
| 14.        | 24   | 23,000                               |              |  |   |  |  |                    |  |  |  | 1.0          |  |
| 15         | 29<br>29   | 75,000                               | ļ            | <del>}</del>   | <del>}</del>  | <u> </u>   | ļ  |                    | ļ  | ļ  |  | 1.0          |  |
| 17         | 24<br>24   | 77,000                               | <b>}</b>     | <del> </del> -   | <del> </del>  |  | <b> </b>   |                    | ļ  | ļ  |  | (.)          |  |
| 18         | 24   | 136,000                              | <b></b>      | <del> </del>   |   | <del> </del>   | <del>                                     </del> |                    | <del> </del>                                     |  | <b></b>  | 1.0          |  |
| 19         | 24   | 136,000                              |              | <del> </del>   |   | <del> </del>   | <del>                                     </del> | <del> </del>       | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | 1            |  |
| 20         | 쐀  | 144,000                              |              |  |   |  | <u> </u>   |                    | <del>                                     </del> | <u> </u>   |  | 1.0          |  |
| 21         | dll.   | 144,000                              |              |  |   |  |  |                    |  |  |  | 1.0          |  |
| 22         | 24   | 114,000                              |              | <del> </del>   |   |  |  |                    |  |  |  | 0.9          |  |
| 23         | 24<br>24   | 100 000<br>81,000                    |              |  | 1   |  |  | ļ                  | ļ  | ļ  | ļ  | 1.0          |  |
| 25         | 34   | 138,000                              |              |  | ·   | <del> </del>   | <del> </del>                                     | <del> </del>       | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 0.9          |  |
| 26         | 24   | 138 000                              | <del> </del> | <del> </del>   |   | <del> </del>   | <del>                                     </del> | <del> </del>       | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | 0.9          |  |
| 27         | 29   | 89,000                               |              | <u> </u>   |   | <del> </del>   | <del>                                     </del> | <del> </del>       | <del> </del> -                                   | <del> </del>                                     | <del> </del>                                     | 1.0          |  |
| 28         | 24   | 106,000                              |              |  |   |  |  | <b> </b>           | <del>                                     </del> | †  | <del> </del>                                     | 1.2          |  |
| 29         | 24   | 132,000                              |              |  |   |  |  |                    |  |  |  | 0.9          |  |
| 30         | 24   | 85,000                               |              |  |   |  |  |                    |  |  |  | 0.7          |  |
| 31         | <u> </u>   | '                                    |              | <u> </u>   | <u> </u>  | <u></u>  |  | <u> </u>           | L  |  |  |              |  |
| Total      | 11 11 11 14 11   | 3/87'000                             |              |  |   |  |  |                    |  |  |  |              |  |

Maximum

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





| See  | page 4 for instructions.   |  |                                   |                          |  | and the state of t |
|------|----------------------------|--|-----------------------------------|--------------------------|--|--|
| i.   | General Information        | for the Month/Year of: May 2004          |                                   |                          |  |  |
| A.   | Public Water System (F     | WS) Information                          |                                   |                          |  |  |
|      | PWS Name: Oakland S        | Shores                                   |                                   |                          | PWS Identification                             | Number: 3590912  |
|      | PWS Type:                  | Community Non-Transient No               | n-Community Transier              | t Non-Community          | Consecutive                                    |  |
|      | Number of Service Co       | nnections at End of Month: 235           |                                   | Total Population Se      | rved at End of Month: 788                      |  |
|      | PWS Owner: Utilities,      | Inc. of Florida                          |                                   |                          |  |  |
|      | Contact Person: Patric     | k Flynn                                  |                                   | Contact Person's Tit     | tle: Regional Director                         |  |
|      |                            | ng Address: 200 Weathersfield Ave.       |                                   | City: Altamonte Spi      | rings State: Fl                                | Zip Code: 32714  |
|      | Contact Person's Teler     | phone Number: 407-869-1919               |                                   | Contact Person's Fa      | x Number: 407-869-6961                         |  |
|      | Contact Person's E-Ma      | il Address: p.c.flynn@utilitiesinc-usa   | i.com                             |                          |  |  |
| В.   | Water Treatment Plant      |  |                                   |                          |  |  |
|      | Plant Name: Utilites, I    |  |                                   |                          |  | umber: 407-869-1919  |
|      | Plant Address: 200 We      |  |                                   | City: Altamonte Sp       | rings State: Fl                                | Zip Code: 32714  |
|      | Type of Water Treated      |  |                                   | Vater                    |  |  |
|      |                            | Day Operating Capacity of Plant, gallo   | ons per day: 360,000              |                          |  |  |
|      |                            | bsection 62-699.310(4), F.A.C.): IV      |                                   |                          | osection 62-699.310(4), F.A.C                  |  |
|      | Licensed Operators         | Name                                     | License Class                     | License Number           | Day(s)/Si                                      | hift(s) Worked   |
|      | Lead/Chief Operator:       | Mike Gavaletz                            | с                                 | 5642                     | Mon - Fri                                      | 8 a.m 4:30 p.m.  |
|      | Other Operators:           | Terry Sillitoe                           | C                                 | 12749                    | Sat. 8 A.                                      | M 4:30 P.M.  |
|      |                            |  |                                   |                          |  |  |
|      |                            |  |                                   |                          |  | ###  |
|      |                            |  |                                   |                          |  |  |
|      |                            |  |                                   |                          |  |  |
|      |                            |  |                                   |                          |  |  |
|      |                            |  |                                   |                          |  |  |
|      |                            |  |                                   |                          |  |  |
|      |                            |  |                                   | L                        |  |  |
| 11   | . Certification by Lea     | d/Chief Operator                         |                                   |                          |  |  |
| I, t | he undersigned water tre   | eatment plant operator licensed in Flo   | orida, am the lead/chief operator | r of the water treatm    | ent plant identified in Part I o               | of this report. I certify that the   |
| inf  | ormation provided in th    | is report is true and accurate to the be | st of my knowledge and belief     | . I certify that all dri | inking water treatment chemic                  | cals used at this plant conform to   |
| N2   | F International Standar    | d 60 or other applicable standards refe  | erenced in subsection 62-555.3    | 20(3), F.A.C. I also     | certify that the following add                 | litional operations records for this   |
| ріа  | nt were prepared each d    | lay that a licensed operator staffed or  | visited this plant during the me  | onth indicated above     | <ul><li>(1) records of amounts of ch</li></ul> | emicals used and chemical feed   |
| rau  | es; and (2) if applicable, | appropriate treatment process perform    | mance records. Furthermore,       | agree to retain these    | e additional operations record                 | s at the plant site for at least ten   |
| yea  | ars and to make them av    | ailable for review upon request.         |                                   |                          |  |  |
|      | mukant                     | Cavaly 6/4/04                            | Michael J. Gavaletz               |                          | C5642  |  |
| Sic  | nature and Date            | 1 Comment of the                         | Printed or Typed Name             |                          |  | Number   |
| ~.6  | , Date (                   | / /                                      | Trinica of Typea Ivaine           |                          | License  | Number   |

|  |  |   |                    |              |                                |                       |  |   |   |                | 3.002.00  |                              | Total          |
|--|--|---|--------------------|--------------|--------------------------------|-----------------------|--|---|---|----------------|---|------------------------------|----------------|
|  | 8.0  |   |                    |              |                                |                       |  |   |   |                | 0003751   | ለተ                           | 31             |
|  |  |   |                    |              |                                |                       |  |   |   |                | 000 ET1   | Ŋσ                           | 30             |
|  | 0.1  |   |                    |              |                                |                       |  |   |   |                | 114,000   | $\lambda^{c}$                | 67             |
|  | 07   |   |                    |              |                                |                       |  |   |   |                | 0001151   | KC                           | . 28           |
|  | 4.1  |   |                    |              |                                |                       |  |   |   |                | 000,951   | Αt                           | LZ             |
|  | 0.3  |   |                    |              |                                |                       |  |   |   |                | 000.8 91  | <del>አ</del> ሮ               | 56             |
|  | 8'0  |   |                    |              |                                |                       |  |   |   |                | 199,000   | λr                           | 72             |
|  | 07   |   |                    |              |                                |                       |  |   |   |                | 128,000   | <sub>ይ</sub>                 | 74             |
|  |  |   |                    |              |                                |                       |  |   |   |                | 128,000   | አሮ                           | 73             |
|  | 8'0  |   |                    |              |                                |                       |  |   |   |                | 97,000  | _\/C                         | 77             |
|  | 0,1  |   |                    |              |                                |                       |  |   |   |                | 000 301   | トて                           | 17             |
|  | 5.1  |   |                    |              |                                |                       |  |   |   |                | ००५ट  | ላፖ                           | 70             |
|  | 0,1  |   |                    |              |                                |                       |  |   |   |                | 131,000   | hτ                           | 61             |
|  | 0'1  |   |                    |              |                                | لـــــا               |  |   |   |                | 000,501   | <sub>አ</sub> τ               | 81             |
|  | 8,10   |   |                    |              |                                |                       |  | <u> </u>  |   |                | 13(100  | አሮ                           |                |
|  |  |   |                    |              |                                |                       |  |   |   |                | 15/1000   | አτ                           | 91             |
|  | 01   |   | ļ                  |              |                                |                       |  |   |   |                | 000/98  | ٨٣                           | S1             |
|  | 8'0  |   |                    |              |                                |                       |  |   |   |                | 000,75  | ላፕ                           | 71             |
|  | 07   |   |                    |              |                                |                       |  |   |   |                | 000/911   | <i>አ</i> ተ                   | 13             |
|  | 4.1  |   |                    |              |                                |                       |  |   |   |                | 113,000   | ht                           | 15             |
|  |  |   |                    |              |                                |                       |  |   |   |                | 000 '89   | Ąτ                           | 11             |
|  | 6.0  |   |                    |              |                                |                       |  |   |   | ·              | 000 EC  | ht                           | 01             |
|  |  |   |                    |              |                                |                       |  | ļ   |   |                | ००० प्र   | <u>አ</u> ሮ                   | 6              |
|  | 01   |   |                    |              |                                | ļ                     |  | ļ   |   |                | CON 1 P   |                              | 8              |
|  | 8.0  |   |                    |              |                                |                       |  | <b> </b>  |   |                | 75,000  | 15                           | L              |
|  | 1.0  |   |                    |              |                                |                       |  |   |   |                | (00)'08   | 1-ht                         | 9              |
|  | 8.0  |   |                    |              |                                |                       | <b> </b>   |   |   |                | 000'88  | 1 P                          | S              |
|  | 0')  |   | <u> </u>           |              |                                | <del> </del>          | <b> </b>   |   |   |                | 25,000  | bτ                           | <b>b</b>       |
|  | 8.0  | <b></b>                                 |                    |              |                                |                       | <del> </del>   |   |   |                | 000'96  | አኛ                           | 3              |
|  |  |   |                    |              |                                | <u> </u>              |  | <del></del>   |   | ļ              | 000,36  | <i>\</i> ₹                   | 7              |
| Dear See Sept Wile Land Control of the Control of t | 6'0  | Edinore ou report vito                  | CONTRACTOR OF THE  | 70.0         | Antonia to the second          |                       | Contract Con | Branch Print Co.  | NAME OF THE PARTY | BESTER OF BEST | 000,82  | V.                           |                |
| Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that involves Taking Water System Components Out of Operation   | Lowest Residual Disinfectant Concentration at Remote "Point in Distribution System, mg/L | Minimum<br>NV Dose<br>Required,<br>mW-: | Lowest<br>Agineses | munini<br>To | yo Hq<br>'Il ayaw<br>odesilodA | Temp.<br>or<br>Nater, | Lowest CT<br>Provided<br>Before or<br>at Pirzi<br>Customer<br>During   | tratochrisid<br>anil: toatnoo<br>O ta (T)<br>transment<br>gannd traof | Lowest Residual Lowest Residual Louisintentin   |                | Met Quantity<br>of Pinished<br>Water<br>Produced, gal | zuoH<br>pi insiq<br>noistand | To yaCl<br>the |
|  |  | 1.3                                     | * * eldapilo       | gA ti nom    | visiani ami                    | V BOAT                | iof alstranon  | V Dose, to Den  | Calculations, or U  | i) Ci          |   |                              |                |
| Chlorine Dioxide   | nloramines)  | (Cl                                     | IdD bənic          | [] Com       | orine                          | ee Chl                | <b>ਸ਼</b> ⊠  | on System:  | itudirteiQ ni be  |                |   |                              |                |
| combined Chlorine (Chloramines)  | one 🔲 C  | zo 🗌                                    | əbixoi             | O əniroln    | n 🗌                            | orine                 | □ Ргее Сћ  | * :lsvo   | May 2004 Describe):   |                |   | of Achie                     | Means          |
|  |  |   |                    | 997701       | YO :0111 (a.                   | 201112                | 'AIIIIA' AIIII   | 7.7.1   |   | 7160665        | 12011IDAL HOLI  | מכווווומ                     | I C M          |
|  |  |   |                    |              |                                |                       | ant Name:  |   |   |                | tion Number   |                              |                |
| 1170 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | OW FORCE   | VITIN                                   | IAA CINI           | DVVD         | AAWN C                         | / III/                | / <b>J</b>   | こなと アシュ   | מבצטמוו   | NULLAX         | コイい ノブロ   | INON                         |                |

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Average 113 000 Anis report to determine which plants must provide this information.





See page 4 for instructions.

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| see page 4 for manuemons                  | •   |                   |                                       |   |                                       |                                  |
|---|---|-------------------|---------------------------------------|---|---------------------------------------|----------------------------------|
|   | for the Month/Year of: June 2004                                      |                   | · · · · · · · · · · · · · · · · · · · |   |                                       |                                  |
| A. Public Water System (I                 | PWS) Information  |                   |                                       |   | · · · · · · · · · · · · · · · · · · · |                                  |
| PWS Name: Oakland                         |   |                   | William                               | *************************************** | PWS Identification No                 | mber: 3590912                    |
| PWS Type:                                 | Community Non-Transient Non-Community                                 | Transie           | nt Non-Community                      | ПСс                                     | onsecutive                            |                                  |
| Number of Service Co                      | onnections at End of Month: 225                                       |                   |                                       |   | End of Month: 788                     |                                  |
| PWS Owner: Utilities                      |   |                   |                                       |   |                                       |                                  |
| Contact Person: Patric                    | k Flynn   |                   | Contact Person's                      | Title: Region                           | onal Director                         |                                  |
| Contact Person's Mail                     | ing Address: 200 Weathersfield Ave.                                   |                   | City: Altamonte S                     |   | State: Fl                             | Zip Code: 32714                  |
| Contact Person's Tele                     | phone Number: 407-869-1919  |                   | Contact Person's I                    | ax Number                               | er: 407-869-6961                      |                                  |
| Contact Person's E-Ma                     | ail Address: p.c.flynn@utilitiesinc-usa.com                           |                   |                                       |   |                                       |                                  |
| <ol> <li>Water Treatment Plant</li> </ol> |   |                   |                                       |   |                                       |                                  |
| Plant Name: Utilites, I                   |   |                   |                                       |   | Plant Telephone Num                   | ber: 407-869-1919                |
| Plant Address: 200 W                      |   |                   | City: Altamonte S                     | prings                                  | State: Fl                             | Zip Code: 32714                  |
| Type of Water Treated                     |   | hased Finished V  | Vater                                 |   |                                       |                                  |
|   | Day Operating Capacity of Plant, gallons per day: 36                  | 50,000            |                                       |   |                                       |                                  |
|   | ubsection 62-699.310(4), F.A.C.): IV                                  |                   | Plant Class (per si                   | ubsection (                             | 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 8 a.r                         | n 4:30 p.m.                      |
| Other Operators:                          | Terry Sillitoe  | С                 | 12749                                 |   | Sat. 8 A.M                            | 4:30 P.M.                        |
|   |   |                   |                                       |   |                                       |                                  |
|   |   |                   |                                       |   |                                       |                                  |
|   |   |                   |                                       |   |                                       |                                  |
|   |   |                   |                                       |   |                                       |                                  |
|   |   |                   |                                       |   |                                       |                                  |
|   |   |                   |                                       |   |                                       |                                  |
|   |   |                   |                                       |   |                                       |                                  |
|   |   |                   |                                       |   |                                       |                                  |
| II. Certification by Lea                  | d/Chief Operator  |                   |                                       |   |                                       |                                  |
|   | reatment plant operator licensed in Florida, am the le                | and/chief operate | or of the water treet                 | mont plant                              | identified in Dort Lafth              | is report. I cortify that the    |
| information provided in the               | his report is true and accurate to the best of my known               | edge and belief   | f I certify that all d                | trinking w                              | ater treatment chemicals              | used at this plant conform to    |
| NSF International Standar                 | d 60 or other applicable standards referenced in sub                  | section 62-555.   | 320(3), F.A.C. Lals                   | o certify t                             | hat the following addition            | onal operations records for this |
| plant were prepared each                  | day that a licensed operator staffed or visited this pla              | ant during the m  | onth indicated above                  | ve: (1) reco                            | ords of amounts of chem               | icals used and chemical feed     |
| rates; and (2) if applicable              | <ul> <li>appropriate treatment process performance records</li> </ul> | s. Furthermore,   | I agree to retain the                 | se additio                              | nal operations records at             | the plant site for at least ten  |
| years and to make them a                  | vailable for review upon request.                                     |                   | -                                     |   | •                                     | •                                |
| $m_{\bullet}$ 1.                          | 11/ 1 -/ 1  |                   |                                       |   |                                       |                                  |
| mulu                                      | 1) Garate 7/1/04 Michael J  |                   |                                       |   | <u>C5642</u>                          |                                  |
| Signature and Date                        | Printed or  | Typed Name        |                                       |   | License Nu                            | mber                             |
|   | - / /   |                   |                                       |   |                                       |                                  |

| PWS  | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                          |                                       |  |   |  |  |  |  |  |  |   |  |
|--|--|--------------------------|---------------------------------------|--|---|--|--|--|--|--|--|---|--|
| III. Daily Data for the Month/Year of: June 2004 |  |                          |                                       |  |   |  |  |  |  |  |  |   |  |
| Means  | of Achie   | eving Four-L             | og Virus In                           | activation/Rem   | oval: *   | Free Cl  | lorine   | С  | hlorine D  | oioxide  | Oz   | one [] (  | Combined Chlorine (Chloramines)                    |
|  |  | Radiation                |                                       | (Describe):<br>ned in Distribut  | ion System:   | M €  | ree Ch   | lorine   | Com  | hinad Ch   | Jorina (C  | hloramines)   | Chlorine Dioxide                                   |
| 1,700  | / Disim  | ctant Reside             | c C                                   | l' Calculations, or I  | IV Dose to De   | monstrate Fo   | ur-Log   | Virus Innetiv                                    | ation if An                                      | olicable*  | norme (C   | moranines)  | Citorine Dioxide                                   |
|  |  |                          |                                       |  | CT Calcu  |  |  |  |  | UV   | Dose   |   |  |
| Day of   | Hours  | Net Quantity of Finished |                                       | Lowest Residual Disinfectant Concentration (C) Before or at First Customer | Disinfectant<br>Contact Time<br>(T) at C<br>Measurement<br>Point During | Lowest CT<br>Provided<br>Before or<br>at First<br>Customer<br>During | Temp.  | pH of  | СТ   | Lowest<br>Operating<br>UV Dose,                  | UV Dose  | Lowest Residual Disinfectant Concentration at Remote Point in | Emergency of 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     |
| Monun  | 29   | Produced, gal            | Rate, gpd                             | Flow, mg/L   | minutes   | mg-min/L   | .G   | Applicable                                       | min/L  | sec/cm <sup>2</sup>                              | sec/cm <sup>2</sup>                              | System, mg/L  | System Components Out of Operation                 |
| 2  | าน   | 139,600                  |                                       | <del> </del>   |   |  |  |  |  |  | <u> </u>   | 10  |  |
| 3  | 34   | 144,000                  |                                       |  |   | <u> </u>   |  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 1.0   |  |
| 4  | 24   | 121 000                  |                                       |  |   |  |  |  | i — —  | <del>                                     </del> |  | 1.3   |  |
| 5  | 24   | 82.80                    |                                       |  |   |  |  |  |  |  |  | 1.3   |  |
| 6  | 34<br>34   | 10]100                   |                                       |  |   |  |  |  |  |  |  |   |  |
| 7  | YC   | 107,000                  |                                       | ļ  |   |  |  |  |  |  |  | 1.0   |  |
| 8  | 24   | 10 1,000                 |                                       | . <b></b>  |   |  | <u> </u>   |  | <u> </u>   |  | ļ  | 8.0   |  |
| 9  | 24<br>24   | 99,000                   |                                       | <del> </del>   |   |  | <b> </b>   |  | <u> </u>   |  |  | (.2   |  |
| 11   | 34   | 53,000                   |                                       | <u> </u>   | <b></b>   | }  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | }  | 1.5   |  |
| 12   | 24   | 67,000                   |                                       | <del> </del>   |   | <del> </del>   | <del> </del>                                     |  |  |  | <del> </del>                                     | 1.5   |  |
| 13   | 24   | 98,000                   | · · · · · · · · · · · · · · · · · · · | <del> </del>   |   | <del> </del>   | <u> </u>   |  |  |  |  | 1   |  |
| 14   | 24   | 98,000                   |                                       |  |   |  |  |  |  |  |  | 1.0   |  |
| 15   | 24   | 53,000                   |                                       |  |   |  |  |  |  |  |  | 0.8   |  |
| 16   | 24   | 76,000                   |                                       |  |   |  |  |  |  |  |  | 1.0   |  |
| 17   | 24   | 77,000                   |                                       |  |   | <b></b>  | ļ  |  |  |  | ļ  | 1.0   | ***************************************            |
| 19   | 24   | 60000<br>6000            | <del></del>                           | <del> </del>   |   |  | <del> </del>                                     | <b></b>  | ļ  | ļ  | ļ  | <del>  }:</del> }   |  |
| 20   | **   | ((6,000                  | <del> </del>                          | <del>                                     </del>                           | <b></b>   | <del>                                     </del>                     | -  | <del> </del>                                     | <del> </del>                                     |  | <del> </del>                                     | 1,1   |  |
| 21   | 34   | (0)000                   | <u> </u>                              | <del>                                     </del>                           | <del> </del>  | <del>                                     </del>                     | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | 1.0   |  |
| 22   | 24   | 65,000                   |                                       |  |   |  |  |  | <del>                                     </del> | <del> </del>                                     | <b>†</b>   | 0.8   |  |
| 23   | 24   | 81:000                   |                                       |  |   |  |  |  |  | T  | T  | 3.9   |  |
| 24   |  | 86,00                    |                                       |  |   |  |  |  |  |  |  | lo  |  |
| 25   | 24   | 85,000                   |                                       |  |   |  | <u> </u>   |  |  |  |  | 0.9   |  |
| 26<br>27   | 24   | 8±1000                   | <b> </b>                              | <u> </u>   | ļ   | <del>                                     </del>                     |  | <u> </u>   | ļ  | <b> </b>   | ļ  | 1.0   |  |
| 28   | 34   | 97,000                   | <b></b>                               | <del> </del>   | <del> </del>  | <del>                                     </del>                     | ├  | <del> </del>                                     | 1  | <del> </del>                                     | <del> </del>                                     | 100   |  |
| 29   | 24   | 55,000                   | <del> </del>                          | +  | <del> </del>  | <del> </del>   | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>}</del>                                     | <del> </del>                                     | 1.0   |  |
| 30   | 24   | 94,000                   |                                       | <b>†</b>   | <del> </del>  | <del>                                     </del>                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | 1-1:5   |  |
| 31   |  |                          |                                       |  | 1   | 1  | <b>†</b>   | <b>†</b>   | <del> </del>                                     | <del>                                     </del> | <del>†                                    </del> | <del>                                     </del>              |  |
| Total  |  | 2770900                  |                                       |  |   |  |  |  |  |  |  |   | ***************************************            |
| Access   |  | 53.00                    | 1                                     |  |   |  |  |  |  |  |  |   |  |

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



FILE COPY See page 4 for instructions. 1. General Information for the Month/Year of: 200 4 A. Public Water System (PWS) Information PWS Identification Number: 3590912 PWS Name: Oakland Shores Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: **⊠** Community Total Population Served at End of Month: 655 Number of Service Connections at End of Month: 187 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 Fax Number: 407-869-6961 Contact Person's Telephone Number: 407-869-1919 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 Zip Code: 32714 Plant Address: 200 Weathersfield Ave. 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: 360,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C Name License Class License Number Day(s)/Shift(s) Worked Licensed Operators Lead/Chief Operator: Mike Gavaletz 5642 Mon - Fri 8 a.m. - 4:30 p.m. C Terry Sillitoe C 12749 Sat. 8 A.M. - 4:30 P.M. Other Operators: RAYMOND A PARRISH C 2740

| 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  | d 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 treatments of the best of the b | nent 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   | llowing 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 am  | iounts of chemicals used and chemical feed      |
| rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operat  | ions records at the plant site for at least ten |
| years and to make them available for review upon request.  |   |
|  |   |
| Signature and Date    Signature and Date   S-Z-Zoo G   Michael J. Gavaletz     Signature and Date   Signature and  | C5642   |
| Signature and Date Printed or Typed Name   | License Number                                  |
| //   |   |
|  |   |

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| PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida - OAKLAND THORK |   |               |              |  |                          |              |             |                   |  |  |  |                         |   |  |
|--|---|---------------|--------------|--|--------------------------|--------------|-------------|-------------------|--|--|--|-------------------------|---|--|
|  |   | a for the Mo  |              |  | Tuly                     | 200          |             |                   |  |  |  |                         |   |  |
| Means Ult  | Means of Achieving Four-Log Virus Inactivation/Removal: * / Free Chlorine |               |              |  |                          |              |             |                   |  |  |  |                         |   |  |
|  |   |               | al Maintain  | ed in Distributi                                 | on System:               |              | ree Chl     | orine             | Com  | bined Ch   | lorine (C  | hloramines)             | Chlorine Dioxide  |  |
|  |   | (80.9)        | CI           | Calculations, or U                               | IV Dose, to De           | nonstrate Ro | ur-Los \    | Virus Inactiv     | etion if An                                      | oliceble   | JOI IIIE (C                                      | morammes)               | Cmorne Dioxide  |  |
|  |   |               |              |  | CT Calcul                | tions        | 44,417      | material personal |  | TIV.   | Dogo   | 100                     |   |  |
|  |   | l             |              |  |                          | Lowest CT    | 0.00        | 13.13             |  |  |  | Lowest                  |   |  |
|  |   |               |              | Lowest Residual                                  | Disinfectant             | Provided     |             | St. Page          |  | 2239   | 7.   | Residual                |   |  |
|  |   | ler, satisfil |              | Disinfectant Concentration                       | Contact Time<br>(T) at C | Before or    |             | 444               |  |  | 10 May   | Disinfectant            |   |  |
|  |   | Not Quantity  |              | (C) Before or at                                 | Moneurement              |              | Temp        |                   | wimmin   | Lowest   |  | Concentration of Remote |   |  |
| Day of   |   | of Finished   |              | First Customer                                   | Point During             | During       | Temp.       | pH of             | Required   |  |  | Point in                | Emergency or Abnormal Operating Conditions; Repair                                |  |
| the  | Plant in  | Water         | Peak Plow    | During Peak                                      | Peak Flow,               | Peak Flow    | Water,      | Water, if         | mg-  | n)W.   | mW.  | Distribution:           | or Maintenance Work that Involves Taking Water                                    |  |
| Monun  | 24  | Produced, gal | Rate, gpd    | Flow, mg/L                                       | minutes                  | ma-min/L     | **C         | Applicable        | min/L  | sec/gm   | rec/cm   | System, mg/L            | or Maintenance Work that Involves Taking Water System Components Out of Operation |  |
| 2  | 47  | 64,000        | <u> </u>     |  |                          |              |             |                   |  |  |  | 1.0                     |   |  |
| 3  |   | 57,000        |              | <del></del>                                      | <del> </del>             |              |             |                   | ļi   |  |  | 0.8                     |   |  |
| 4  | 1   | 82,000        |              | <del> </del>                                     |                          |              |             |                   |  |  |  | 0.7                     |   |  |
| 5  |   | 82,000        |              |  |                          |              |             |                   |  | ļi   | ļ  | 0.7                     |   |  |
| 6  |   | 65,000        |              |  |                          |              |             |                   |  | <del>                                     </del> |  | 7.6                     |   |  |
| 7  |   | 74,000        |              |  |                          |              |             |                   |  |  |  | 0.9                     |   |  |
| 8  |   | 105.000       |              |  |                          |              |             |                   |  |  |  | 1,0                     |   |  |
| 9  | <b></b>   | 66,000        |              |  |                          |              |             |                   |  |  |  | 0.8                     |   |  |
| 10   | <del>'</del>  | 88,000        |              |  |                          |              |             |                   |  |  |  | 1.1                     |   |  |
| 12   | <del></del>   | 118,000       |              | <del></del>                                      | <b></b>                  |              |             |                   |  |  |  |                         |   |  |
| 13   | <del>  </del>   | 76,000        |              | <del></del>                                      | <b></b>                  |              |             |                   |  |  | <b> </b>   | 1.0                     |   |  |
| 14   | <del>                                     </del>                          | 106,000       |              | <del> </del>                                     |                          |              |             |                   |  |  |  | 0.8                     |   |  |
| 15   |   | 122,000       |              | <del> </del>                                     |                          |              |             |                   | <del></del>                                      | <b></b>  | <b></b>  | 1.0                     |   |  |
| 16   | V   | 84,000        |              |  |                          |              |             |                   |  | <del>                                     </del> | <del> </del>                                     | 10                      |   |  |
| 17   | 24  | 87,000        |              |  |                          |              |             | ·                 |  |  | <del> </del>                                     | 112                     |   |  |
| 18   |   | 109,000       |              |  |                          |              |             |                   |  |  | <del>                                     </del> |                         |   |  |
| 19   | <b></b>   | 110,000       |              |  |                          |              |             |                   |  |  |  | 1.0                     |   |  |
| 20   | <b></b>   | 59,000        |              | ļ  |                          |              |             |                   |  |  |  | 1.3                     |   |  |
| 22   | <b></b>   | 93,000        | <del> </del> |  | ļ                        |              |             |                   | ļ  |  |  | 0.8                     |   |  |
| 23   | ┞╼╼╂╼╼┥   | 99.000        |              | <del> </del>                                     |                          |              |             |                   | <u> </u>   | <b></b>  | <b></b>  | 119                     |   |  |
| 24   |   | 82,000        | <del></del>  | <del>                                     </del> | <b>}</b>                 |              |             | ļ                 | <b> </b> -                                       | <b> </b>   |  | <u> </u>                |   |  |
| 25   |   | 153,000       | <del></del>  | <del> </del>                                     |                          |              | <b></b>     |                   | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 10                      |   |  |
| 26   |   | 154,000       |              |  |                          |              | <del></del> |                   | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | 1                       |   |  |
| 27   |   | 58,000        |              |  |                          |              |             |                   | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | 0.8                     |   |  |
| 28   |   | 77,000        |              |  |                          |              |             |                   | <b></b>  | <del>                                     </del> | <del>                                     </del> | 1,0                     |   |  |
| 29   |   | 32,000        |              |  |                          |              |             |                   | <b> </b>   | 1  | <del>                                     </del> | 0.7                     |   |  |
| 30   | ٠,٠   | 112,000       |              |  |                          |              |             |                   |  |  |  | <u> </u>                |   |  |
| 31<br>Total  | 44  | 80,000        |              | L  |                          |              |             |                   |  |  |  | 110                     |   |  |
| Averag   |   | 1807000       |              |  |                          |              |             |                   |  |  | -  |                         |   |  |

Maximum 1/54,000

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





| see   | page 4 for instructions.   |   |                                    |                        |               |                       | <b>.</b> ,                            |
|-------|----------------------------|---|------------------------------------|------------------------|---------------|-----------------------|---------------------------------------|
|       |                            | for the Month/Year of: Augus            | st 2004                            |                        |               |                       |                                       |
| Α.    | Public Water System (P     | WS) Information                         |                                    |                        |               |                       |                                       |
|       | PWS Name: Oakland S        | Shores                                  |                                    |                        |               | PWS Identification    | 1 Number: 3590912                     |
|       | PWS Type:                  | Community Non-Transient N               | on-Community Transier              | t Non-Community        | Co            | nsecutive             | .1.4.11001. 33303.12                  |
|       | Number of Service Co       | nnections at End of Month: 225          |                                    | Total Population S     |               |                       |                                       |
|       | PWS Owner: Utilities,      | Inc. of Florida                         |                                    |                        |               |                       |                                       |
|       | Contact Person: Patricl    | k Flynn                                 |                                    | Contact Person's       | Citle: Regio  | onal Director         | · · · · · · · · · · · · · · · · · · · |
|       |                            | ng Address: 200 Weathersfield Ave.      | ·                                  | City: Altamonte S      |               | State: Fl             | Zip Code: 32714                       |
|       | Contact Person's Telep     | hone Number: 407-869-1919               |                                    | Contact Person's I     |               | r: 407-869-6961       |                                       |
|       | Contact Person's E-Ma      | nil Address: p.c.flynn@utilitiesinc-us  | sa.com                             |                        |               |                       |                                       |
| В.    | Water Treatment Plant      |   |                                    |                        |               |                       |                                       |
| i     | Plant Name: Utilites, I    |   |                                    |                        |               | Plant Telephone N     | lumber: 407-869-1919                  |
|       | Plant Address: 200 We      |   |                                    | City: Altamonte S      | prings        | State: Fl             | Zip Code: 32714                       |
|       | Type of Water Treated      |   |                                    | Vater                  |               |                       |                                       |
|       | Permitted Maximum D        | Day Operating Capacity of Plant, gall   | lons per day: 360,000              |                        |               |                       |                                       |
|       | Plant Category (per su     | bsection 62-699.310(4), F.A.C.): IV     |                                    | Plant Class (per si    |               | 2-699.310(4), F.A.C   | C.): C                                |
|       | Licensed Operators         | Name                                    | Alicense Class                     | License Number         | Market A.     | Day(s)/S              | hift(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 4:30 P.M.                           |
|       |                            |   |                                    |                        |               |                       |                                       |
|       |                            |   |                                    |                        |               |                       |                                       |
|       | April 18 may Wages of the  |   |                                    |                        | <u> </u>      |                       |                                       |
|       |                            |   |                                    |                        | <u> </u>      |                       |                                       |
|       |                            |   |                                    |                        |               |                       |                                       |
|       |                            |   |                                    |                        |               |                       |                                       |
|       |                            |   |                                    |                        |               |                       |                                       |
|       |                            |   |                                    |                        |               |                       |                                       |
| 11    | . Certification by Lea     | d/Chief Operator                        |                                    |                        |               |                       |                                       |
| I, t  | he undersigned water tro   | eatment plant operator licensed in Fl   | lorida, am the lead/chief operato  | or of the water treat  | ment plant    | identified in Part L  | of this report. I certify that the    |
| 11111 | ormation provided in th    | is report is true and accurate to the b | est of my knowledge and belief     | . I certify that all d | frinking wa   | iter treatment chemi  | cals used at this plant conform to    |
| 143   | ir iiileinationai Standar  | d by or other applicable standards re   | terenced in subsection 62-555.3    | 120(3) FAC Tals        | so certify th | at the following add  | litional operations records for this  |
| μια   | iii were prepared each o   | lay that a licensed operator staffed of | r visited this plant during the ma | onth indicated abov    | /e: (1) reco  | rds of amounts of cl  | nemicals used and chemical feed       |
| lau   | es, and (2) if applicable, | , appropriate treatment process perfo   | ormance records. Furthermore,      | I agree to retain the  | ese addition  | nal operations record | Is at the plant site for at least ten |
| yea   | ars and to make them av    | ailable for review upon request.        |                                    |                        |               |                       |                                       |
|       | mulal 1                    | Gavaly 8/3/04                           | Michael J. Gavaletz                |                        |               | C5642                 |                                       |
| Sig   | gnature and Date           |   | Printed or Typed Name              |                        |               |                       | Number                                |

|  | 0  | _                          |                     |                          |                            |              |  |                |   |                | 200                   | /1           | ADBIOV |
|--|--|----------------------------|---------------------|--------------------------|----------------------------|--------------|--|----------------|---|----------------|-----------------------|--------------|--------|
|  | 5.0  |                            |                     |                          |                            |              |  |                |   |                | 000,809               | 7            | lato   |
|  | 8.0  |                            |                     |                          |                            | <del></del>  |  |                |   |                | 001/65                |              |        |
|  |  | T                          | 1                   |                          | <del></del>                |              |  |                |   |                | 000,87                |              |        |
|  | 0.1  |                            | <del> </del>        | <del></del>              |                            |              |  |                |   |                | 100000                |              | 30     |
|  |  | <del></del>                |                     |                          | _1                         | -            |  |                |   |                | 28,000                | 1 60         | 76     |
|  | 0.1  |                            |                     |                          |                            | _            | <del></del>                                      |                |   |                | 00005                 | bt           | 28     |
|  | 8,0  |                            |                     |                          | <del></del>                | +            | <del></del>                                      |                | _1                                      |                | 00045                 |              | - 86   |
|  | 8.0  |                            | +                   | <del></del>              |                            |              |  | 1              |   |                | 1 400.4.3             |              | 7.7    |
|  | 0.7  | <del></del>                | <del></del>         |                          |                            | _1           |  |                | <del></del>                             | <del></del>    | 00075                 | 1 ht         | 97     |
|  |  |                            |                     | _1                       |                            |              |  |                |   |                | 000/35                | ht           | 73     |
|  | 80   | _1_                        |                     |                          |                            | +            | <del></del>                                      | <del></del>    |   |                | 58,000                | 1 /2         | + ===  |
|  |  |                            |                     | <del> </del>             | <del></del>                |              | <del></del>                                      |                |   |                | 37000                 |              | 74     |
|  | 6.0  | <del></del>                | +                   | +                        | <del></del>                |              | 1  |                |   | <del> </del>   | 100,00                |              | 23     |
|  | 8.6  | +                          | <del></del>         |                          | _                          |              |  |                | <del></del>                             | <del></del>    | 000/11                | 1 150        | 77     |
|  |  |                            |                     |                          |                            |              | <del>                                     </del> | +              |   |                | 00075                 | AT           | 31     |
|  | 0.1  | }                          |                     |                          |                            | <del> </del> | <del></del>                                      | <del></del>    |   |                | 00059                 |              |        |
|  | 8.0  |                            |                     | <del></del>              | <del></del>                |              |  |                |   |                | 000/00                | 75           | 70     |
|  | 9.0  | <del> </del>               | <del> </del>        | <del></del>              |                            |              |  |                |   | <del></del>    | 000'09                |              | .61    |
| ,  | <del>                                     </del> | <del> </del>               | <b></b>             |                          |                            |              | 1  |                | -                                       | <del> </del>   | 000'99                | he           | 81     |
| Plant on interesting due to Charly   | 1.0  |                            | 1                   |                          |                            | _            | <del> </del>                                     | <del></del>    | -                                       | L              | Ø                     | me           | LI     |
| 12 12 12 10000 2 40, 80 408 90   | 11   | 1                          |                     |                          | <del></del>                | +            |  |                |   |                | R                     |              | 1 4    |
|  | 2.0  |                            |                     | <del></del>              |                            | -            |  |                |   |                | <del></del>           | KT           | 91     |
|  | 8.0  | <del> </del>               | <del> </del>        | <del></del>              | 1                          | 1.           |  |                | <del> </del>                            | <del> </del>   | 1                     | be           | 12.    |
|  |  | <b></b>                    | <u> </u>            | 1                        | [                          |              |  |                | <del></del>                             |                | 000.55                | he           | ÞI.    |
|  | 0.1  | 1                          |                     |                          |                            | +            |  |                |   |                | 00089                 |              | ΕI     |
|  | 8.0  | 1                          |                     |                          | <del> </del>               | <del> </del> |  |                |   |                |                       | ht<br>ht     |        |
|  | 0.1  | <del> </del>               | <del> </del>        | <del></del>              | <del></del>                |              |  |                | 1                                       | <del> </del>   | 900/28                | ht           | 12     |
|  |  | <del> </del>               | <b>ֈ</b>            |                          | 1                          |              |  |                | <del> </del>                            |                | 000,87                | 374          | 111    |
|  | .6.0   |                            | 1                   |                          |                            |              |  | +              |   |                | 000,69                | hc           | 01     |
|  |  | 1                          |                     |                          | <del> </del>               | +            | <del> </del>                                     | ļ              |   | 1              | 000 8 6               |              |        |
|  | 0.1  | 1                          |                     | 1                        | <del></del>                |              | <b></b>  | <u> </u>       |   |                |                       | 75           | 6      |
|  | 1:0  | <del> </del>               | <del></del>         | <del> </del>             | <del></del>                |              |  |                |   | <del> </del>   | 000,11                | hτ           | - 8    |
|  | 017  | <del> </del>               | <b></b>             |                          |                            |              |  |                | <del> </del>                            | <del> </del>   | 000 h8                | ht           | L      |
|  | 1 0 /  |                            |                     |                          |                            | 1            | <del> </del>                                     | <del> </del>   | <del> </del>                            |                | gooleL                | カで           | 9      |
|  | 4.0  |                            |                     |                          |                            |              | <del> </del>                                     | <del> </del>   |   |                | mover                 | <del></del>  |        |
|  | 0.7  |                            |                     | <del> </del>             | <del> </del>               | ├            | <b></b>  |                |   |                | 600/56                |              | S      |
|  | 0.7  |                            |                     | <del> </del>             | <del> </del>               |              |  |                |   | <del> </del>   |                       | Κt           | Þ      |
|  | ······································           |                            |                     |                          |                            |              |  | 1              |   |                | 1 000,59              | ht           | ε      |
| System Components Out of Operation   | FOR THE DESCRIPTION                              |                            |                     |                          |                            | 1            |  | <del> </del>   |   | L              | 000 63                | m            | 7      |
| JOHN A BUTTO I SOATTANTI SOON WAS A  | System mely.                                     | TO DOT                     | 100/00t             | J/mim/                   | aldeoilggA                 | Mary Village | Manda service () service                         |                |   |                | (xe) 3                |              |        |
| or Maintenance Work that Involves Taking Water   | noisudistaid.                                    | A MULL                     | - WW                | 2 9m                     |                            | . O.         | Maim-sm  | sotunien !     | Flow, mg/L                              | Rate, and      |                       | λC           |        |
| Emergency or Abnormal Operating Conditions; Repair   | Point in   | Painber                    |                     | 2.4                      | Metor, If                  | Water,       | Posk Plow,                                       | Wolf Med       | During Poak                             | Post Flow      | (so heoutong          | Operation    | Month  |
|  | picane A 18                                      |                            |                     | Marinum<br>Of<br>Regulad | an Ha                      | dus 1        | gainud   | Point During   | Lagran company                          | IU dead.       | 1 wateW 1             | ni malq      | out    |
|  | Concentration                                    | The second                 | を存在する               | ارس                      |                            | .ame T       | Customor   | MOSEUTEMENT !  | (C) Belote or at                        | 1 - N          | badaini 110           | Mours        | Day of |
|  | Distropotant                                     | Late man                   | 10 mm               | miniM                    | 100000                     | tale 12m     | Jeui 3 in  | ೨#(⊔)          | Concentration                           |                | Not Quantity          | 11.11        | · , ~  |
| "我们就是我们的,我们就是我们的,我们就是我们的。""我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是  |  | 17.19                      |                     | STATE OF THE STATE OF    |                            | M TO S       | Before of  | Control Time   | Constantine                             |                |                       |              |        |
|  | Recidual   | 4 Aug.                     | 150, 24             |                          |                            |              | pobivora   | Marconner      | jnakoolmisiCl                           |                |                       |              |        |
|  | 14.X   | <b>建筑工作</b>                | T. P.               | 1                        |                            | CAL          | COMME! CL  | Mathodinisis   | Lowost Rosidinal                        |                | 1 (4) (1) (1) (1) (1) | 4.           |        |
|  | 111  | Distance of the last       | Andres              | 188 Car. 188             | We have been               |              |  |                | A Section Section                       | Normal Sec. 21 |                       |              |        |
| Journal of the Control of the Contro | A Company  | NAME OF THE PARTY NAMED IN | SHOWN SH            |                          |                            | SHEET STORY  | anoile.  | CI Caloui      | Calculations, or I                      | a decidence    | 1 #950 in in i        |              | : (    |
| Chlorine Dioxide   | (Saliting form                                   | 2/ 2/11/2                  | CA. And in based in | - A SI TOWN              | and productions, frequency | Strain March | N. etertanion                                    | IV DOSe, to De | Cauchanons of                           |                |                       |              | 35 1   |
| 170  | (kanimera)                                       | )) aninoli                 | (1) banid           | moO[                     | orine                      | ree Ch       | 4 X  | :maiske nor    | יייי דיויי דיוייייייייייייייייייייייייי | <i></i>        |                       | 100          |        |
|  |  |                            |                     |                          |                            |              | <u> </u>   |                | ed in Distributi                        | nistnisM lat   | rbiesA instesidi      | of Disini    | Type   |
| Combined Chlorine (Chloramines)  | ່ ລຸກວລ  | 0                          | anivor              | 7 AUT ****               | ۰.                         |              |  |                | 1 165071159 1                           | I Jain (A)     | HOUSE                 |              |        |
|  |  | <u> Ч</u>                  | obivoi(             | hlorine D                |                            | anirold      | D 9974   | IOVAI: *       | HOLIVALION/KEM                          | III chii 4 Gar | Radiation             | toloivertl   | 11     |
|  |  |                            |                     |                          |                            |              |  |                | activation/Rem                          | at arriV 90.   | 1-11104 gnivəi        | do A to si   | Mean   |
|  |  |                            |                     |                          |                            |              |  | JUNC +         | BURNA :                                 | o and Cabre    | in for the M          | ECL MEZ      | 2111   |
|  |  |                            |                     | FIOLIGA                  | c2, IIIC. 01               | mo           | MITTON I MITTON                                  |                |   |                |                       | ., , , ,     |        |
| RAPED FINISHED WATER   | אין דטע  | 117111                     |                     | F :== 121 ;              | , oul 36.                  | 41341 J .e   | lant Name  | d              |   | 1: 3280815     | guon Numbe            | Million:     |        |
|  |  |                            |                     |                          |                            |              |  |                |   |                | - 7 IN WOULD          | 711111111111 |        |

Maximum 35, 300

Maximum 35, 300

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



See page 4 for instructions.

| _   | <u> </u>                    |  |                                 |                        |                |  |  |
|-----|-----------------------------|--|---------------------------------|------------------------|----------------|--|--|
| 1.  | General Information         | for the Month/Year of: Sept  | 2004                            |                        |                |  |  |
| A.  | Public Water System (P      |  |                                 |                        |                |  |  |
|     | PWS Name: Oakland S         |  |                                 |                        |                | PWS Identification N                   | umber: 3590912                         |
|     |                             | Community Non-Transient No   |                                 | nt Non-Community       | Con            | secutive                               |  |
|     |                             | nnections at End of Month: 2   | 25                              |                        |                | nd of Month: 788                       |  |
|     | PWS Owner: Utilities,       |  |                                 |                        |                | <del></del>                            |  |
|     | Contact Person: Patricl     |  |                                 | Contact Person's       | Title: Region  | nal Director                           |  |
|     | Contact Person's Maili      | ng Address: 200 Weathersfield Ave.   |                                 | City: Altamonte S      |                | State: Fl                              | Zip Code: 32714                        |
|     | Contact Person's Telep      | hone Number: 407-869-1919  |                                 | Contact Person's I     |                |  |  |
|     | Contact Person's E-Ma       | il Address: p.c.flynn@utilitiesinc-us  | a.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       |  |                                 | Water                  | <u></u>        |  |  |
|     | Permitted Maximum D         | Day Operating Capacity of Plant, gall  | ons per day: 360,000            | <del></del>            |                |  |  |
|     | Plant Category (per su      | bsection 62-699.310(4), F.A.C.): IV  |                                 | Plant Class (per si    | ubsection 62   | 2-699.310(4), F.A.C.):                 | C                                      |
|     | Licensed Operators          | Name   | License Clase                   | License Number         | 1000           | Day(s)/Shift                           |  |
|     | Lead/Chief Operator:        | Mike Gavaletz  | C                               | 5642                   |                | Mon-Fri8a.                             |  |
|     | Other Operators:            | Terry Sillitoe   | С                               | 12749                  |                | Sat. 8 A.M.                            |  |
|     |                             |  |                                 |                        |                |  |  |
|     |                             |  |                                 |                        |                | ·                                      | ************************************** |
|     |                             |  |                                 |                        |                |  |  |
|     |                             |  |                                 |                        |                |  |  |
|     |                             |  |                                 |                        |                |  |  |
|     |                             |  |                                 |                        |                |  |  |
|     |                             |  |                                 |                        |                | <del></del>                            |  |
|     |                             |  |                                 |                        |                | ······································ |  |
| T   | l. Certification by Lea     | d/Chief Operator   |                                 |                        |                |  |  |
| ) i | he undersigned water to     | eatment plant operator ligaries in El  | and an Ab land/alic             | CA                     |                |  |  |
| inf | formation provided in th    | eatment plant operator licensed in Floris report is true and accurate to the b | oriua, am the lead/chief operat | or of the water treat  | ment plant     | identified in Part I of t              | his report. I certify that the         |
| NS  | SF International Standard   | is report is true and accurate to the bed 60 or other applicable standards ref | Ferenced in subsection 62 555   | i. i ceruiy unat ali ( | irinking wat   | ter treatment chemicals                | s used at this plant conform to        |
| pla | ant were prepared each      | lay that a licensed operator staffed or  | visited this plant during the m | onth indicated above   | so certify the | at the following addition              | onal operations records for this       |
| ıaı | ies, and (2) ii applicable. | appropriate treatment process perto  | rmance records. Furthermore     | I agree to retain the  | ese addition   | al operations records a                | t the plant site for at least ten      |
| ye  | ars and to make them av     | ailable for review upon request.   |                                 | b to retain the        | .se auditiVili | a. operations recutus a                | e me plant and for at least tell       |
|     |                             |  |                                 |                        |                |  |  |
|     | mulaul 6                    | water 10/5/04  | Michael J. Gavaletz             |                        |                | C5642                                  |  |
| Si  | gnature and Date            |  | Printed or Typed Name           | <del></del>            |                | License N                              | ımher                                  |

| PWS  | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida - Oaktor Storis |                             |                    |  |              |  |  |  |              |  |              |                 |  |
|--|--|-----------------------------|--------------------|--|--------------|--|--|--|--------------|--|--------------|-----------------|--|
| 111. Daily Data for the Month/Year of: Sept 2004   |  |                             |                    |  |              |  |  |  |              |  |              |                 |  |
| Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) |  |                             |                    |  |              |  |  |  |              |  |              |                 |  |
|  |  |                             |                    | (Describe):                                      |              |  |  |  |              | <del></del>                                      |              |                 |  |
| Type   | or Disinf  | ectant Resid                | ual Maintain<br>Cl | ed in Distribut                                  | ion System:  | ⊠ F  | ree Ch   | lorine   | ☐ Com        | bined Ch   | lorine (C    | hloramines)     | Chlorine Dioxide  Basergeroy of Abacemal Operating Conditions; Repair of Maintenance Work that Involves Taking Water  System Components Out of Operation |
|  |  |                             | 79. 140,           |  |              |  |  |  |              |  |              |                 |  |
|  |  |                             | THE STATE OF       | West Very  | 12 HZ        | Lowest CT  | 777  | 200  | 7.3.5        |  |              | Lawest          |  |
|  | 外域法  | 10                          | on a faith         | Lowest Residual                                  | Distributed  | Provided   |  |  |              |  | 77.2         | Residual        |  |
|  |  | 124                         |                    | Concentration                                    | mec          |  |  |  | Minimum      |  |              | in a service of |  |
| Day of   | E Section  | Net Quantity<br>of Pinished | 1. 1. 1.           | (C) Before to at                                 | Marian       | Customer   | Temp   |  | CT.          |  | tives.       | 1447            |  |
| the  | Plant in   | Water                       | Peak Plow          | Parity Park                                      | Point Daring | During<br>Coals Blow                             |  | i pi or  | Require.     | West   |              | Police in       | Emergency of Abnormal Operating Conditions; Repair of Maintengnos Work that Involves Taking Water  |
| Month  | Operation  | Produced, gal               | Rate, and          | Flow mg/L  | minutes      | mr-min/L   | · c  | Assistin   | Smirt.       |  |              | Svenen men      | System Components Out of Operation   |
| 2  | 24<br>24   | 56,000                      |                    |  |              |  |  |  |              |  |              | 1.0             |  |
| 3  |  | 53,600                      |                    |  | <del></del>  |  |  | <b></b>  | <b>}</b>     |  | <u> </u>     | 0.0             |  |
| 4  | 34   | 56,000                      |                    |  |              | <del> </del>                                     |  | <del> </del>                                     | <del> </del> |  |              | 6.0             |  |
| 5  | 2 Y  | 20,000                      |                    |  |              | <del> </del>                                     |  |  | <del> </del> |  | <u> </u>     | (1.0            |  |
| 7  | 37   | 30,000                      |                    |  |              |  |  |  | 1            |  |              | -               |  |
| 8  | 7.4<br>1.4   | 34,000                      | <b>}</b>           |  | <del> </del> | ļ  |  |  | ļ            |  |              | 0.7             |  |
| 9  | 24   | 45,000                      |                    | <del> </del>                                     | <del> </del> |  | <del> </del>                                     | <del> </del>                                     | <del> </del> |  | <del> </del> | 0.8             |  |
| 10   | રૂપ  | 71.000                      |                    |  |              | † <del></del>                                    | <del>                                     </del> | <b></b>  | <del> </del> |  | <del> </del> | 0,0             |  |
| 11   | 24<br>24   | 53,000                      |                    |  |              |  |  |  |              |  |              | Ö               |  |
| 13   | 24   | 58,000                      |                    | <del>                                     </del> | <u> </u>     |  |  |  |              |  |              |                 |  |
| 14   | <u> </u>   | 38.000                      | ļ                  |  |              | <del> </del>                                     | ├  | <del> </del>                                     | <b></b>      |  | <b> </b>     | 1.0             |  |
| 15   | 24   | 58,000                      |                    |  | <del> </del> | <del> </del>                                     | <del> </del>                                     |  | <del> </del> |  |              | 9.G<br>0.B      |  |
| 16   | 27   | 43,000                      |                    |  |              |  |  |  |              |  |              | 1.0             |  |
| 17   | 2 <b>प</b><br>2. <b>ए</b>  | 45,000<br>31,000            | <b>}</b>           | <b></b>  |              |  |  |  |              |  |              | (.0             |  |
| 19   | 24   | 36,000                      | <del> </del>       | <del>                                     </del> | <u> </u>     | <del> </del>                                     |  | <b></b>  | <del> </del> | <b></b> _  | <u> </u>     | 019             |  |
| 20   | 7.4  | 77,000                      |                    |  | <del> </del> |  | <del>                                     </del> |  | <del> </del> |  | <del> </del> | 1.0             |  |
| 21   | 27   | 76,000                      |                    |  |              |  |  |  |              |  |              | 1.0             |  |
| 22   | 24<br>34   | 59, 900                     | <del></del>        |  |              | <u> </u>   |  |  |              |  |              | 0.8             |  |
| 24   | 24   | 48,000                      | <del> </del>       |  | <del> </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del> |  |              | 1.0             |  |
| 25   | 24   | 44,000                      |                    |  | <del> </del> | <del>                                     </del> | $\vdash$   | <del>                                     </del> | <del> </del> | <del> </del>                                     | <del> </del> | 1.0             |  |
| 26   | 37   | 42,000                      |                    |  |              |  |  |  | <u> </u>     |  |              |                 |  |
| 27<br>28   | 24<br>24   | 53,000                      | <del> </del>       |  | <b> </b>     | <del>                                     </del> |  |  |              |  |              | 1.0             |  |
| 29   | र्य  | 52,000                      | <del> </del>       | <del> </del>                                     |              | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del></del>  |  | <b>.</b>     | 1.0             |  |
| 30   | 24   | 54,000                      | t                  |  | <del> </del> | <del>                                     </del> | $\vdash$   | <del> </del>                                     | +            | <del> </del>                                     | <del> </del> | 0.8             |  |
| 31   |  |                             |                    |  |              |  |  | 1  | <u> </u>     | <del>                                     </del> | <del> </del> | <del>  ``</del> |  |
| Total  | apara ya sa  | 1514000                     | 4                  |  |              |  |  |  |              |  |              |                 |  |

<sup>\*</sup> 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: Oct 2004   |  |   |             |                         |                                    |
|-----|----------------------------|--|--|---|-------------|-------------------------|------------------------------------|
| ٩.  | Public Water System (P     | WS) Information  |  |   |             |                         |                                    |
|     | PWS Name: Oakland S        | hores  |  |   |             | PWS Identification      | Number: 3590912                    |
|     | PWS Type: 🛛 C              | ommunity Non-Transient Non-Com   | munity   Transien                      | t Non-Community                                 | Со          | nsecutive               |                                    |
|     | Number of Service Con      | nnections at End of Month:   225   |  | Total Population S                              | erved at E  | nd of Month: 788        |                                    |
|     | PWS Owner: Utilities,      | Inc. of Florida  |  |   |             |                         |                                    |
|     | Contact Person: Patricl    | c Flynn  |  | Contact Person's T                              | itle: Regio | onal Director           |                                    |
|     | Contact Person's Maili     | ng Address: 200 Weathersfield Ave.   |  | City: Altamonte Si                              |             | State: Fl               | Zip Code: 32714                    |
|     | Contact Person's Telep     | hone Number: 407-869-1919  |  | Contact Person's F                              | ax Numbe    | er: 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 Nu      | mber: 407-869-1919                 |
|     | Plant Address: 200 We      | athersfield Ave.   |  | City: Altamonte S                               | prings      | State: Fl               | Zip Code: 32714                    |
|     | Type of Water Treated      | by Plant: Raw Ground Water   | Purchased Finished W                   |   | PB          |                         |                                    |
|     | Permitted Maximum D        | Day Operating Capacity of Plant, gallons per   | day: 360,000                           |   |             |                         |                                    |
|     |                            | bsection 62-699.310(4), F.A.C.): IV  |  | Plant Class (per su                             | ibsection 6 | 52-699.310(4), F.A.C.   | ); C                               |
|     | Licensed Operators         | Name   | License Class                          |   |             | Day(s)/Sh               |                                    |
|     | Lead/Chief Operator:       | Mike Gavaletz  | c                                      | 5642  |             |                         | a.m 4:30 p.m.                      |
|     | Other Operators:           | Terry Sillitoe   | c                                      | 12749   |             | Sat. 8 A.N              | л 4:30 Р.М.                        |
|     |                            |  |  |   |             |                         |                                    |
|     |                            |  |  |   |             |                         |                                    |
|     |                            |  |  |   |             |                         |                                    |
|     |                            |  |  |   |             |                         |                                    |
|     |                            |  |  |   |             |                         |                                    |
|     |                            |  |  |   |             |                         |                                    |
|     |                            |  |  |   | <u> </u>    |                         |                                    |
|     |                            |  |  |   |             |                         |                                    |
|     | l. Certification by Lea    | A Chief Oxonaton   |  |   |             |                         |                                    |
|     |                            |  |  | Cal   |             |                         |                                    |
| in  | formation provided in th   | eatment plant operator licensed in Florida, a  | m the lead/chief operato               | or of the water treat                           | ment plant  | identified in Part I of | this report. I certify that the    |
| NS  | SF International Standar   | is report is true and accurate to the best of m  | ly knowledge and belief                |   | irinking w  | ater treatment chemic   | als used at this plant conform to  |
| pla | ant were prepared each o   | d 60 or other applicable standards referenced<br>lay that a licensed operator staffed or visited | this plant during the m                | outh indicated above                            | o centry to | nat the following addi  | minal operations records for this  |
| rai | tes: and (2) if annlicable | , appropriate treatment process performance  | records Furthermore                    | Ullill illuicateu auuv<br>I aaree to retain the | e. (1)1600  | nal operations records  | at the plant site for at least ten |
| ye  | ars and to make them av    | vailable for review upon request.  | records. Turnicimore,                  | agree to retain the                             | se addition | nai operations records  | at the plant site for at least ten |
| •   |                            |  |  |   |             |                         |                                    |
|     | michael )                  | (5045ats 11/4/04 Mi  | ichael J. Gavaletz                     |   |             | C5642                   |                                    |
| Si  | gnature and Date           | Pri  | inted or Typed Name                    | <del></del>                                     | ·           | License                 | Number                             |
|     | •                          |  | <b>7</b> •                             |   |             |                         |                                    |

| PWS         | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida  |                           |  |  |  |  |  |  |  |  |  |                            |  |
|-------------|---|---------------------------|--|--|--|--|--|--|--|--|--|----------------------------|--|
| III. D      | H. Daily Data for the Month/Year of: Oct 2009  Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) |                           |  |  |  |  |  |  |  |  |  |                            |  |
| Means       | raviolet  | eving Four-1<br>Radiation | og Virus In Other                                | iactivation/Rem<br>(Describe):                   | ioval: *   | Free Cl  | nlorine  | Пс   | hlorine l  | Dioxide  | ∐0;  | zone 📋 🤇                   | Combined Chlorine (Chloramines)                    |
| Type o      | of Disinf   | ectant Resid              | ual Maintair                                     | 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 Ro                                     | ur-Log   | Virus Inactiv                                    | ation if Ar                                      | plicable*  | 1997   |                            |  |
|             |   |                           |  |  | ***  | Lowest CT  | 13   |  | 100  | UV   |  | Lawast                     | Criorine Dioxide                                   |
|             |   |                           |  | Lowest Residual  Disinfectant                    | Disinfectant<br>Contact Time                     | Lowest CT<br>Provided<br>Before or               |  |  |  | -m. of   | 176.   | Residuel -<br>Disinfectant |  |
|             |   |                           |  | Concentration                                    | 1 (T) #C   | M PUSE.  | 100  | 713 X  | Minimum  | Lowest   | Minimum  | Concentration              |  |
| Day of      | Hours   | Not Quantity of Finished  | ***  | (C) Before or at<br>First Customer               | Measurement<br>Point During                      |  | Temp.  | Charles Jan 1                                    | CT   | Operating  | UV Dose  | et Remote<br>Point is      | Emergency or Abnormal Operating Conditions; Repair |
| the         | Plant in  | Water                     | Peak Flow  | During Peak                                      | Peak Flow,                                       | Peak Flow.                                       | Water.   | Water, if  | mg-  | mW-  | UV Dose<br>Required<br>mW-                       | Distribution               | or Maintenance Work that Involves Taking Water     |
| Month       | Operation 2 4   | Produced, gal             | Rate, and  | Plow, mg/L                                       | minutes  | mg-min/L   | *C   | Applicable                                       | min/L  | sec/cm   | sec/em   | System me/L                | System Components Out of Operation                 |
| 2           |   | 42,000                    | <del> </del>                                     |  | <del> </del>                                     | <del> </del>                                     | ├  | <del> </del>                                     | ļ  |  | }  | 1.0                        |  |
| 3           | 24  | 103,000                   | <u> </u>   |  | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     |  | <del> </del>                                     | <del> </del>                                     | 1.0                        |  |
| 4           | 24  | 103,000                   |  |  |  |  |  |  |  |  |  | 0.8                        |  |
| 5           | 29  | 65,000                    |  |  |  |  |  |  |  |  |  | (.0                        |  |
| 7           | 37  | 50,000<br>76,000          | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |  | <b></b>  |  |  | ļ  |  | 1.0                        |  |
| 8           | 松   | 67,000                    | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |  | ┼  | <b> </b>   |  | <del> </del>                                     | <b></b>  | 0.9                        |  |
| 9           | 2Y  | 41,000                    | <b> </b>   | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | ┼  | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 1.0                        |  |
| 10          | 24  | 107,000                   |  | 1  | <del></del>                                      | <del>                                     </del> | <del> </del>                                     | <u> </u>   | 1  | <del>                                     </del> | <del>                                     </del> | <del>}</del>               |  |
| 11          | 27  | 107,000                   |  |  |  |  |  |  |  | †  | <del>                                     </del> | (.0                        |  |
| 12          | 24  | 60,000                    |  |  |  |  |  |  |  |  |  | (.0                        |  |
| 13          | 24  | 0                         | ļ  | <del> </del>                                     | ļ  | ļ  | <u> </u>   | <b></b>  |  |  |  | 0.7                        | PLANT ON INTERCONNECT                              |
| 15          | 24  | 8                         | <del> </del>                                     | <del> </del>                                     | <del> </del> -                                   | <del> </del>                                     | ļ  | <b>ļ</b>   |  | <b> </b>   | <b> </b>   | 0.6                        | NEW POWER LINE INSTRUCT                            |
| 16          | 24  | 30,000                    | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | 1-   | <del> </del>                                     | }  | <del> </del>                                     | <del>}</del>                                     | 0.8                        | I FUR PLANT  |
| 17          | 24  | 96.000                    |  |  | <b>†</b>   | <del>                                     </del> | 1  | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> | <del></del>                                      | 0.0                        |  |
| 18          | 24  | 197,000                   |  |  |  |  |  |  |  |  |  | 0.8                        |  |
| 19          | 24  | 76,000                    |  |  |  |  |  |  |  |  |  | (.0                        |  |
| 20          | 2 <b>4</b><br>24  | 68,000<br>55,000          | <del> </del>                                     |  | <del> </del>                                     | ļ  | <b> </b>   | 1  | <u> </u>   | ļ  | <del> </del> _                                   | 0.7                        |  |
| 22          | 對一  | 22,000                    | ┼  | <del> </del>                                     | <del>}</del>                                     | <del> </del>                                     | ┼─-  | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | 9.8                        |  |
| 23          | 24  | 50,00                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | +  | 1  | <del> </del>                                     | +  | +  | 1.2                        |  |
| 24          | 24  | 95,000                    |  |  |  |  | 1.   | <del> </del>                                     | 1  | <del> </del>                                     | <del>                                     </del> |                            |  |
| 25          | 24  | 96,000                    |  |  |  |  |  |  |  |  |  | 1.0                        |  |
| 26          | 24  | 97,000                    | ļ  |  |  |  |  |  |  |  |  | 0.8                        |  |
| 27          | <del>27</del>   | 99,000                    | <del> </del>                                     | <del> </del>                                     | <u> </u>   | ļ <u>.</u>                                       | <u> </u>   | ļ  | <b></b>  | ļ  |  | 0.7                        |  |
| 29          | 24  | 72,000                    | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del> -                                   | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 1.0                        |  |
| 30          | 54  | 69,000                    | <del> </del>                                     | <del> </del>                                     | 1  | +  | +  | <del> </del> -                                   | <del> </del>                                     | +  | +  | 0.3                        |  |
| 31          | 24  | 99,000                    | 1  | <del>                                     </del> | 1  | 1  | +  | 1  | <del>1</del>                                     | 1  | <del> </del>                                     | 1 211                      |  |
| Total       |   | 2,112,000                 |  |  |  |  |  |  |  | •  |  |                            |  |
| I Australia |   | 1 2 222                   | 1  |  |  |  |  |  |  |  |  |                            |  |

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



| see | page 4 for instructions.   |   |            |                  |                           |              |                           |                                    |
|-----|----------------------------|---|------------|------------------|---------------------------|--------------|---------------------------|------------------------------------|
| l.  | General Information (      | or the Month/Year of: May 2004                  |            |                  |                           |              |                           |                                    |
| ۸.  | Public Water System (P     | WS) Information                                 |            |                  |                           |              |                           |                                    |
| 1   | PWS Name: Oakland S        | hores   |            |                  |                           |              | PWS Identification N      | umber: 3590912                     |
|     |                            | ommunity Non-Transient Non-Con                  | nmunity    | Transien         | t Non-Community           | ПСо          | nsecutive                 |                                    |
|     | Number of Service Cor      | nnections at End of Month: 235                  |            |                  | <b>Total Population S</b> | erved at E   | nd of Month: 788          |                                    |
|     | PWS Owner: Utilities,      | Inc. of Florida                                 |            |                  |                           |              |                           |                                    |
|     | Contact Person: Patricl    |   |            |                  | Contact Person's T        | itle: Regio  | onal Director             |                                    |
|     |                            | ng Address: 200 Weathersfield Ave.              |            |                  | City: Altamonte S         | prings       | State: Fl                 | Zip Code: 32714                    |
|     |                            | hone Number: 407-869-1919                       |            |                  | Contact Person's F        | ax Numbe     | er: 407-869-6961          |                                    |
|     |                            | il Address: p.c,flynn@utilitiesinc-usa.com      |            |                  |                           |              |                           |                                    |
| B.  | Water Treatment Plant      | Information                                     |            |                  |                           |              |                           |                                    |
|     | Plant Name: Utilites, I    | nc. of Florida                                  |            |                  |                           |              | Plant Telephone Nun       | nber: 407-869-1919                 |
|     | Plant Address: 200 We      | athersfield Ave.                                |            |                  | City: Altamonte S         | prings       | State: Fl                 | Zip Code: 32714                    |
|     | Type of Water Treated      | by Plant: Raw Ground Water                      | Purch      | ased Finished V  | /ater                     |              |                           |                                    |
|     | Permitted Maximum D        | bay Operating Capacity of Plant, gallons per    | r day: 36  | 0,000            |                           |              |                           |                                    |
|     | Plant Category (per su     | bsection 62-699.310(4), F.A.C.): IV             |            |                  |                           |              | 52-699.310(4), F.A.C.)    |                                    |
|     | Licensed Operators         | Name  | ndecada.   | License Class    | License Number            |              | Day(s)/Shil               | t(s) Worked                        |
|     | Lead/Chief Operator:       | Mike Gavaletz                                   |            | С                | 5642                      | <u> </u>     | Mon-Fri 8 a               | .m 4:30 p.m.                       |
|     | Other Operators:           | Terry Sillitoe                                  |            | C                | 12749                     |              | Sat. 8 A.M.               | - 4:30 P.M.                        |
|     |                            |   |            |                  |                           |              |                           |                                    |
|     | [강 - 기본회 고양자               |   |            |                  |                           |              |                           |                                    |
|     |                            |   |            |                  |                           |              |                           |                                    |
|     |                            |   |            |                  |                           |              |                           |                                    |
|     |                            |   |            |                  |                           | <u> </u>     |                           |                                    |
|     |                            |   |            |                  |                           |              |                           |                                    |
|     |                            |   |            |                  |                           |              |                           |                                    |
|     |                            |   |            | <u></u>          |                           | ļ <u></u>    |                           |                                    |
|     | l. Certification by Lea    | d/Chief Operator                                |            |                  |                           |              |                           |                                    |
|     |                            | eatment plant operator licensed in Florida,     | am the le  | ad/chief operato | or of the water treat     | ment plan    | t identified in Part I of | this report. I certify that the    |
| inf | formation provided in th   | is report is true and accurate to the best of a | my know    | ledge and belief | f. I certify that all of  | drinking w   | ater treatment chemica    | Is used at this plant conform to   |
| NS  | SF International Standar   | d 60 or other applicable standards reference    | ed in sub: | section 62-555.3 | 320(3), F.A.C. I al:      | so certify t | that the following addit  | ional operations records for this  |
| pla | ant were prepared each o   | lay that a licensed operator staffed or visite  | d this pla | ant during the m | onth indicated above      | ve: (1) rec  | ords of amounts of che    | micals used and chemical feed      |
| rat | tes; and (2) if applicable | , appropriate treatment process performance     | e records  | s. Furthermore,  | I agree to retain the     | ese additio  | nal operations records    | at the plant site for at least ten |
| ye  | ars and to make them av    | ailable for review upon request.                |            |                  |                           |              |                           |                                    |
|     | milas                      | 1 Garato 12/2/04 N                              | ichael J.  | . Gavaletz       |                           |              | C5642                     |                                    |
| Si  | gnature and Date           |   | rinted or  | Typed Name       |                           |              | License N                 | lumber                             |

|  |  |  |   |   | •              |                      |   |   | ·   |                         | C00 25.C                                   |                    | Total<br>Avera         |
|--|--|--|---|---|----------------|----------------------|---|---|---|-------------------------|--|--------------------|------------------------|
| <u> </u>   | 1  | T  |   |   |                | Ţ                    | I   | I   | I   | <del></del>             |  |                    | ĪΕ                     |
|  | 0.1  |  |   |   |                |                      |   |   |   |                         | 74,000                                     | 74                 | 30                     |
|  | ۵T   |  | 1                                       |   |                |                      |   |   |   |                         | Q000b                                      | hC .               | 57                     |
|  |  | I.   |   | I                                       |                |                      |   |   |   |                         | ०००ग्रेष्ट                                 | ht                 | . 87                   |
|  | [1]  |  |   |   | l              | I                    |   |   |   |                         | C00,02                                     | 77                 | LZ                     |
|  | 0  |  |   |   |                |                      |   |   |   |                         | 85,000                                     |                    | 97                     |
|  | 6,5  |  |   |   |                |                      |   |   |   |                         | 200,02                                     | 77                 | 52                     |
|  | L'O  |  |   |   |                |                      |   |   |   |                         | 97,000                                     | he                 | . 74                   |
|  | O`!  |  |   |   |                |                      |   |   |   |                         | 87,000                                     | 77,                | ્દર                    |
|  | 0.1  |  |   |   |                |                      |   |   |   |                         |  | 7,7                | 77                     |
|  |  |  |   |   |                |                      |   |   |   |                         | C00, 261                                   | <u> ትር</u>         | -17                    |
|  | 1'1<br>1'0   |  |   |   |                | -                    |   |   |   |                         | (00,09                                     | 7.7                | 30                     |
|  |  |  |   |   |                | <del></del> }        |   |   |   |                         | 000 JES                                    | <del>ከ</del> ቴ     | 61                     |
|  | 8'0  |  |   |   |                |                      |   |   |   |                         | 000,66                                     |                    | 81                     |
|  | 0.1  |  |   |   |                |                      |   |   | ···· · · · · · · · · · · · · · · · · ·  |                         |  | hζ                 | <u> </u>               |
|  | 91)  |  |   |   |                |                      |   |   |   |                         | 001/2                                      |                    | 91                     |
|  | 4.7  |  |   |   |                |                      |   |   |   |                         | 070 LL                                     | 7.C                | : <b>SI</b>            |
|  | 01]  |  |   |   |                |                      |   |   |   |                         | 20,000                                     | प्रेट              |                        |
|  | 3,6  | <del>  </del>                                    |   |   | 3,             |                      |   |   |   |                         | 000/19                                     | - र्र              |                        |
|  | 0'1  |  |   |   |                |                      |   |   |   |                         | 0001901                                    | िह                 | 11                     |
|  | 04   | <del></del>                                      |   |   |                |                      |   |   |   |                         | 000,28                                     | た                  | 01                     |
|  | 870  |  |   |   |                |                      |   |   |   |                         | 0002                                       |                    | 6                      |
|  | 01   |  |   |   |                |                      |   |   |   |                         | 00,011                                     |                    | 8                      |
|  |  | <del>  </del>                                    |   |   |                |                      |   |   |   |                         | 000201                                     | he.                | L                      |
|  | - 17   | <del>  </del>                                    |   |   |                |                      |   |   |   |                         | C00 29                                     | िर्दे              | 9                      |
|  | 8,0  | <del>                                     </del> | *************************************** |   |                |                      |   |   |   |                         | ON TL                                      | भर                 | <u> </u>               |
|  | 87   | <del>                                     </del> |   |   |                |                      |   |   |   | <u> </u>                | 000,301                                    | λ <del>ξ</del>     | 7                      |
|  | <i>b</i> ′ ♀   | <del>                                     </del> |   |   |                |                      |   | ·-  |   |                         | SOULE                                      | ित्                | €                      |
|  | ויס  | 1  |   |   |                |                      |   |   |   |                         | 000,58                                     | िर्द               | 7                      |
|  | 80   |  |   |   |                |                      |   |   |   |                         | 000 56                                     | λċ                 | Ĭ                      |
| Evalent Comproperty Conditions; Repair School Conditions; Repair   | Applications of the control of the c | 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2          |   | wjayr<br>webnised<br>Gold<br>Wildianska | So Ho<br>Timew | Desir<br>Jo<br>dunii | A Bleat<br>Customer<br>Daring<br>Peat Flow<br>Peat Flow | (T) at C Mensurensest Point During Point Ploy | Concentration<br>(C) Before or at<br>Piers Customer<br>During Peak<br>How, mall | Peaks Flow<br>Rate, mod | Net Quantity Of Finiahed                   | Plant in Operation | Day of<br>the<br>Month |
| Jacob State of the Control of the Co | nowo.l<br>laubiap II<br>lagoodinia()   | 980  |   |   |                | th.                  | Losvost CT<br>Provided<br>Before ex                     | CT Caloni<br>Disinfectant<br>Contact Ting     | Lowest Residual<br>Instructional  |                         |  |                    |                        |
|  |  |  |   |   | ACCESS TO A    | N SOTTE              | od stengton   | neri of 'seoft A                              | Calculations, or U  | 10                      |  | on in              |                        |
| CHIOLINE DISTANCE  | loramines)   |  |   |   |                | ее Срј               |   | on System:                                    | ituditisid ni b   | MISHIBIAI IS            | ndisəyi ilipiəs                            | IUISICI IC         | z Abe                  |
| Chlorine Dioxide   | (sogimono)   | 10) oninol                                       | JO Podic                                | 11J                                     |                | 145 30               | -a [A]  |   |   |                         |  |                    |                        |
| combined Chlorine (Chloramines)  | one 🗆 C  | zo 🗌   | əbixoi                                  | O əninolr                               | n 🗌            | lorine               | Д Ртее Сћ   | + :lavo                                       | ctivation/Rem   |                         | a for the Mo<br>eving Four-Le<br>Radiation | idoA lo            | Means                  |
|  |  |  |   |   |                |                      |   | 14.   |   | -                       |  |                    |                        |
|  |  |  |   | Florida                                 | s, Inc. of     | Utilite              | ant Name:   | ld  |   | 3390912                 | tion Number                                | dentifica          | SWq                    |
|  |  |  |   |   |                |                      |   |   | 1110 1711   |                         |  |                    |                        |

<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



See page 4 for instructions.

|     | Total Section 1 |   |   | 1 | P | V   | 600              |
|-----|-----------------|---|---|---|---|-----|------------------|
| - 1 | E               | - | • | u |   | - 5 | $\varphi \circ $ |

| 500  | page 4 for mistructions.              |   |                                |                           | 1 1 im in \                        | 101 1 004                        |
|------|---------------------------------------|---|--------------------------------|---------------------------|------------------------------------|----------------------------------|
|      |                                       | for the Month/Year of: Dec-                 | 2004                           |                           |                                    |                                  |
| A.   | Public Water System (P                | WS) Information                             |                                |                           |                                    |                                  |
|      | PWS Name: Oakland S                   | Shores                                      |                                |                           | PWS Identification N               | umber: 3590912                   |
|      | PWS Type:                             | Community Non-Transient Non-                | Community Transier             | nt Non-Community          | Consecutive                        |                                  |
|      |                                       | nnections at End of Month: 187              |                                | Total Population Serve    | ed at End of Month: 655            |                                  |
|      | PWS Owner: Utilities,                 |   |                                |                           |                                    |                                  |
|      | Contact Person: Patricl               | k Flynn                                     |                                | Contact Person's Title    | Regional Director                  | '1                               |
|      | Contact Person's Maili                | ng Address: 200 Weathersfield Ave.          |                                | City: Altamonte Sprin     | gs State: Fl                       | Zip Code: 32714                  |
|      | Contact Person's Telep                | hone Number: 407-869-1919                   |                                | Contact Person's Fax 1    | Number: 407-869-6961               |                                  |
|      | Contact Person's E-Ma                 | il Address: p.c.flynn@utilitiesinc-usa.c    | om                             |                           |                                    |                                  |
| B.   | Water Treatment Plant                 | Information                                 |                                |                           |                                    |                                  |
|      | Plant Name: Utilites, I               | nc. of Florida                              |                                |                           | Plant Telephone Num                |                                  |
|      | Plant Address: 200 We                 | eathersfield Ave.                           |                                | City: Altamonte Sprin     | gs 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    | s per day: 360,000             |                           |                                    |                                  |
|      | Plant Category (per su                | bsection 62-699.310(4), F.A.C.): IV         |                                | Plant Class (per subse    | ction 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                               | С                              | 5642                      | Mon - Fri 8 a.i                    | m 4:30 p.m.                      |
|      | Other Operators:                      | Terry Sillitoe                              | С                              | 12749                     | Sat. 8 A.M.                        | - 4:30 P.M.                      |
|      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |                                |                           |                                    |                                  |
|      |                                       |   |                                |                           |                                    |                                  |
|      |                                       |   |                                |                           |                                    |                                  |
|      | and the same of the same of           |   |                                |                           |                                    |                                  |
|      |                                       |   |                                | <u> </u>                  |                                    |                                  |
|      | 30 30 Mar 20 20                       |   |                                |                           |                                    |                                  |
|      | 1.23                                  | ·   |                                |                           |                                    |                                  |
|      |                                       |   |                                |                           |                                    |                                  |
|      | Certification by Lead                 | I/Chief () newster                          |                                |                           |                                    |                                  |
|      |                                       | eatment plant operator licensed in Floric   | do am the lead/shief operate   | of the water treatmen     | t plant identified in Part I of th | ais report. I certify that the   |
| inf  | ormation provided in thi              | is report is true and accurate to the best  | of my knowledge and belief     | I cortify that all drink  | ing water treatment chemicals      | sused at this plant conform to   |
| NS   | F International Standard              | d 60 or other applicable standards refere   | enced in subsection 62-555     | 20(3) F.A.C. Lalso ce     | rtify that the following addition  | onal operations records for this |
| pla  | nt were prepared each d               | lay that a licensed operator staffed or vis | sited this plant during the mo | onth indicated above: (   | records of amounts of chem         | icals used and chemical feed     |
| rate | es; and (2) if applicable,            | appropriate treatment process performa      | ance records. Furthermore,     | I agree to retain these a | dditional operations records at    | the plant site for at least ten  |
| yeş  | urs and to make the av                | ailable for review upon request.            |                                | _                         | •                                  |                                  |
| 1/x  |                                       |   | RAYMOND ALAN,                  | MARRISH                   | C-12                               | 140                              |
|      | semmel She !!                         | Wrish 1/2/2005                              | Michael J. Gavaletz            |                           | C5642                              |                                  |
| Sig  | hature and Date                       | 7 /   | Printed or Typed Name          |                           | License Nu                         | ımber                            |

| District for the Natural News of State   Section   Chlorine   Ch | L W 3                        | Plant Name: Utilites, Inc. of Florida - OAKLING SHORES   |                       |               |                      |                |              |              |               |              |           |            |               |  |
|--|------------------------------|--|-----------------------|---------------|----------------------|----------------|--------------|--------------|---------------|--------------|-----------|------------|---------------|--|
| Means of Achieving Four-Log Virus Inactivation/Removal: *   Free Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines)   | 111.                         |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| District Residual Maintained in Distribution   System:   See Chlorine   Combined Chlorine (Chloramines)   Chlorine Distribution   Company   Chlorine Distribution   Chlorine | Mann of Achieving Fact V. V. |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| Type of Disinfectant Residual Maintained in Distribution System:   Free Chlorine   Combined Chlorine (Chloramines)   Chloramines   Concouration   Concoura |                              | Ultraviolet Radiation Chen (Describe) Tree Chlorine Lichlorine Dioxide Ozone Combined Chlorine (Chloramines) |                       |               |                      |                |              |              |               |              |           |            |               |  |
| Day of Hours   House   Posterior   Protect   Part in   Part in   Protect   Part in   Protect   Part in   Protect   Part in   Protect   Part in   Part in   Protect   Part in   |                              |  |                       | Uther         | (Describe):          |                |              |              |               | •            |           |            |               |  |
| Cr   Calculations   Calculati | Type                         | of Disini  | ectant Resid          | ual Maintair  | ned in Distribut     | ion System:    | ⊠ F          | ree Ch       | lorine        | Com          | bined Ch  | nlorine (C | hloramines)   | Chlorine Dioxide   |
| Distriction    | 1 1                          |  | (                     | <u>C</u>      | T Calculations, or I | JV Dose, to De | monstrate Fo | our-Log      | Virus Inactiv | ation, if Ap | plicable* |            |               |  |
| Day of   Hous   Not Quantity of Finished Plant in Month Operation   Water   Peak Flow    | 1                            |  | }                     |               |                      | CT Calcu       | lations      |              |               |              | UV        | Dose       | Service April |  |
| Day of   Hous   Not Quantity of Finished Plant in Month Operation   Water   Peak Flow    |                              |  | }                     |               | Laurant Danistral    | n:e            | Lowest CT    |              |               | No. of St.   | 100       | 40.00      | Lowest        | Service of the servic |
| Day of   Hous   Not Quantity of Finished Plant in Month Operation   Water   Peak Flow    | 1 1                          |  | į                     | 1             |                      | Contact Time   | Provided     | 34           |               | Same of the  |           |            | Residual      |  |
| Day of the box of plant in the water to the blant in the box of plant in the box of  |                              |  | •                     |               |                      | (T) at C       | at First     |              |               | Minimum      | Lowest    | Minimum.   | Disinfectant  |  |
| Day of   Hours   Plant   Water   Wat |                              |  |                       |               | (C) Before or at     | Measurement    | Customer     | Temp.        |               |              | Operating | 11V Dose   | Concentration |  |
| Month   Operation   Produced gar   Rate, ppd   Peak Flow,   Peak Flow,   Water,   mg   mg   mg   mg   mg   mg   mg   m   |                              |  |                       |               | First Customer       | Point During   | During       | of           | pH of         | Required     | HV Doce   | Required   | Doint in      | Emergency or Ahnormal Operating Conditions: Repair   |
| 10   |                              | Operation  | Water<br>Produced and |               | During Peak          |                | Peak Flow.   | Water,       | Water, if     | mg-          | m)X       | mW.        | Distribution  | or Maintenance Work that Involves Taking Water   |
| 10   | 1.01.01                      |  | 7 1 occ               | reate, gpd    | riow, mg/L           | minutes        | mg-min/C     | %•6C∵+       | Applicable    | Imin/Life    | sec/cm#   | *sec/cm*   | System, mg/L  | Ser System Components Out of Operation   |
| 37   | 7                            | <del>-27</del> -   |                       |               |                      | <b></b>        | ļ            |              |               |              |           |            | 1,0           |  |
| ST, 100  |                              | <del></del>  |                       |               | <del> </del>         |                | <del> </del> |              |               |              |           |            |               |  |
| 10   | 5 43                         |  |                       |               |                      |                | <del> </del> |              | <del></del>   | <b> </b>     |           |            |               |  |
| 6  | 853580                       |  | 105,000               |               | <del> </del>         |                | <del> </del> |              |               |              |           |            | 0.9           |  |
| 10   | ∵6::                         |  |                       |               |                      |                |              | <del> </del> |               |              |           |            | 7-2           |  |
| S  |                              |  |                       |               |                      |                | }            |              |               |              |           |            |               |  |
| 9:   |                              |  |                       |               |                      |                | <del> </del> |              |               | <b></b>      |           |            |               |  |
|  |                              |  | 88.000                | <del></del>   |                      |                | <del></del>  |              |               | <del> </del> |           | <b></b>    |               | <del></del>  |
| 12   |                              |  | 62.000                |               |                      |                | <u> </u>     |              |               | <del> </del> |           |            |               |  |
| 13   |                              |  |                       |               |                      |                |              |              |               | <b></b>      |           | <b></b>    |               |  |
|  |                              |  | 93,000                |               |                      |                |              |              |               |              |           |            |               |  |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$  |                              | <u> </u>   | 87,000                |               |                      |                |              |              |               |              |           |            | 1.0           |  |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |                              | 24   |                       |               |                      |                |              |              |               |              |           |            |               |  |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$   |                              |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |                              |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| $\begin{array}{cccccccccccccccccccccccccccccccccccc$   |                              |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  |                              |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| $\begin{array}{c ccccccccccccccccccccccccccccccccccc$  | 20                           |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| $\begin{array}{cccccccccccccccccccccccccccccccccccc$   | 20                           | <del> </del> -   |                       |               |                      |                |              |              |               |              |           |            | 1,0           |  |
| \$23\times   \q  | 22.1                         |  | 36 1000               |               |                      |                |              |              |               |              |           |            | 0.8           |  |
| $\begin{array}{cccccccccccccccccccccccccccccccccccc$   | 18 23 V                      |  | 77,000                |               |                      |                |              |              |               |              |           |            | 0.8           |  |
| 25 6 75,000 26 75,000 27 75,000 28 69,000 29 77,000 30 V 66,000 31 24 67,000 Total 25,46,000   |                              | <del></del>  | 13,000                |               |                      |                |              |              |               |              |           |            |               |  |
| 26 75,000 27 75,000 28 69,000 29 77,000 30 V 66,000 31 24 67,000 Total 7,346,000   |                              | <del></del>  |                       |               |                      |                |              |              |               |              |           |            | 0.9           |  |
| 27   | 26                           |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| 28 69.000 1.0<br>29 77.000 1.0<br>30 V 68.000 1.0<br>31 24 67.000 1.2<br>Total 2,346,000 1.4   |                              | <del></del>  |                       |               |                      |                |              |              |               |              |           |            |               |  |
| 30 V (\$1,000 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0  |                              | <del></del>  |                       |               |                      |                |              |              |               |              |           |            | 1.0           |  |
| 30 V (8,000<br>31 24 67,000<br>Total 2346,000  |                              | ++   |                       |               |                      |                |              |              |               |              |           |            |               |  |
| 31 2 4 67,000   1,2   1,4   1,4  |                              | 4/-  | (8.000                |               |                      |                |              |              |               |              | ]         |            | 1.0 .         |  |
| Total 2,376,000 .  |                              |  |                       |               |                      |                |              |              |               |              |           |            |               |  |
|  | Total                        |  |                       | <del>,,</del> | 1                    |                |              | 1            |               |              |           | ]          | 1.4           |  |
|  |                              |  | 76,000                | 1             |                      |                |              |              |               |              |           |            |               |  |

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<sup>•</sup> Refer to the instructions for this report to determine which plants must provide this information.

## TILE COPY







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

See page 4 for instructions.

|        | General Information (<br>Public Water System (P | for the Month/Year of: January/2005           |                             |                           |   |                         |                                    |  |  |
|--------|---|---|-----------------------------|---------------------------|---|-------------------------|------------------------------------|--|--|
| Λ.<br> | PWS Name: Oakland S                             |   |                             |                           |   | PWS Identification      | Number: 3590912                    |  |  |
|        |   | Community Non-Transient Non-Co                |                             | t Non-Community           |   | recutive                | Number: 3370712                    |  |  |
|        |   |   | ommunity     Transien       |                           |   |                         |                                    |  |  |
|        |   | nnections at End of Month: 225                |                             | Total Population Ser      | ved at Ei                               | nd of Month: /88        |                                    |  |  |
|        | PWS Owner: Utilities,                           |   |                             |                           |   |                         |                                    |  |  |
|        | Contact Person: Patrick                         |   |                             | Contact Person's Titl     |   |                         |                                    |  |  |
|        |   | ng Address: 200 Weathersfield Ave.            |                             | City: Altamonte Spri      |   | State: Fl               | Zip Code: 32714                    |  |  |
|        |   | hone Number: 407-869-1919                     |                             | Contact Person's Fax      | Number                                  | r: 407-869-6961         |                                    |  |  |
| _      | Contact Person's E-Ma                           | il Address: p.c.flynn@utilitiesinc-usa.cor    | n                           |                           |   |                         |                                    |  |  |
| В.     | Water Treatment Plant                           |   |                             |                           |   |                         |                                    |  |  |
|        | Plant Name: Utilites, Is                        |   |                             |                           |   |                         | mber: 407-869-1919                 |  |  |
|        | Plant Address: 200 We                           |   |                             | City: Altamonte Spr       | ings                                    | State: Fl               | Zip Code: 32714                    |  |  |
|        | Type of Water Treated                           |   | Purchased Finished V        | Vater                     |   |                         |                                    |  |  |
|        | Permitted Maximum D                             | Day Operating Capacity of Plant, gallons p    | per day: 360,000            |                           |   |                         |                                    |  |  |
|        | Plant Category (per sul                         | bsection 62-699.310(4), F.A.C.): IV           |                             | Plant Class (per subs     | section 6                               | 2-699.310(4), F.A.C.    | ): C                               |  |  |
|        | Licensed Operators                              | Name  | License Class               | License Number            |   |                         | ift(s) Worked                      |  |  |
|        | Lead/Chief Operator:                            | Roy Mericle                                   | С                           | 13808                     |   |                         | 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.N               | Л 4:30 Р.М.                        |  |  |
|        |   |   |                             |                           |   |                         |                                    |  |  |
|        |   |   |                             |                           | *************************************** |                         |                                    |  |  |
|        |   |   |                             |                           |   |                         |                                    |  |  |
|        |   |   |                             |                           |   |                         |                                    |  |  |
|        |   |   |                             |                           |   |                         |                                    |  |  |
|        |   |   |                             |                           |   |                         |                                    |  |  |
|        |   |   |                             |                           |   |                         |                                    |  |  |
|        |   |   | L                           |                           |   |                         |                                    |  |  |
|        | . Certification by Lead                         | d/Chief Operator                              |                             |                           |   |                         |                                    |  |  |
| I, t   | he undersigned water tre                        | eatment plant operator licensed in Florida    | , am the lead/chief operato | r of the water treatme    | ent plant                               | identified in Part I of | this report. I certify that the    |  |  |
| int    | ormation provided in thi                        | is report is true and accurate to the best of | my knowledge and belief     | . I certify that all drin | nking wa                                | ter treatment chemica   | als used at this plant conform to  |  |  |
| N2     | or International Standard                       | d 60 or other applicable standards referen    | ced in subsection 62-555.3  | 20(3), F.A.C. I also      | certify th                              | at the following addi-  | tional operations records for this |  |  |
| pia    | int were prepared each d                        | lay that a licensed operator staffed or visit | ed this plant during the me | onth indicated above:     | (1) recor                               | rds of amounts of che   | micals used and chemical feed      |  |  |
| rate   | es; and (2) if applicable,                      | , appropriate treatment process performan     | ce records. Furthermore, l  | 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 upon request.              |                             |                           |   |                         |                                    |  |  |
|        | 1/10  | 21 221  |                             |                           |   |                         |                                    |  |  |
| _      | west  |   | Roy J. Mericle              |                           |   | C13808                  |                                    |  |  |
| Sig    | gnature and Date                                | · <del></del>                                 | Printed or Typed Name       |                           |   | License 1               | Number                             |  |  |

| PWS  | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida   |                        |                |  |  |                      |  |  |  |  |  |                         |   |  |
|--|--|------------------------|----------------|--|--|----------------------|--|--|--|--|--|-------------------------|---|--|
| HI. Daily Data for the Month/Year of: January/2005 |  |                        |                |  |  |                      |  |  |  |  |  |                         |   |  |
|  | Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) |                        |                |  |  |                      |  |  |  |  |  |                         |   |  |
| 🗌 Մև   | raviolet l   | Radiation              | Other (        | (Describe):                                      | •  |                      |  |  |  |  |  |                         |   |  |
| Туре   | of Disinfe   | ectant Residi          | ual Maintair   | ned in Distribut                                 | ion System:                                      |                      | ree Ch   |  |  |  | lorine (C  | hloramines)             | Chlorine Dioxide  |  |
|  |  |                        | С              | T Calculations, or I                             | JV Dose, to De                                   |                      | our+Log  | Virus Inactiv                                    | ation, if Ap                                     |  | 127  |                         |   |  |
|  |  |                        |                |  | CT Calcu   | lations<br>Lowest CT |  | -1   |  | UV   | Dose   | Lowest                  |   |  |
|  |  |                        |                | Lowest Residual                                  | Disinfectant                                     | Provided             |  | 1.7  |  |  |  | Residual                |   |  |
|  |  |                        |                | Disinfectant                                     | Contact Time                                     | Before or            |  |  |  |  |  | Disinfectant            |   |  |
|  |  | Net Quantity           |                | Concentration<br>(C) Before or at                | (T) at C<br>Measurement                          | at First<br>Customer | Temp.  |  | Minimum<br>CT                                    | Operating  | Minimum<br>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                                |  |
| Month  | Plant in   | Water<br>Produced, gal | Peak Flow      | During Peak                                      | Peak Flow,                                       | Peak Flow,           | Water,   | Water, if  | mg-  | mW-  | mW-  | Distribution            | or Maintenance Work that Involves Taking Water System Components Out of Operation |  |
| 1  | 24   | 69,000                 | Rate, gpd      | Flow, mg/L                                       | minutes  | mg-min/L             | , C  | Applicable                                       | min/L  | sec/cm <sup>2</sup>                              | sec/cm <sup>2</sup>                              | System, mg/L<br>1.3     | System Components Out of Operation  |  |
| 2  | 24   | 90,000                 |                |  |  |                      |  |  |  |  | <del> </del>                                     | 1.5                     |   |  |
| 3  | 24   | 91,000                 |                |  |  |                      |  |  |  |  |  | 1.5                     |   |  |
| 4  | 24   | 62,000                 |                |  |  |                      |  |  |  |  |  | 1.8                     |   |  |
| 6  | 24<br>24   | 63,000<br>81,000       |                |  | <b></b>  |                      |  |  |  |  |  | 1.6                     |   |  |
| 7  | 24   | 73,000                 | <u> </u>       | <u> </u>   |  |                      |  |  |  |  |  | 0.4                     |   |  |
| 8  | 24   | 59,000                 | <del> </del> - | <del> </del>                                     | <del> </del>                                     |                      | <del> </del> -                                   | <del></del>                                      |  | <del> </del>                                     |  | 1.2                     |   |  |
| 9  | 24   | 97,000                 |                |  |  |                      | <b></b>  |  |  | <b></b>  | <del> </del>                                     |                         |   |  |
| 10   | 24   | 98,000                 |                |  |  |                      |  |  |  |  |  | 1.4                     |   |  |
| 11   | 24<br>24   | 64,000                 | ļ              |  |  |                      |  |  |  |  |  | 1.3                     |   |  |
| 12   | 24   | 62,000<br>112,000      | <del> </del>   | <del> </del>                                     | ļ  | ļ                    | <b> </b>   |  |  | <b> </b>   |  | 2.0<br>1.8              |   |  |
| 14   | 24   | 54,000                 | <del></del>    | <del> </del>                                     | <del> </del>                                     | <del> </del>         | <del> </del>                                     |  |  |  |  | 1.8                     |   |  |
| 15   | 24   | 62,000                 |                |  | <b></b>  | <del> </del>         | <b> </b>   | <del>                                     </del> | <del>                                     </del> | <b></b>  | <del>                                     </del> | 1.3                     |   |  |
| 16   | 24   | 67,000                 |                |  |  |                      | <u> </u>   |  |  |  |  |                         |   |  |
| 17   | 24   | 67,000                 |                |  |  |                      |  |  |  |  |  | 1.8                     |   |  |
| 19   | 24   | 61,000<br>67,000       | <del> </del>   | <del> </del>                                     | ļ  | <del> </del>         |  | <u> </u>   | <del> </del>                                     | ļ  | <b> </b> -                                       | 1.6                     |   |  |
| 20   | 24   | 83,000                 | <del> </del>   | <del> </del>                                     | <del> </del>                                     |                      | <del>                                     </del> |  | <del> </del>                                     | -  | <del>                                     </del> | 1.5                     |   |  |
| 21   | 24   | 54,000                 |                |  | †  | <del> </del>         | <del>                                     </del> | <del> </del>                                     | <u> </u>   | <del> </del>                                     | <u> </u>   | 1.4                     |   |  |
| 22   | 24   | 56,000                 |                |  |  |                      |  |  |  |  |  | 1.1                     |   |  |
| 23   | 24   | 88,000                 |                | -  | ļ  |                      |  |  |  |  |  |                         |   |  |
| 24   | 24   | 89,000<br>63,000       | <del> </del>   | <u> </u>   | ļ  | <b> </b>             | ļ  | ļ  | <u> </u>   | ļ  | ļ  | 2.0                     |   |  |
| 26   | 24   | 83,000                 |                |  | <del>                                     </del> | <del> </del>         | -  | <b> </b>   | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | 2.0                     |   |  |
| 27   | 24   | 87,000                 |                | <del>                                     </del> | <del> </del>                                     | <del> </del>         | +  |  | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | 2.4                     |   |  |
| 28   | 24   | 51,000                 |                |  | <b>1</b>   | <b>†</b>             | 1  | <del>                                     </del> |  | <del>                                     </del> | <del> </del>                                     | 1.5                     |   |  |
| 29   | 24   | 57,000                 |                |  |  |                      |  |  |  |  |  | 1.3                     |   |  |
| 30   | 24   | 94,000<br>95,000       | ļ              |  |  | ļ                    |  |  |  |  |  |                         |   |  |
| Total  | 1 24   | 2,299,000              | <del> </del>   | _L   | <u> </u>   | L                    | 1  | L  | 1  | 1  |  | 1.50                    |   |  |
| Averag   | e.   | 74 161                 | 1              |  | •  |                      |  |  |  |  |  |                         |   |  |

Maximum

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

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| See | page 4 for instructions.  | •                  |                                       |  |                          |                            |                           |                                    |
|-----|---------------------------|--------------------|---------------------------------------|--|--------------------------|----------------------------|---------------------------|------------------------------------|
| ١.  | General Information       | for the Month Y    | ear of: February/2005                 | ,  |                          |                            |                           |                                    |
| Α.  | Public Water System (F    | WS) Informatio     | n                                     |  |                          |                            |                           |                                    |
|     | PWS Name: Oakland         |                    |                                       |  |                          |                            | PWS Identification N      | umber: 3590912                     |
|     |                           | Community          | Non-Transient Non-Co                  | ommunity Trans                                       | ent Non-Community        | ПС                         | onsecutive                |                                    |
|     | Number of Service Co      |                    |                                       |  | Total Population S       | erved at I                 | End of Month: 788         |                                    |
|     | PWS Owner: Utilities,     |                    |                                       |  |                          |                            |                           |                                    |
|     | Contact Person: Patric    |                    |                                       |  | Contact Person's T       | itle: Regi                 | onal Director             |                                    |
|     | Contact Person's Maili    |                    | Weathersfield Ave.                    |  | City: Altamonte Sp       |                            | State: Fl                 | Zip Code: 32714                    |
|     | Contact Person's Teler    |                    |                                       |  | Contact Person's F       | ax Numb                    | er: 407-869-6961          |                                    |
|     |                           |                    | lynn@utilitiesinc-usa.cor             | n  |                          |                            |                           |                                    |
| В.  | Water Treatment Plant     | Information        |                                       | <u> </u>   |                          |                            |                           |                                    |
|     | Plant Name: Utilites, I   | nc. of Florida     |                                       | <u></u>  |                          |                            | Plant Telephone Num       |                                    |
|     | Plant Address: 200 Wo     | eathersfield Ave   |                                       |  | City: Altamonte Sp       | orings                     | State: Fl                 | Zip Code: 32714                    |
|     | Type of Water Treated     | i by Plant:        | Raw Ground Water                      | Purchased Finished                                   | Water                    |                            |                           |                                    |
|     | Permitted Maximum I       | Day Operating C    | apacity of Plant, gallons p           | per day: 360,000                                     |                          |                            |                           |                                    |
|     | Plant Category (per su    | bsection 62-699    | .310(4), F.A.C.): IV                  |  | Plant Class (per su      | bsection                   | 62-699.310(4), F.A.C.):   | C                                  |
|     | Licensed Operators        |                    | Name                                  | License Cla  | ss 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.                          |
|     |                           | ·                  |                                       |  |                          |                            |                           |                                    |
|     |                           |                    |                                       |  |                          |                            |                           |                                    |
|     | ľ                         |                    |                                       |  |                          |                            |                           |                                    |
|     |                           |                    |                                       |  |                          |                            |                           |                                    |
|     |                           |                    |                                       |  |                          |                            |                           |                                    |
|     |                           |                    | •                                     |  |                          |                            |                           |                                    |
|     |                           |                    |                                       |  |                          |                            |                           |                                    |
|     | . Certification by Lea    |                    |                                       |  |                          |                            |                           |                                    |
|     |                           |                    |                                       | and the lead/shinf and                               | aton of the wester treet | mont plac                  | nt identified in Port Lof | this report. I certify that the    |
| inf | formation provided in the | is report is true  | and accurate to the best of           | i, aili ule lead/cillei opei<br>fmy knowledge and be | iof I cortify that all d | litetit piai<br>Irinkina v | uster treatment chemica   | ls used at this plant conform to   |
| NS  | SF International Standar  | rd 60 or other an  | nlicable standards referer            | red in subsection 62-55                              | 5 320/3) FAC I als       | o certify                  | that the following addit  | ional operations records for this  |
| pla | ant were prepared each    | day that a license | ed operator staffed or visi           | ted this plant during the                            | month indicated above    | re: (1) rec                | cords of amounts of cher  | nicals used and chemical feed      |
| rat | es; and (2) if applicable | , appropriate tre  | atment process performa               | nce records. Furthermore                             | e. I agree to retain the | se addition                | onal operations records   | at the plant site for at least ten |
| ye  | ars and to make them av   | vailable for revie | w upon request.                       |  | , 9                      |                            | •                         | -                                  |
|     | 0                         | )21                | · · · · · · · · · · · · · · · · · · · |  |                          |                            |                           |                                    |
|     | 1hors.                    | nu                 |                                       | Roy J. Mericle                                       |                          |                            | C13808                    |                                    |
| Si  | gnature and Date          |                    |                                       | Printed or Typed Name                                |                          |                            | License N                 | lumber                             |

| PWS    | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |  |              |   |  |  |  |  |              |  |  |  |  |
|--------|--|--|--------------|---|--|--|--|--|--------------|--|--|--|--|
|        | HI. Daily Data for the Month Year of: February/2005                      |  |              |   |  |  |  |  |              |  |  |  |  |
| Mean   | s of Achi  | aving Four I                                     | oo Vina In   | ne February/2<br>activation/Rem                   | 2005   | Free Cl  | -louin o   |  | hlorine I    | Novida   |  | one 🔲 (  | Combined Chlorine (Chloramines)                    |
| Mean   | s of Aciii<br>traviolet  | eving rour-i<br>Radiation                        | og virus in  | iactivation/Ken<br>(Describe):                    | iovai; +   | Free Ci  | niorine  | ل_ا د  | morme i      | MOXIGE   |  | cone   | Combined Chiornic (Chiorannics)                    |
|        |  |  |              | ned in Distribut                                  | ion System:                                      | ME   | ree Ch   | lorina   | Com          | hinad Ch   | Jorina (C  | hloramines)                                      | Chlorine Dioxide                                   |
| 1.700  | Of Dishit  | cetain resid                                     | C            | T Calculations, or                                | IV Dose to De                                    |  |  |  |              |  | norme (C   | inoraminos)                                      | Cinornic Dioxide                                   |
|        |  |  |              |   | CT Calcu   |  | Jul Log  | Villas Integer                                   | unon, man    |  | Dose   |  |  |
|        |  |  |              |   |  | Lowest CT  |  |  | l            |  | ·  | Lowest   |  |
| 1      |  | i  | İ            | Lowest Residual                                   | Disinfectant                                     | Provided   | 1  | ľ  | ł            | l  |  | Residual   |  |
| 1      |  |  | 1            | Disinfectant<br>Concentration                     | Contact Time<br>(T) at C                         | Before or<br>at First                            |  | İ  | Minimu       | Lowest   | Minimu<br>m UV                                   | Disinfectant<br>Concentration                    |  |
|        |  | Net Quantity                                     |              | (C) Before or at                                  | Measurement                                      | Customer   | Temp.  | }  | m CT         | Operating  |  | at Remote  |  |
| Day of |  | of Finished                                      | i i          | First Customer                                    | <b>Point During</b>                              | During   | of   | pH of  |              | UV Dosc.   |  |  | Emergency or Abnormal Operating Conditions; Repair |
| the    | Plant in   | Water  | Peak Flow    | During Peak                                       | Peak Flow,                                       | Peak Flow,                                       |  | 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 <sup>2</sup>                              | sec/cm2  | System, mg/L                                     | System Components Out of Operation                 |
| 1      | 24   | 56,000   |              |   |  |  |  |  | L            |  | ļ  | 1.6  |  |
| 3      | 24   | 63,000   |              |   |  | ļ  | <u> </u>   |  |              |  | ļ  | 1.5  |  |
| 4      | 24   | 71,000   |              | <u> </u>  |  |  |  |  |              | <b> </b>   | <u> </u>   | 1.6  |  |
| 5      | 24   | 63,000<br>42,000                                 |              |   |  | <u> </u>   | ļ  |  | ļ            |  | ļ  | 1.5  |  |
| 6      | 24   | 82,000   |              |   | <del></del>                                      |  | <u> </u>   |  | <u> </u>     | ļ  | <del> </del>                                     | 1.3  |  |
| 1 7    | 24   | 82,000   | ļ. <u></u>   | <u> </u>  | <del> </del>                                     |  |  |  | <b>├</b> ──  | ļ  |  | 1.5  |  |
| 8      | 24   | 60,000   |              | <del> </del>                                      | <del> </del>                                     |  |  |  | <del> </del> | ļ  | <del> </del>                                     | 1.5  |  |
| 9      | 24   | 69,000   |              |   |  | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del> | <del> </del>                                     |  | 1.6  |  |
| 10     | 24   | 88,000   | <del> </del> |   | <del> </del>                                     |  | <del> </del>                                     | <del> </del>                                     | <del> </del> | <del> </del>                                     | <del> </del>                                     | 1.0  |  |
| 11     | 24   | 79,000   | <del> </del> | <del>                                     </del>  |  |  | ┼  | <del> </del>                                     | <del> </del> | <del> </del>                                     | <del> </del>                                     | 1.5  |  |
| 12     | 24   | 66,000   | <del> </del> | <del> </del>                                      | <del> </del>                                     |  | <del>                                     </del> | <del>                                     </del> | <del> </del> | <del> </del>                                     | <del> </del>                                     | 1.5  |  |
| 13     | 24   | 91,000   |              |   | <del> </del>                                     | <del></del>                                      | <del>                                     </del> | <del> </del>                                     | ╅───         | ┼──  | <del>                                     </del> | 1.5  |  |
| 14     | 24   | 92,000   |              |   | <u> </u>   | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del> </del> | <del> </del>                                     | <del> </del>                                     | 2.0  |  |
| 15     | 24   | 63,000   |              | 1   |  | <del>                                     </del> | <u> </u>   |  | <del> </del> | <del> </del>                                     | <del>                                     </del> | 1.3  | <del></del>  |
| 16     | 24   | 80,000   |              | 1   | ļ ————————————————————————————————————           | <b>†</b>   | <del> </del>                                     | <del> </del>                                     | †            | <del>                                     </del> | <del>                                     </del> | 1.6  |  |
| 17     | 24   | 104,000  |              |   |  |  |  |  |              | 1  | 1  | 1.5  |  |
| 18     | 24   | 83,000   |              |   |  |  |  | <u> </u>   | 1            | 1  |  | 1.2  |  |
| 19     | 24   | 82,000   |              |   |  |  |  |  |              |  |  | 1.3  |  |
| 20     | 24   | 119,000  | <u> </u>     |   |  |  |  |  |              |  |  |  |  |
| 21     | 24   | 120,000  | ļ.,          |   |  |  |  |  |              |  |  | 1.5  |  |
| 22     | 24   | 92,000   | <b> </b>     |   |  |  |  |  |              |  |  | 1.1  |  |
| 24     | 24   | 95,000   | <b></b>      |   | <u> </u>   |  | <u> </u>   |  | <u> </u>     |  |  | 3.0  |  |
| 25     | 24   | 92,000<br>71,000                                 |              | <u> </u>  | ļ  | ļ  | <u> </u>   |  | 1            |  | ļ  | 2.0  |  |
| 26     | 24   | 61,000   | <del> </del> | <del>                                      </del> | <del> </del>                                     |  |  | <u> </u>   | <b></b>      | <u> </u>   | <b></b>  | 2.0  |  |
| 27     | 24   | 81,000   | <del> </del> | <del> </del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del> | <del> </del>                                     | <del>                                     </del> | 1,7  |  |
| 28     | 24   | 81,000   | <del> </del> | <del> </del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del> | <del> </del>                                     | +  | <del>                                     </del> |  |
| 29     | 24   | 01,000   | <del> </del> |   | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del> </del> | ┼──  | +  | 1.5  | <u> </u>   |
| 30     | 24   | <del>                                     </del> | <del> </del> | <del> </del>                                      |  | <del> </del>                                     | +  | <del> </del>                                     | <del> </del> | <del> </del>                                     | ļ  | <del>- </del>                                    | <u> </u>   |
| 31     | 24   | <b>1</b>   | <del> </del> | 1 -   | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | +  | <del> </del> | +  | +  | <del>                                     </del> |  |
| Total  |  | 2,228,000  | 1            | <u> </u>  |  | <del></del>                                      |  | 1  | .L           |  | <u> </u>   |  |  |
| Avera  | ge   | 79,571   | 1            |   |  |  |  |  |              |  |  |  |  |

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



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See page 4 for instructions.

| ,,,, | page 4 for instructions.                                 |   |                             |                        |                                   |                               |  |  |  |  |  |
|------|--|---|-----------------------------|------------------------|-----------------------------------|-------------------------------|--|--|--|--|--|
| 1.   | General Information f                                    | for the Month/Year of: March/2005           |                             |                        |                                   |                               |  |  |  |  |  |
| ٩.   | Public Water System (P                                   | WS) Information                             |                             |                        |                                   |                               |  |  |  |  |  |
|      | PWS Name: Oakland S                                      | Shores                                      |                             |                        | PWS Identification N              | umber: 3590912                |  |  |  |  |  |
|      | PWS Type: $\boxtimes$ C                                  | ommunity Non-Transient Non-C                | Community Transien          | t Non-Community        | Consecutive                       |                               |  |  |  |  |  |
|      | Number of Service Cor                                    | nnections at End of Month: 225              |                             | Total Population Se    | erved at End of Month: 788        |                               |  |  |  |  |  |
|      | PWS Owner: Utilities,                                    | Inc. of Florida                             |                             |                        |                                   |                               |  |  |  |  |  |
|      | Contact Person: Patrick                                  | c Flynn                                     |                             | Contact Person's Ti    | tle: Regional Director            |                               |  |  |  |  |  |
|      | Contact Person's Mailin                                  | ng Address: 200 Weathersfield Ave.          |                             | City: Altamonte Sp     | rings State: Fl                   | Zip Code: 32714               |  |  |  |  |  |
|      | Contact Person's Telep                                   | hone Number: 407-869-1919                   |                             | Contact Person's Fa    | ax Number: 407-869-6961           |                               |  |  |  |  |  |
|      | Contact Person's E-Ma                                    | il Address: p.c.flynn@utilitiesinc-usa.co   | om                          |                        |                                   |                               |  |  |  |  |  |
| B.   | Water Treatment Plant                                    | Information                                 |                             |                        |                                   |                               |  |  |  |  |  |
|      | Plant Name: Utilites, In                                 | nc. of Florida                              |                             |                        | Plant Telephone Num               | iber: 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 D                                      | Day Operating Capacity of Plant, gallons    | per day: 360,000            |                        |                                   |                               |  |  |  |  |  |
|      |  | bsection 62-699.310(4), F.A.C.): IV         |                             | Plant Class (per sul   | bsection 62-699.310(4), F.A.C.):  | C                             |  |  |  |  |  |
|      | Licensed Operators                                       | Name  | License Class               | License Number         | Day(s)/Shift                      | 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.                   |  |  |  |  |  |
|      | Tomos operations   | Ray Parrish                                 | С                           | 12740                  | Mon 8 A.M.                        | - 4:30 P.M.                   |  |  |  |  |  |
|      |  |   |                             |                        |                                   |                               |  |  |  |  |  |
|      |  |   |                             |                        |                                   |                               |  |  |  |  |  |
|      |  |   |                             |                        |                                   |                               |  |  |  |  |  |
|      |  |   |                             |                        |                                   |                               |  |  |  |  |  |
|      |  |   |                             |                        |                                   |                               |  |  |  |  |  |
|      |  |   |                             |                        |                                   |                               |  |  |  |  |  |
|      |  |   |                             |                        |                                   |                               |  |  |  |  |  |
| u T  | Cardiffication Land                                      | 1/61 : 60                                   |                             |                        |                                   |                               |  |  |  |  |  |
|      | . Certification by Lea                                   | eatment plant operator licensed in Florid   | a am the lead/shief amounts | n of the system treets | ant plant identified in Dort Loft | his remort I cortify that the |  |  |  |  |  |
|      |  | is report is true and accurate to the best  |                             |                        |                                   |                               |  |  |  |  |  |
|      |  | d 60 or other applicable standards refere   |                             |                        |                                   |                               |  |  |  |  |  |
|      |  | lay that a licensed operator staffed or vis |                             |                        |                                   |                               |  |  |  |  |  |
|      |  | , appropriate treatment process performa    |                             |                        |                                   |                               |  |  |  |  |  |
|      | ears and to make them available for review upon request. |   |                             |                        |                                   |                               |  |  |  |  |  |
| •    |  | 21  |                             |                        |                                   |                               |  |  |  |  |  |
|      | 69000  | b/h_ 3-31-5                                 | Roy J. Mericle              |                        | C13808                            |                               |  |  |  |  |  |
| Si   | gnature and Date)  |   | Printed or Typed Name       |                        | License N                         | umber                         |  |  |  |  |  |
|      | -  |   |                             |                        |                                   |                               |  |  |  |  |  |

Da -- 1

| PWS      | WS identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                             |              |  |  |                       |  |  |              |  |                      |                       |  |
|----------|---|-----------------------------|--------------|--|--|-----------------------|--|--|--------------|--|----------------------|-----------------------|--|
|          | aily Dat  | a for the Ma                | onth/Year o  | f: March/200                                     | 95   |                       |  |  |              |  |                      |                       |  |
|          |   |                             |              | activation/Rem                                   |  | Free Cl               | nlorine  | ПС   | hlorine I    | Dioxide  | Oz                   | one (                 | Combined Chlorine (Chloramines)  |
| UI 🔲 UI  | traviolet   | Radiation                   | Other (      | (Describe):                                      |  |                       |  |  |              |  |                      |                       | (======================================  |
| Type     | of Disinf   | ectant Residu               | ıal Maintain | ed in Distribut                                  | ion System:                                      | ⊠F                    | ree Ch   | lorine   | ☐ Com        | bined Ch   | lorine (C            | hloramines)           | Chlorine Dioxide   |
|          |   |                             | C            | Γ Calculations, or I                             |  |                       | our-Log  | Virus Inactiv                                      | ation, if Ap |  |                      | Calubra Ta            |  |
|          |   | 1                           |              |  | CT Calcu   |                       |  |  |              | UV   | Dose                 |                       |  |
|          |   | : -                         |              | Lowest Residual                                  | Disinfectant                                     | Lowest CT<br>Provided |  |  |              |  |                      | Lowest<br>Residual    | 유리 사용하고 있는 것이다.<br>그렇게 하는 것 같아 하는 것 같아 하는 것 같아 하는 것 같아.  |
|          |   |                             |              | Disinfectant                                     | Contact Time                                     | Before or             |  |  |              |  |                      | Disinfectant          |  |
|          |   |                             |              | Concentration                                    | (T) at C   | at First              |  |  | Minimum      | Lowest   | Minimum              | Concentration         |  |
| Day of   | Hours   | Net Quantity<br>of Finished |              | (C) Before or at<br>First Customer               | Measurement<br>Point During                      | Customer During       | Temp.  | pH of  | CT           | Operating  | UV Dose<br>Required, | at Remote<br>Point in |  |
| the      | Plant in  | Water                       | Peak Flow    | During Peak                                      | Peak Flow,                                       | Peak Flow,            | Water,   | Water, if  | mg-          | mW-  | mW-                  | Distribution          | Emergency or Abnormal Operating Conditions; Repair<br>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 <sup>2</sup>                              |                      | System, mg/L          | System Components Out of Operation   |
| 1        | 24  | 59,000                      |              |  |  |                       |  |  |              |  |                      | 1.6                   |  |
| 2        | 24  | 68,000                      | ·            | <del> </del>                                     | <u> </u>   |                       | ļ  | ļ  | <u> </u>     |  |                      | 1.7                   |  |
| 3        | 24  | 94,000<br>61,000            |              | <u> </u>   |  |                       | <u> </u>   |  |              |  |                      | 1.5                   |  |
| 5        | 24  | 79,000                      |              |  |  | <del></del>           | <del> </del>                                     | <del> </del>                                       | <del> </del> | <del> </del>                                     |                      | 1.4                   |  |
| 6        | 24  | 103,000                     |              | <del></del>                                      |  | <del></del>           | <del> </del>                                     |  | <del> </del> | <del> </del>                                     |                      | 1.4                   |  |
| 7        | 24  | 104,000                     |              |  |  |                       |  |  |              |  |                      | 1.5                   |  |
| 8        | 24  | 61,000                      |              | 1  |  |                       |  |  | <u> </u>     |  |                      | 1.0                   |  |
| 9        | 24  | 82,000                      |              |  |  |                       |  |  |              |  |                      | 1.6                   |  |
| 10       | 24  | 82,000                      |              |  |  |                       |  |  |              |  |                      | 1.7                   |  |
| 111      | 24  | 63,000                      |              |  | ļ  |                       |  |  |              |  |                      | 1.5                   |  |
| 12       | 24  | 77,000<br>107,000           |              | ļ  | ļ  |                       | ļ  | ļ  | ļ            |  |                      | 1.4                   |  |
| 14       | 24  | 107,000                     |              | <del> </del>                                     | <b>_</b>   |                       | ├──  |  | <u> </u>     | ļ  |                      | 1.5                   |  |
| 15       | 24  | 54,000                      |              | <del> </del>                                     | <del> </del>                                     |                       | <del> </del>                                     | <del> </del>                                       | <del> </del> |  |                      | 1.4                   |  |
| 16       | 24  | 73,000                      | <u> </u>     |  | 1  |                       | <del> </del>                                     | <del>                                       </del> | †            | <del> </del>                                     |                      | 1.6                   |  |
| 17       | 24  | 80,000                      |              |  |  |                       |  | <b></b>  |              |  |                      | 1.2                   |  |
| 18       | 24  | 53,000                      |              |  |  |                       |  |  |              |  |                      | 1.5                   |  |
| 19       | 24  | 64,000                      | L            |  |  |                       |  |  |              |  |                      | 1.3                   |  |
| 20       | 24  | 99,000                      |              | ļ  | <del> </del>                                     | ļ                     | <b>↓</b>   |  | ļ            |  | <del> </del>         | <del></del>           |  |
| 21       | 24  | 100,000<br>56,000           | <del> </del> | <del> </del>                                     | <del>                                     </del> | -                     | <del> </del>                                     | <del>  </del>                                      | <del> </del> | <b> </b>   | <del> </del>         | 1.0                   |  |
| 23       | 24  | 73,000                      |              | <del>                                     </del> | <del> </del>                                     | <del> </del>          | <del> </del>                                     | <del> </del>                                       | <del> </del> | <del>                                     </del> | <del> </del>         | 1.0                   |  |
| 24       | 24  | 67,000                      | <del></del>  | <del>                                     </del> | <b>†</b>   | <del> </del>          | <del> </del>                                     | <del> </del>                                       | <del> </del> | <del> </del>                                     |                      | 1.2                   |  |
| 25       | 24  | 66,000                      |              | -  |  |                       | <del>                                     </del> | <del>                                     </del>   | -            | <del> </del>                                     | <del> </del>         | 1.3                   |  |
| 26       | 24  | 68,000                      | 1            | 1  | 1  | 1                     | 1  |  |              |  |                      | 1.6                   |  |
| 27       | 24  | 68,000                      |              |  |  |                       |  |  |              |  |                      |                       |  |
| 28       | 24  | 69,000                      | ļ            |  |  |                       |  |  |              |  |                      | 1.6                   |  |
| 29       | 24  | 50,000                      | ļ            |  |  |                       | ļ  | <u> </u>   |              | <u> </u>   | ļ                    | 1.4                   |  |
| 30<br>31 | 24  | 66,000<br>99,000            | <del> </del> | -  | -  |                       | <del>            _   _</del>                     | <del> </del>                                       | 1            |  | <b> </b>             | 1.3                   |  |
| Total    | 24  | 2,353,000                   | <del> </del> | <u> </u>   | .1   | 1                     | <u> </u>   | <u> </u>   |              | <u></u>  | <u> </u>             | 1.40                  |  |
| Avera    | ze.   | 75 903                      | 1            |  |  |                       |  |  |              |  |                      |                       |  |

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Maximum

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

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| See  | page 4 for instructions.             |                               |                              |                   |                           |              |                           | \  |  |  |
|--|--------------------------------------|-------------------------------|------------------------------|-------------------|---------------------------|--------------|---------------------------|--|--|--|
| 1.   | General Information                  | for the Month Year of:        | April/2005                   |                   |                           |              |                           |  |  |  |
| A.   | Public Water System (F               | WS) Information               |                              |                   |                           |              |                           |  |  |  |
| 1  | PWS Name: Oakland                    | Shores                        |                              |                   |                           |              | PWS Identification N      | umber: 3590912   |  |  |
|  |                                      |                               | ansient Non-Community        | ☐ Transier        | t Non-Community           | Con          | secutive                  |  |  |  |
| - 1  |                                      | nnections at End of Month     |                              |                   | <b>Total Population S</b> | erved at Er  | d of Month: 788           |  |  |  |
|  | PWS Owner Utilities.                 |                               |                              |                   |                           |              |                           |  |  |  |
|  | Contact Person: Patric               | k Flynn                       |                              |                   | Contact Person's T        | itle: Region | nal Director              |  |  |  |
|  | Contact Person's Maili               | ng Address: 200 Weathers      | field Ave.                   |                   | City: Altamonte Sp        | orings       | State: Fl                 | Zip Code: 32714  |  |  |
|  |                                      | phone Number: 407-869-19      |                              |                   | Contact Person's F        | ax Number    | : 407-869-6961            |  |  |  |
|  |                                      | il Address: p.c.flynn@util    | itiesinc-usa.com             |                   |                           |              | ·                         |  |  |  |
| В.   | B. Water Treatment Plant Information |                               |                              |                   |                           |              |                           |  |  |  |
| Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919 |                                      |                               |                              |                   |                           |              |                           |  |  |  |
|  | Plant Address: 200 W                 |                               | State: Fl                    | Zip Code: 32714   |                           |              |                           |  |  |  |
|  | Type of Water Treated                |                               |                              | ased Finished V   | Vater                     |              |                           |  |  |  |
|  |                                      | Day Operating Capacity of     |                              | 0,000             |                           |              |                           |  |  |  |
|  |                                      | bsection 62-699.310(4), F.    |                              |                   |                           | bsection 62  | 2-699.310(4), F.A.C.):    |  |  |  |
|  | Licensed Operators                   | Na Na                         | me                           | License Class     |                           |              | Day(s)/Shif               |  |  |  |
|  | Lead/Chief Operator:                 | Roy Mericle                   |                              | 13808<br>12749    |                           |              | m 4:30 p.m.               |  |  |  |
|  | Other Operators:                     | Terry Sillitoe                |                              | Sat. 8 A.M.       |                           |              |                           |  |  |  |
|  |                                      | Ray Parrish                   |                              | C                 | 12740                     |              | Mon 8 A.M.                | - 4:30 P.M.  |  |  |
|  |                                      |                               |                              |                   |                           |              |                           |  |  |  |
|  |                                      |                               |                              |                   |                           |              |                           |  |  |  |
|  |                                      |                               |                              |                   |                           |              |                           |  |  |  |
|  | ]                                    | <u> </u>                      |                              | <del> </del>      |                           |              |                           |  |  |  |
|  |                                      |                               |                              | <del> </del>      |                           |              |                           |  |  |  |
|  | Į.                                   |                               |                              |                   |                           |              |                           |  |  |  |
| _  |                                      |                               |                              |                   |                           |              |                           | المستركات والمستركات والمستركات المستركات والمستركات وا |  |  |
|  | . Certification by Lea               |                               |                              |                   | :                         |              |                           |  |  |  |
| I, 1   | the undersigned water to             | reatment plant operator lice  | nsed in Florida, am the le   | ead/chief operate | or of the water treat     | ment plant   | identified in Part I of t | this report. I certify that the  |  |  |
| m  | ormation provided in th              | his report is true and accura | te to the best of my know    | ledge and belie   | f. I certify that all d   | rinking wa   | ter treatment chemical    | Is used at this plant conform to   |  |  |
| No<br>pla  | or international Standar             | d 60 or other applicable su   | andards referenced in sub    | section 62-333.   | 320(3), F.A.C. I als      | o certify th | at the following addition | ional operations records for this<br>nicals used and chemical feed   |  |  |
| pa   | ant were prepared each               | annonviate treatment pro      | r statted of visited this pi | ant during the it | I agree to retain the     | e, (1) leco: | al operations records:    | at the plant site for at least ten   |  |  |
| ve   | ars and to make them a               | vailable for review upon re   | onest<br>mest                | s. ruitaemiote,   | r agree to regain the     | oc adminuti  | en obetanone tecorde      | at the passe site is the room of   |  |  |
| , •  |                                      | - 1                           | 4000                         |                   |                           |              |                           |  |  |  |
|  | 1 and                                | Vac 5-3                       | -05 Roy J. Me                | ericle            | _                         |              | C13808                    |  |  |  |
| Si   | gnature and Date                     |                               | Printed or                   |                   |                           | License N    | lumber                    |  |  |  |

| M      | Silly Di  |                  |             |                                |              | Plant Nat          |          |                         |               |                     |           | · · · · · · · · · · · · · · · · · · · | RCHASED FINISHED WATER                          |
|--------|-----------|------------------|-------------|--------------------------------|--------------|--------------------|----------|-------------------------|---------------|---------------------|-----------|---------------------------------------|---|
|        |           |                  | Log Vinus I | nactivation/Res                |              |                    |          |                         |               |                     |           |                                       |   |
| [] U   | traviole  | Radiation        | Other       | (Describe):                    | moval: *     | Free (             | Chlorin  | e                       | Chlorine      | Diavida             |           |                                       |   |
| Type . | of Disin  | fectant Resid    | uol M       | (Describe):<br>ned in Distribu |              |                    |          | نب "                    | CHOIME        | Dioxide             | ЩС        | zone                                  | Combined Chlorine (Chloramines)                 |
|        |           | icotant Resid    | uai Maintai | ned in Distribu                | tion System: | KA:                | Etac Ol  | ulorine                 |               |                     |           |                                       |   |
| j      |           | 1                | <u> </u>    | T Calculations, or             | UV Doge to D |                    | rice Ci  | uonne                   | Con           | nbined C            | hlorine ( | Chloramines                           |   |
| j      |           | j i              |             | T Calculations, or             | CT Calcu     | enonstrate i       | OUT-LOS  | Virus Inact             | ivation, if A | pplicable*          |           | Thoraumies                            | Chlorine Dioxide                                |
| i      |           | 1                |             |                                | 7.000        |                    |          |                         |               | TIV                 | Dose      | }                                     |   |
| i      |           |                  |             | Lowest Residual                | Disinfectant | Lowest C7 Provided |          |                         |               |                     |           | Lowest                                |   |
| - 1    |           | j i              |             | Disinfectant                   | Contact Time | Before or          | 1        | i                       | ł             | 1                   |           | Residual                              |   |
|        |           | Net Quantity     |             | Concentration                  | (T) at C     | at First           | 1        | 1                       | 1             | i                   | Minimu    | Disinfectant                          | 1.  |
| Day of | Hours     | of Finished      |             | (C) Before or at               | Meanurement  | Customer           | Temp.    | İ                       | Minimu        | Lowest              | m 1337    | Concentration                         |   |
| the    | Plant in  | Water            | Peak Flow   | First Customer                 | Point During | During             | of       |                         | m CT          | Operating           | Trans.    | at Remote                             |   |
|        | Operation | Produced, gal    | Rate, and   | During Peak                    | Peak Flow,   | Peak Flow.         | Water,   | pH of                   | Required,     | UV Dose             | Recuired, | Point in                              | Emerganou on Aban and A                         |
|        | 24        | 69,000           | - Kuke, Rpg | Flow, mg/L                     | minutes      | mg-min/L           | °C       | Water, if<br>Applicable | ing-          | mW-                 | mW.       | Distribution                          | Emergency or Abnormal Operating Conditions; Rep |
| 2      | 24        | 42,000           |             |                                |              |                    | <u> </u> | Applicable              | min/L         | sec/om <sup>2</sup> | sec/cm²   | System, mg/L                          |   |
| 3      | 24        | 82,000           |             |                                |              |                    |          |                         |               |                     |           | 1.2                                   | System Components Out of Operation              |
| 4      | 24        | 82,000           |             |                                |              |                    |          |                         |               |                     |           | 1,3                                   |   |
| 5      | 24        | 76,000           |             |                                |              |                    |          |                         |               |                     |           |                                       |   |
| 6      | 24        | 82,000           |             |                                |              |                    |          |                         |               |                     |           | 1.4                                   |   |
| 7      | 24        | 87,000           |             |                                |              |                    |          |                         |               |                     |           | 1.5                                   |   |
| 8      | 24        | 52,000           |             |                                |              |                    |          |                         |               |                     |           | 1.7                                   |   |
| 9      | _ 24      | 51,000           |             |                                |              |                    |          |                         |               |                     |           | 1,8                                   |   |
| 10     | 24        | 109,000          |             |                                |              |                    |          |                         |               |                     |           | 2.1                                   |   |
| 11     | 24        | 109,000          |             |                                |              |                    |          |                         |               |                     |           | 2,3                                   |   |
| 12     | 24        | 55,000           |             |                                |              |                    |          |                         |               | 1                   |           | 2,3                                   |   |
| 13     | 24        | 92,000           |             |                                |              |                    |          |                         |               |                     |           |                                       |   |
| 14     | 24        | 89,000           |             |                                |              |                    |          |                         |               |                     |           | 2,0                                   |   |
| 15     | 24        |                  |             |                                |              |                    |          |                         |               |                     |           | 2.2                                   |   |
| 16     | 24        | 69,000<br>79,000 |             |                                |              |                    |          |                         |               |                     |           | 1.7                                   |   |
| 17     | 24        |                  |             |                                |              |                    |          |                         |               |                     |           | 1,6                                   |   |
| 18     | 24        | 127,000          |             |                                |              |                    |          |                         |               |                     |           | 1,6                                   |   |
| 19     | 24        | 128,000          |             |                                |              |                    |          |                         |               |                     |           | 1.4                                   |   |
| 20     | 24        | 67,000           |             |                                |              |                    |          |                         |               |                     |           |                                       |   |
| 21     | 24        | 90,000           |             |                                |              |                    |          |                         |               |                     |           | 1,4                                   |   |
| 22     | 24        | 112,000          |             |                                |              |                    | $\Box$   |                         |               |                     |           | 1.4                                   |   |
| 3      | 24        | 119,000          |             |                                |              |                    |          |                         |               |                     |           | 1.4                                   |   |
|        | 24        | 82,000           |             | -                              |              |                    | $\Box$   |                         |               |                     |           | 1.2                                   |   |
|        | 24        | 95,000           |             |                                |              |                    |          |                         |               |                     |           | 1.2                                   |   |
|        |           | 95,000           |             |                                |              |                    |          | -                       |               |                     |           | 1.0                                   |   |
|        | 24        | 91,000           |             |                                |              |                    |          |                         |               |                     |           |                                       |   |
|        | 24        | 62,000           | -           |                                |              | T                  |          |                         |               |                     |           | 1,0                                   |   |
|        | 24        | 100,000          |             |                                |              |                    |          | <del></del>             |               |                     |           | 1.2                                   |   |
|        | 24        | 57,000           |             |                                |              |                    |          |                         |               |                     |           | 0,9                                   |   |
|        | 24        | 75,000           |             |                                |              |                    |          |                         |               |                     |           | 1.4                                   |   |
|        |           |                  |             |                                |              |                    |          |                         |               |                     |           | 2.5                                   |   |
| ıl     |           | 2,525,000        |             |                                |              |                    |          |                         |               |                     |           | 1.7                                   |   |
| rage   |           |                  |             |                                |              |                    |          |                         |               |                     |           |                                       |   |

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





See page 4 for instructions

| 566 | page 4 for instructions.  |  |              |                   |                         |                                   |                            |                                   |  |  |
|-----|---|--|--------------|-------------------|-------------------------|-----------------------------------|----------------------------|-----------------------------------|--|--|
| I.  | General Information (   | or the Month/Year of: May/2005               |              |                   |                         |                                   |                            |                                   |  |  |
| ٩.  | Public Water System (P  | WS) Information                              | (            |                   |                         |                                   |                            |                                   |  |  |
|     | PWS Name: Oakland S   | Shores                                       |              |                   |                         |                                   | PWS Identification Nu      | ımber: 3590912                    |  |  |
|     | PWS Type:   | ommunity Non-Transient Non-C                 | ommunity     | Transien          | t Non-Community         | Co                                | nsecutive                  |                                   |  |  |
|     | Number of Service Cor   | nnections at End of Month: 225               |              |                   | Total Population Se     | erved at E                        | nd of Month: 788           |                                   |  |  |
|     | PWS Owner: Utilities,   | Inc. of Florida                              |              |                   |                         |                                   |                            |                                   |  |  |
|     | Contact Person: Patrick   | (Flynn                                       |              |                   | Contact Person's T      | itle: Regio                       | 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-Ma   | il Address: p.c.flynn@utilitiesinc-usa.com   | m            |                   |                         |                                   |                            |                                   |  |  |
| В.  | Water Treatment Plant Information   |  |              |                   |                         |                                   |                            |                                   |  |  |
|     | Plant Name: Utilites, In  | nc. of Florida                               |              |                   |                         |                                   | Plant Telephone Num        | ber: 407-869-1919                 |  |  |
|     | Plant Address: 200 We   | athersfield Ave.                             |              |                   | City: Altamonte Sp      | prings                            | State: Fl                  | Zip Code: 32714                   |  |  |
|     | Type of Water Treated   | by Plant: Raw Ground Water                   | Purch        | ased Finished V   | Vater                   |                                   |                            |                                   |  |  |
|     | Permitted Maximum D   | Day Operating Capacity of Plant, gallons     | per day: 36  | 0,000             |                         |                                   |                            |                                   |  |  |
|     | Plant Category (per sui   | 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:  | Kathy Sillitoe                               |              | С                 | 13094                   |                                   | Mon Fr                     | ri. Days                          |  |  |
|     | Other Operators:  | Terry Sillitoe                               |              | В                 | 12749                   |                                   | Thur.Fri.S                 | at. Days                          |  |  |
|     |   | Roy Mericle                                  |              | С                 | 13808                   | Tues Fri. Days From 5/1 Thru 5/17 |                            |                                   |  |  |
|     |   | Alexander Lorenzo                            |              | С                 | 13756                   |                                   | Mon. & W                   | /ed. Days                         |  |  |
|     |   | Roger Holsapple                              |              | С                 | 7436                    |                                   | Tues. I                    | Days                              |  |  |
|     |   |  |              |                   |                         |                                   |                            |                                   |  |  |
|     |   |  |              |                   |                         |                                   |                            |                                   |  |  |
|     |   |  |              |                   |                         |                                   |                            |                                   |  |  |
|     |   |  |              |                   |                         |                                   |                            |                                   |  |  |
|     | L   |  |              |                   |                         |                                   |                            |                                   |  |  |
| П   | . Certification by Lead   | d/Chief Operator                             |              |                   |                         |                                   |                            |                                   |  |  |
|     |   | eatment plant operator licensed in Florida   | am the le    | ad/chief operato  | or of the water treatn  | nent plant                        | identified in Part I of th | nis report. I certify that the    |  |  |
| ınt | ormation provided in the  | is report is true and accurate to the best o | f my know    | ledge and belief  | . I certify that all di | rinking wa                        | iter treatment chemicals   | s used at this plant conform to   |  |  |
| N2  | F International Standard  | d 60 or other applicable standards referen   | iced in subs | section 62-555.3  | 20(3), F.A.C. I also    | o certify th                      | nat the following addition | onal operations records for this  |  |  |
| pla | nt were prepared each d   | ay that a licensed operator staffed or visi  | ted this pla | ant during the me | onth indicated above    | e: (1) reco                       | rds of amounts of chem     | icals used and chemical feed      |  |  |
| rat | es; and (2) if applicable,  | appropriate treatment process performan      | nce records  | . Furthermore,    | I agree to retain thes  | se addition                       | ial operations records at  | t the plant site for at least ten |  |  |
| yea | 1   | ailable for review upon request.             |              |                   |                         |                                   |                            |                                   |  |  |
| k   | Solution 6-3-05 KAHY S:11:40 E C-13094  Printed or Typed Name License Number              |  |              |                   |                         |                                   |                            |                                   |  |  |
| Sig | gnature and Date  |  | Printed or   | Typed Name        |                         |                                   | License Nu                 | ımber                             |  |  |

| pu/s  | WS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                    |  |                              |                              |  |  |  |  |  |                     |                       |  |
|-------|---|--------------------|--|------------------------------|------------------------------|--|--|--|--|--|---------------------|-----------------------|--|
|       |   |                    |  |                              |                              |  |  | ,  |  |  |                     |                       |  |
| Ш.    | Daily Dat   | a for the Mo       | onth/Year o                                      | f: May/2005                  |                              |  |  |  |  |  |                     |                       |  |
| Mean  | s of Achi   | eving Four-L       | og Virus In                                      | activation/Rem               | oval: *                      | Free Cl  | lorine   | $\Box$ C   | hlorine D  | ioxide   | Oz                  | one [] (              | Combined Chlorine (Chloramines)  |
| U     | ltraviolet  | Radiation          | Other (  | 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   |
|       |   |                    | Cl   | Γ Calculations, or U         | JV Dose, to De               |  | ur-Log   | Virus Inactiv                                    | ation, if Ap                                     | plicable*  |                     |                       |  |
|       |   |                    |  |                              | CT Calcu                     | ations   | Out. Branch                                      |  | 2,47,47  | UV   | Dose                |                       |  |
|       |   |                    |  |                              |                              | Lowest CT  |  |  |  |  |                     | Lowest                |  |
| ŀ     |   | <u> </u>           |  | Lowest Residual Disinfectant | Disinfectant<br>Contact Time | Provided<br>Before or                            | 1  |  |  |  |                     | Residual Disinfectant |  |
|       |   | }                  |  | Concentration                | (T) at C                     | at First   |  | 1.000  | Minimum  | Lowest   | Minimum             | Concentration         |  |
| l     | 1   | Net Quantity       |  | (C) Before or at             | Measurement                  | Customer   | Temp.  | 1  | CT   | Operating  | UV Dose             | at Remote             |  |
| Day o |   | of Finished        |  | First Customer               | Point During                 | During   | of   | pH of  | Required,  |  | 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<br>System Components Out of Operation |
| Mont  |   | Produced, gal      | Rate, gpd  | Flow, mg/L                   | minutes                      | mg-min/L   | °C   | Applicable                                       | min/L  | sec/cm <sup>2</sup>                              | sec/cm <sup>2</sup> | System, mg/L          | System Components Out of Operation   |
| 1 2   | 24  | 81,500<br>81,500   | <del> </del>                                     | <del> </del>                 | <del> </del>                 | ļ  | <del> </del>                                     | ļ  | <del> </del>                                     |  |                     | 1.2                   |  |
| 3     | 24  | 61,000             | <del> </del>                                     | <del> </del>                 | <del> </del>                 | <del> </del>                                     | <del> </del>                                     | <u> </u>   | <del> </del>                                     |  |                     | 1.3                   |  |
| 4     | 24  | 67,000             | <del> </del>                                     | <del> </del>                 | <del> </del>                 | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> |  |                     | 1.4                   |  |
| 5     | 24  | 62,000             |  |                              | <u> </u>                     | }  |  |  |  |  | <del></del>         | 1.5                   |  |
| 6     | 24  | 53,000             |  |                              |                              | <del> </del>                                     | <del>                                     </del> |  | <del> </del>                                     |  |                     | 1.3                   |  |
| 7     | 24  | 50,000             |  | <del> </del>                 |                              |  |  |  |  |  | <del></del>         | 1.3                   |  |
| 8     | 24  | 79,500             |  |                              |                              | <del>                                     </del> |  |  |  |  |                     |                       |  |
| 9     | 24  | 79,500             |  |                              |                              |  |  |  |  |  |                     | 1.0                   |  |
| 10    | 24  | 76,000             |  |                              |                              |  |  |  |  |  |                     | 1.0                   |  |
| 11    | 24  | 78,000             |  |                              |                              |  |  |  |  |  |                     | 1.4                   |  |
| 12    | 24  | 93,000             |  |                              |                              | ļ  |  |  |  |  |                     | 2.0                   |  |
| 13    | 24  | 95,000             | <u> </u>   | <del> </del>                 | <u> </u>                     | ļ  | <b></b>  |  | ļ  | ļ  |                     | 1.1                   |  |
| 14    | 24  | 71,000             | <b> </b>   | ļ                            | <u> </u>                     |  |  |  |  |  |                     | 1.3                   |  |
| 16    | 24  | 114,500<br>114,500 | ļ  |                              | ļ                            |  | <del> </del> -                                   | <del> </del>                                     | <del> </del>                                     |  |                     | <del></del>           |  |
| 17    | 24  | 115,000            | <del> </del>                                     | <del></del>                  | <del> </del>                 | <del> </del>                                     | <del> </del> -                                   | <del> </del>                                     |  |  |                     | 1.8                   |  |
| 18    | 24  | 93,000             | <del> </del>                                     | <del> </del>                 | <del> </del>                 | ļ  | ┼  | <del> </del>                                     | <del> </del>                                     |  | <del></del>         | 1.9                   |  |
| 19    | 24  | 110,000            | <del> </del>                                     | <del> </del>                 | <del> </del>                 | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>        | 1.6                   |  |
| 20    | 24  | 67,000             | <del>                                     </del> | 1                            | <del> </del>                 | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     |  | <del> </del>        | 1.2                   |  |
| 21    | 24  | 119,000            | 1  | 1                            | 1                            | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | <b>—</b>   | <del>                                     </del> | <del> </del>        | 1.5                   |  |
| 22    | 24  | 128,500            |  |                              | <del> </del>                 |  | 1  | <del>                                     </del> | <b>†</b>   | <del>                                     </del> |                     |                       |  |
| 23    | 24  | 128,500            |  |                              |                              |  |  |  |  |  |                     | 1.8                   |  |
| 24    | 24  | 125,000            |  |                              |                              |  |  |  |  |  |                     | 1.5                   |  |
| 25    | 24  | 104,000            |  |                              |                              |  |  |  |  |  |                     | 1.6                   |  |
| 26    | 24  | 156,000            | ļ  |                              |                              |  |  |  |  |  |                     | 1.7                   |  |
| 27    | 24  | 127,000            | <b></b>  |                              |                              |  |  |  |  |  |                     | 1.6                   |  |
| 28    | 24  | 87,000             | <b> </b>   |                              |                              |  |  |  |  |  |                     | 1.6                   |  |
| 30    | 24  | 99,500             | <del> </del>                                     |                              | <del> </del>                 |  | ╀  | ļ  |  | <b> </b>   |                     | ļ                     |  |
| 31    | 24  | 79,000             | <del> </del>                                     | +                            | <del> </del>                 |  | -  | <b></b>  | <del> </del>                                     |  | ļ                   | 1.4                   |  |
| Total |   | 2,895,000          | <del> </del>                                     | <del></del>                  | <u> </u>                     | <u> </u>   |  |  |  | <u> </u>   | L                   | 1.30                  | L  |
| Aver  |   | 93,387             | 1  |                              |                              |  |  |  |  |  |                     |                       |  |

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

| PWS Identification Number: 3590912  | New Many Della L. CEL 1  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 1 WS Identification [Admitted, 3390912  | 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 <u>acrylamide</u> used at the <u>follows:</u>  | e water treatment plant? \( \sum \text{No} \sum Yes, and the polymer dose and the acrylamide level in the polymer are as |  |  |  |  |  |  |  |  |
| Polymer Dose, ppm = Acrylamide Level, % <sup>†</sup> =  |  |  |  |  |  |  |  |  |  |
| 3. 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, % <sup>†</sup> =  |  |  |  |  |  |  |  |  |
| 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 <sub>4</sub> or mg/L of silica  | $te as SiO_2 =$  |  |  |  |  |  |  |  |  |
| If sodium silicate is used, the amount of added plus naturally of   | occurring silicate, in mg/L as SiO <sub>2</sub> =  |  |  |  |  |  |  |  |  |
| * Complete and submit Part IV of this report only with the month  | h constitution of C. D. J. C. J.   |  |  |  |  |  |  |  |  |

<sup>\*</sup> 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.

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| (FL                                   | ORIDA                      |  | -                                    | .,  |                              | 1                                  |  |  |  |  |  |
|---------------------------------------|----------------------------|--|--------------------------------------|---|------------------------------|------------------------------------|--|--|--|--|--|
| -                                     |                            |  |                                      |   |                              | (0)H                               |  |  |  |  |  |
| See                                   | page 4 for instructions.   |  |                                      |   |                              |                                    |  |  |  |  |  |
| ١.                                    | General Information f      | or the Month/Year of: June/2005          | 5                                    |   |                              |                                    |  |  |  |  |  |
| ۹.                                    | Public Water System (P     | WS) Information                          |                                      |   |                              |                                    |  |  |  |  |  |
|                                       | PWS Name: Oakland S        | hores                                    |                                      |   | PWS Identification N         | lumber: 3590912                    |  |  |  |  |  |
|                                       | PWS Type: $\boxtimes$ C    | ommunity Non-Transient No                | on-Community Transien                | t Non-Community                                   | Consecutive                  |                                    |  |  |  |  |  |
| į                                     | Number of Service Cor      | nnections at End of Month: 225           |                                      | Total Population Served at End of Month: 788      |                              |                                    |  |  |  |  |  |
| PWS Owner: Utilities, Inc. of Florida |                            |  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       | Contact Person: Patrick    | Flynn                                    |                                      | Contact Person's Title: R                         |                              |                                    |  |  |  |  |  |
|                                       | Contact Person's Mailin    | ng Address: 200 Weathersfield Ave.       |                                      | City: Altamonte Springs State: Fl Zip Code: 32714 |                              |                                    |  |  |  |  |  |
|                                       | Contact Person's Telep     | hone Number: 407-869-1919                |                                      | Contact Person's Fax Nu                           | ımber: 407-869-6961          |                                    |  |  |  |  |  |
|                                       | Contact Person's E-Ma      | il Address: p.c.flynn@utilitiesinc-usa   | a.com                                |   |                              |                                    |  |  |  |  |  |
| В.                                    | Water Treatment Plant      | Information                              |                                      |   |                              |                                    |  |  |  |  |  |
|                                       | Plant Name: Utilites, In   | nc. of Florida                           |                                      |   | Plant Telephone Nur          |                                    |  |  |  |  |  |
|                                       | Plant Address: 200 We      | athersfield Ave.                         |                                      | City: Altamonte Springs                           | State: Fl                    | Zip Code: 32714                    |  |  |  |  |  |
|                                       | Type of Water Treated      | by Plant: Raw Ground Wate                | er Purchased Finished V              | Vater   |                              |                                    |  |  |  |  |  |
|                                       | Permitted Maximum D        | Day Operating Capacity of Plant, galle   | ons per day: 360,000                 |   |                              |                                    |  |  |  |  |  |
|                                       | Plant Category (per su     | bsection 62-699.310(4), F.A.C.): IV      |                                      | Plant Class (per subsect                          | ion 62-699.310(4), F.A.C.)   |                                    |  |  |  |  |  |
|                                       | Licensed Operators         | Name                                     | License Class                        | License Number                                    | Day(s)/Shit                  | ft(s) Worked                       |  |  |  |  |  |
|                                       | Lead/Chief Operator:       | Kathy Sillitoe                           | С                                    | 13094   | Mon                          | Fri. Days                          |  |  |  |  |  |
|                                       | Other Operators:           | Alexander Lorenzo                        | С                                    | 13756   | Mon T                        | Thur. Days                         |  |  |  |  |  |
|                                       |                            | Terry Sillitoe                           | В                                    | 12749   | Thur.Fri. a                  | & Sat. Days                        |  |  |  |  |  |
|                                       |                            |  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       | }                          |  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       |                            |  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       |                            |  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       |                            |  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       |                            |  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       |                            | L  |                                      |   |                              |                                    |  |  |  |  |  |
|                                       | . Certification by Lea     | VChief Operator                          |                                      |   |                              |                                    |  |  |  |  |  |
|                                       |                            | eatment plant operator licensed in Flo   | orida am the lead/chief operate      | or of the water treatment                         | plant identified in Part Lof | this report. I certify that the    |  |  |  |  |  |
|                                       |                            | is report is true and accurate to the be |                                      |   |                              |                                    |  |  |  |  |  |
| NS                                    | SF International Standard  | d 60 or other applicable standards ref   | ferenced in subsection 62-555.3      | 320(3), F.A.C. I also cert                        | ify that the following addit | tional operations records for this |  |  |  |  |  |
| pla                                   | ant were prepared each d   | lay that a licensed operator staffed or  | r visited this plant during the m    | onth indicated above: (1)                         | records of amounts of che    | micals used and chemical feed      |  |  |  |  |  |
| rat                                   | tes; and (2) if applicable | , appropriate treatment process perform  | rmance records. Furthermore,         | I agree to retain these add                       | ditional operations records  | at the plant site for at least ten |  |  |  |  |  |
| ye                                    | ars and to make them av    | vailable for review upon request.        |                                      |   |                              |                                    |  |  |  |  |  |
|                                       | V D ann                    | ·  | Valle and                            | _   | 0.12                         | 004                                |  |  |  |  |  |
| <u>c:</u>                             | gnature and Date           | Tise 7.5.05                              | RANY S. 11:401 Printed or Typed Name |   | C-130<br>License N           | Und -1                             |  |  |  |  |  |
| OI,                                   | gnature and Date           |  | rrinted or Typed Name                |   | License r                    | NUMBER                             |  |  |  |  |  |

| PWS           | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                             |              |  |  |                    |  |  |  |  |  |                       |  |
|---------------|--|-----------------------------|--------------|--|--|--------------------|--|--|--|--|--|-----------------------|--|
| III. D        | aily Dat   | a for the Me                | onth/Year o  | f: June/2005                                     |  |                    |  |  |  |  |  |                       |  |
|               |  |                             |              | activation/Rem                                   | oval: *  | Free Ch            | lorine   | □с   | hlorine D  | ioxide   | Oz   | one 🔲 (               | Combined Chlorine (Chloramines)                    |
| UI:           | raviolet l   | Radiation                   | Other (      | Describe):                                       | •  |                    |  |  |  |  |  |                       |  |
| Type          | of Disinfe   | ectant Residu               |              | ed in Distribut                                  |  |                    | ree Chl  |  |  |  | lorine (C  | hloramines)           | Chlorine Dioxide                                   |
|               |  |                             | C            | Γ Calculations, or U                             | JV Dose, to De                                   | monstrate Fo       | ur-Log   | Virus Inactiv                                    | ation, if Ap                                     |  |  |                       |  |
|               | . 1  |                             |              | i i i i i i i i i i i i i i i i i i i            | CT Calcul  |                    |  |  |  | UV   | Dose   |                       |  |
|               |  |                             |              |  |  |                    |  |  |  | Lowest<br>Residual                               | 회 선생님의 경찰 사람이 되어난 그 그 모든 다                       |                       |  |
|               |  |                             |              | Disinfectant                                     | Contact Time                                     | Before or          | 90 HV  |  |  |  | 20   | Disinfectant          |  |
|               |  | Not Oursite                 |              | Concentration                                    | (T) at C   | at First           |  |  | Minimum  |  | Minimum  | Concentration         |  |
| Day of        | Hours  | Net Quantity<br>of Finished |              | (C) Before or at<br>First Customer               | Measurement<br>Point During                      | Customer<br>During | Temp.  | pH of  | CT<br>Required,                                  | Operating UV Dose,                               |  | at Remote<br>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                                       |  | sec/cm <sup>2</sup>                              | sec/cm <sup>2</sup>                              | System, mg/L          | System Components Out of Operation                 |
| <del>  </del> | 24   | 46,000                      |              |  |  |                    |  |  |  |  |  | 0.6                   |  |
| 2             | 24   | 77,000<br>50,000            |              |  | ļ  |                    |  | <b></b>  | <b> </b>   |  |  | 2.0                   |  |
| 4             | 24   | 57,000                      |              | <del> </del>                                     | <del> </del>                                     |                    | ├  |  | <del> </del>                                     |  | <b></b>  | 2.0<br>1.9            |  |
| 5             | 24   | 55,500                      |              |  |  | <u> </u>           | <del>                                     </del> | <del>}</del>                                     | <del> </del>                                     |  |  | 1.9                   |  |
| 6             | 24   | 55,500                      |              |  | <del></del>                                      |                    |  | <del> </del>                                     | <del> </del>                                     |  | <del> </del>                                     | 1.6                   |  |
| 7             | 24   | 73,000                      | <u> </u>     | 1  |  |                    |  | <del></del>                                      | <del> </del>                                     |  |  | 1.8                   |  |
| 8             | 24   | 50,000                      |              |  |  |                    |  |  |  |  |  | 1.8                   |  |
| 9             | 24   | 90,000                      |              |  |  |                    |  |  |  |  |  | 1.5                   |  |
| 10            | 24   | 41,000                      |              | ļ  | <b></b>  |                    |  |  | ļ  |  |  | 1.7                   |  |
| 12            | 24   | 55,000<br>61,000            | <del></del>  | <del> </del>                                     |  | ļ                  | <b> </b>   |  |  |  |  | 1.6                   |  |
| 13            | 24   | 61,000                      |              |  |  | <u> </u>           | ļ <u>.</u>                                       | <del> </del>                                     | <del> </del>                                     | ļ  |  | 1.8                   |  |
| 14            | 24   | 41,000                      | <b> </b>     |  | <del></del>                                      | <del></del>        | <del> </del>                                     |  |  | <del> </del>                                     | <del> </del> -                                   | 1.6                   |  |
| 15            | 24   | 71,000                      |              | <del> </del>                                     |  |                    | ·  | <del> </del>                                     | <del> </del>                                     |  | <del>                                     </del> | 2.0                   |  |
| 16            | 24   | 63,000                      |              |  |  |                    |  |  |  |  | 1  | 2.2                   |  |
| 17            | 24   | 58,000                      |              |  |  |                    |  |  |  |  |  | 1.6                   |  |
| 18            | 24   | 64,000                      | <b> </b>     | <b> </b>   |  |                    |  |  |  |  |  | 1.4                   |  |
| 20            | 24   | 74,500<br>74,500            | <del></del>  | <del> </del>                                     | <del> </del>                                     |                    |  | ļ  | <del> </del>                                     | ļ  | <b></b>  |                       |  |
| 21            | 24   | 75,000                      | <del> </del> | <del> </del>                                     | <del> </del>                                     | <b></b>            | ├  | <del> </del>                                     | <del> </del> -                                   | <del> </del> -                                   | <del> </del>                                     | 0.6                   |  |
| 22            | 24   | 65,000                      |              | <del> </del>                                     |  |                    | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> | 2.2                   |  |
| 23            | 24   | 66,000                      |              |  |  | <b></b>            |  | <del> </del>                                     | 1  |  |  | 2.0                   |  |
| 24            | 24   | 55,000                      |              |  |  |                    |  |  |  |  | 1  | 0.3                   |  |
| 25            | 24   | 33,000                      | ļ            |  |  |                    |  |  |  |  | <u> </u>   | 1.5                   |  |
| 26<br>27      | 24   | 78,000<br>78,000            | ļ            | <del>                                     </del> |  |                    | <u> </u>   | <u> </u>   |  |  |  |                       |  |
| 28            | 24   | 32,000                      | <del> </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>       | <b></b>  | <del> </del>                                     | <del> </del>                                     | <b></b>  |  | 0.6                   |  |
| 29            | 24   | 64,000                      | <del> </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>       | <del> </del>                                     | ļ  | <del> </del>                                     |  | <del> </del>                                     | 1.4                   |  |
| 30            | 24   | 49,000                      | <b></b>      | †  | <del> </del>                                     | <del> </del>       | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | 0.8                   |  |
| 31            | 24   |                             |              |  | <del>                                     </del> |                    | <del>                                     </del> | <del>                                     </del> | <b>†</b>   | <u> </u>   | <del>                                     </del> | - 0.6                 |  |
| Total         |  | 595,000                     |              |  |  |                    |  | ·  |  |  | <del></del>                                      | <del></del>           |  |

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

| PWS Identification Number: 3590912                                     | Plant Name: Utilites, Inc. of Florida  |
|--|--|
| IV. Summary of Use of Polymer Containing Acrylamide, F                 | Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * June/2005        |
| A. Is any polymer containing the monomer acrylamide used at t          | 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, % <sup>†</sup> =   |
| B. Is any polymer containing the monomer epichlorohydrin use           | ed 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, % <sup>†</sup> =  |
| C. Is any iron or manganese sequestrant used at the water treatr       | nent 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 <sub>4</sub> or mg/L of sili | cate as SiO <sub>2</sub> =   |
| If sodium silicate is used, the amount of added plus naturally         | y occurring silicate, in mg/L as SiO <sub>2</sub> =  |

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<sup>\*</sup> 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.



| PROBLE      | ::   |  |                       | '                     |   |                              | ALL REAL EST                       |  |  |  |  |
|-------------|--|--|-----------------------|-----------------------|---|------------------------------|------------------------------------|--|--|--|--|
|             |  |  |                       |                       |   |                              | LE COPY                            |  |  |  |  |
|             | 4 for instruct   |  |                       |                       |   |                              | FF CO: .                           |  |  |  |  |
|             |  | tion for the Month/Year of: July/2005          |                       |                       |   |                              |                                    |  |  |  |  |
|             |  | em (PWS) Information                           |                       |                       |   |                              |                                    |  |  |  |  |
|             | Name: Oakl   |  |                       |                       | <u></u>                                   | PWS Identification           | Number: 3590912                    |  |  |  |  |
|             | Type:  | ☑ Community ☐ Non-Transient Non                | -Community $\Box$     | Transie               |   | Consecutive                  |                                    |  |  |  |  |
|             |  | e Connections at End of Month: 225             |                       |                       | Total Population Served                   | at End of Month: 788         |                                    |  |  |  |  |
|             |  | ities, Inc. of Florida                         |                       |                       | <u></u>                                   |                              |                                    |  |  |  |  |
|             |  | atrick Flynn                                   |                       |                       | Contact Person's Title: Regional Director |                              |                                    |  |  |  |  |
|             |  | Mailing Address: 200 Weathersfield Ave.        |                       |                       | City: Altamonte Springs                   | State: Fl                    | Zip Code: 32714                    |  |  |  |  |
|             |  | <u> Felephone Number: 407-869-1919</u>         |                       |                       | Contact Person's Fax Nu                   | mber: 407-869-6961           |                                    |  |  |  |  |
| Conta       | act Person's l   | E-Mail Address: p.c.flynn@utilitiesinc-usa.    | com                   |                       |   |                              |                                    |  |  |  |  |
|             |  | Plant Information                              |                       |                       |   |                              |                                    |  |  |  |  |
| <del></del> |  | tes, Inc. of Florida                           |                       |                       | T   |                              | mber: 407-869-1919                 |  |  |  |  |
|             |  | 0 Weathersfield Ave.                           |                       |                       | City: Altamonte Springs                   | State: Fl                    | Zip Code: 32714                    |  |  |  |  |
|             |  | eated by Plant: Raw Ground Water               | ☐ Purchased I         |                       | Water                                     |                              |                                    |  |  |  |  |
|             |  | um Day Operating Capacity of Plant, gallor     | is per day: 360,000   |                       |   |                              |                                    |  |  |  |  |
| Plant       | Category (p  | er subsection 62-699.310(4), F.A.C.): IV       |                       | gas to the same times | Plant Class (per subsection               | on 62-699.310(4), F.A.C.     | ): C                               |  |  |  |  |
|             | and the second   |  |                       |                       | f   | <del></del>                  |                                    |  |  |  |  |
| 100         | And the second of the second of  | Kathy Sillitoe                                 |                       | С                     | 13094                                     | Fri. Days                    |                                    |  |  |  |  |
|             | e) those have a  | Alexander Lorenzo                              |                       | С                     | 13756                                     |                              | Thur. Days                         |  |  |  |  |
|             |  | Terry Sillitoe                                 |                       | В                     | 12749                                     | Thur                         | Sat. Days                          |  |  |  |  |
| 1.0         |  |  | <u> </u>              |                       |   |                              |                                    |  |  |  |  |
| 4,710       | and the second   |  |                       |                       |   |                              |                                    |  |  |  |  |
|             |  |  |                       |                       |   |                              |                                    |  |  |  |  |
|             |  |  |                       |                       |   |                              |                                    |  |  |  |  |
|             |  |  |                       |                       |   |                              |                                    |  |  |  |  |
| 1.04        |  |  |                       |                       |   |                              |                                    |  |  |  |  |
| 7 441       | Suggest and the State of State |  | <u>l</u>              |                       | <u> </u>                                  |                              |                                    |  |  |  |  |
| H. Cert     | tification by  | Lead/Chief Operator                            |                       |                       |   |                              |                                    |  |  |  |  |
|             |  | ter treatment plant operator licensed in Flor  | ida, am the lead/chi  | ef operat             | or of the water treatment n               | lant identified in Part I of | this report. I certify that the    |  |  |  |  |
| informati   | on provided  | in this report is true and accurate to the bes | t of my knowledge     | and belie             | f. I certify that all drinking            | water treatment chemica      | als used at this plant conform to  |  |  |  |  |
| NSF Inte    | rnational Sta  | indard 60 or other applicable standards refer  | renced in subsection  | 162-555.              | 320(3), F.A.C. I also certi               | fy that the following addit  | tional operations records for this |  |  |  |  |
| plant wer   | re prepared e  | ach day that a licensed operator staffed or v  | isited this plant dur | ing the m             | onth indicated above: (1)                 | records of amounts of che    | micals used and chemical feed      |  |  |  |  |
| rates; and  | l (2) if applic  | cable, appropriate treatment process perform   | nance records. Furt   | hermore,              | I agree to retain these add               | itional operations records   | at the plant site for at least ten |  |  |  |  |
| years and   | to make the  | em available for review upon request.          |                       |                       |   |                              |                                    |  |  |  |  |
| Ka          | 20   | 70.4.8 satisle                                 | Kathu S               | 3.11:40               | <b>∖</b> 6                                | C-130                        | <b>\</b> 9.4                       |  |  |  |  |
| Signature   | e and Date   |  | Printed or Typed      | Name                  |   | License N                    | Number                             |  |  |  |  |

| PWS Identification Number: 3590912   | Plant Name: Utilites, Inc. of Florida  |                  |                      |                                 |  |  |  |  |  |
|--|--|------------------|----------------------|---------------------------------|--|--|--|--|--|
| III. Daily Data for the Month/Year of: July/2005   |  |                  |                      |                                 |  |  |  |  |  |
| Means of Achieving Four-Log Virus Inactivation/Removal: *  | ☐ Free Chlorine ☐  | Chlorine Dioxide |                      | Combined Chlorine (Chloramines) |  |  |  |  |  |
| Type of Disinfectant Residual Maintained in Distribution Systematical Control of the Control of  | em:  | ☐ Combined Ch    | lorine (Chloramines) | ☐ Chlorine Dioxide              |  |  |  |  |  |
| Ultraviolet Radiation ☐ Other (Describe):  Type of Disinfectant Residual Maintained in Distribution Systems  24 37,000 24 44,000 24 51,000 24 51,000 24 58,000   | The second secon |                  | 1                    |                                 |  |  |  |  |  |
| The state of the s |  |                  |                      |                                 |  |  |  |  |  |
| And the state of t | in the second second   |                  | That course          |                                 |  |  |  |  |  |
| 24 37,000  |  |                  | 0.7                  |                                 |  |  |  |  |  |
| 24 44,000  |  |                  | 0.7                  |                                 |  |  |  |  |  |
| 24 51,000  |  |                  |                      |                                 |  |  |  |  |  |
| 24 51,000<br>24 58,000   |  |                  | 1.0                  |                                 |  |  |  |  |  |
| 24 58,000<br>24 59,000   |  |                  | 0.8                  |                                 |  |  |  |  |  |
| 24 35,000  | <del></del>  |                  | 1.0                  |                                 |  |  |  |  |  |
| 24 105,000   |  |                  | 0.6                  |                                 |  |  |  |  |  |
| 24 42,000  |  |                  | 0.8                  |                                 |  |  |  |  |  |
| 24 58,500  |  | <del></del>      | 0.8                  |                                 |  |  |  |  |  |
| 24 58,500  |  |                  | 0.8                  |                                 |  |  |  |  |  |
| 24 54,000  |  | <del></del>      | 0,6                  |                                 |  |  |  |  |  |
| 24 50,000  |  |                  | 0.4                  |                                 |  |  |  |  |  |
| 24 56,000  |  |                  | 0.4                  |                                 |  |  |  |  |  |
| 24 36,000<br>24 46,000   |  |                  | 0.2                  |                                 |  |  |  |  |  |
|  |  |                  | 0.5                  |                                 |  |  |  |  |  |
| 24 69,000<br>24 69,000   |  |                  |                      |                                 |  |  |  |  |  |
| 24 70,000  |  |                  | 0.4                  |                                 |  |  |  |  |  |
| 24 46,000  |  |                  | 0.4                  |                                 |  |  |  |  |  |
| 24 76,000  |  |                  | 0.2                  |                                 |  |  |  |  |  |
| 24 81.000  |  | <del></del>      | 0.6                  |                                 |  |  |  |  |  |
| 24 80,000  |  |                  | 1.3                  |                                 |  |  |  |  |  |
| 24 79,500  | <del></del>  | <del></del>      | 1.3                  |                                 |  |  |  |  |  |
| 是 24 79,500  | <del></del>  | <del></del>      | 1.0                  |                                 |  |  |  |  |  |
| 24 104,000   |  |                  | 1.2                  |                                 |  |  |  |  |  |
| 24 113,000   |  |                  | 1.4                  |                                 |  |  |  |  |  |
| 24 93,000  |  |                  | 1.0                  |                                 |  |  |  |  |  |
| 24 114,000   |  |                  | 1.0                  |                                 |  |  |  |  |  |
| 24 76,000  |  |                  | 0.7                  |                                 |  |  |  |  |  |
| 24 76,000<br>24 24 2,043,000<br>2,043,000<br>68,100  |  |                  |                      |                                 |  |  |  |  |  |
| 2,043,000<br>68,100  |  |                  |                      |                                 |  |  |  |  |  |

114,000

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



| see                                  | e page 4 for instructions  | •  |                                       |                        |  | [ 1 h                      | _ 001 1                         |   |  |
|--------------------------------------|----------------------------|--|---------------------------------------|------------------------|--|----------------------------|---------------------------------|---|--|
| i.                                   | <b>General Information</b> | for the Month/Year of: August 2005                                       |                                       |                        |  |                            |                                 |   |  |
| Α.                                   | Public Water System (I     | PWS) Information   |                                       |                        | ·····                                  |                            |                                 |   |  |
|                                      | PWS Name: Oakland          | Shores   | <del></del>                           |                        |  | PWS Identification Nu      | mber: 3590912                   |   |  |
|                                      |                            | Community Non-Transient Non-C  | ommunity Transic                      | ent Non-Community      | ПС                                     | onsecutive                 | imber: 3390912                  |   |  |
|                                      |                            | nnections at End of Month: 225   | OMMINION   MICHIGA                    | Total Population S     |  |                            |                                 |   |  |
|                                      | PWS Owner: Utilities,      | Inc. of Florida  |                                       | 1 Total Topulation 5   | cived at L                             | ald Of Worldt. 700         |                                 |   |  |
|                                      | Contact Person: Patric     | k Flynn  |                                       | Contact Person's T     | itle: Regio                            | anal Director              |                                 |   |  |
|                                      |                            | ing Address: 200 Weathersfield Ave.                                      |                                       | City: Altamonte St     |  | State: Fl                  | Zip Code: 32714                 |   |  |
|                                      | Contact Person's Teler     | phone Number: 407-869-1919   |                                       | Contact Person's F     |  | <del></del>                | [21] Code: 32714                |   |  |
|                                      | Contact Person's E-Ma      | ail Address: p.c.flynn@utilitiesinc-usa.com                              | n                                     | T COMMON TOTAL         | ax Numbe                               | 1. 407-002-0201            |                                 |   |  |
| B. Water Treatment Plant Information |                            |  |                                       |                        |  |                            |                                 |   |  |
|                                      | Plant Name: Utilites, I    |  | · · · · · · · · · · · · · · · · · · · |                        | ······································ | Plant Telephone Num        | her: 407-869-1919               |   |  |
|                                      | Plant Address: 200 Wo      |  |                                       | City: Altamonte S      | orings                                 | State: Fl                  | Zip Code: 32714                 |   |  |
|                                      | Type of Water Treated      | by Plant: Raw Ground Water   | Purchased Finished                    |                        | <u>B</u>                               | 1 - 10101 - 1              | 125 0000. 32,11                 |   |  |
|                                      | Permitted Maximum I        | Day Operating Capacity of Plant, gallons                                 | per day: 360,000                      | <del></del>            |  |                            |                                 |   |  |
|                                      | Plant Category (per su     | bsection 62-699.310(4), F.A.C.): IV                                      | <del></del>                           | Plant Class (per su    | bsection 6                             | 62-699.310(4), F.A.C.):    | C                               | _ |  |
|                                      | Licensed Operators         | Name   | License Clas                          | License Number         |  | Day(s)/Shift(              |                                 | _ |  |
|                                      | Lead/Chief Operator:       | Kathy Sillitoe   | С                                     | 13094                  |  | Mon Fri. Days              |                                 |   |  |
|                                      | Other Operators:           | Alexander Lorenzo  | C 13756                               |                        |  | Mon Thu                    |                                 |   |  |
|                                      |                            | Terry Sillitoe   | В                                     | 12749 Thur S           |  |                            |                                 | _ |  |
|                                      |                            | Allan Finch  | С                                     | 7806                   |  | Mon Fri. Days              |                                 |   |  |
|                                      |                            |  |                                       |                        |  |                            |                                 | _ |  |
|                                      |                            |  |                                       |                        |  |                            |                                 | _ |  |
|                                      | 1                          |  |                                       |                        |  |                            |                                 |   |  |
|                                      |                            |  |                                       | ļ                      |  |                            |                                 | _ |  |
|                                      |                            |  |                                       | <del> </del>           |  |                            |                                 |   |  |
|                                      |                            |  |                                       | .L                     |  | <del></del>                |                                 |   |  |
| Щ                                    | . Certification by Lead    | d/Chief Operator   |                                       |                        |  |                            |                                 |   |  |
| , ti                                 | ne undersigned water tre   | eatment plant operator licensed in Florida                               | , am the lead/chief operat            | or of the water treatn | nent plant                             | identified in Part I of th | is report. I certify that the   |   |  |
|                                      |                            |  |                                       |                        |  |                            |                                 | , |  |
|                                      |                            |  |                                       |                        |  |                            |                                 |   |  |
|                                      |                            |  |                                       |                        |  |                            |                                 |   |  |
|                                      |                            | appropriate treatment process performan ailable for review upon request. | ce records. Furthermore,              | I agree to retain thes | e addition                             | al operations records at   | the plant site for at least ten |   |  |
| ħ,                                   | · ·                        |  |                                       |                        |  |                            |                                 |   |  |
| <u>, †</u>                           | Soll Sil                   |  | Kathy Sillitoe                        |                        |  | C - 13094                  |                                 |   |  |
| sig                                  | nature and Date            |  | Printed or Typed Name                 |                        |  |                            | License Number                  |   |  |

| PWS     | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                          |               |  |  |  |  |               |  |  |              |                               |  |
|---------|--|--------------------------|---------------|--|--|--|--|---------------|--|--|--------------|-------------------------------|--|
|         |  |                          |               |  |  |  |  |               |  |  |              |                               |  |
|         | III. Daily Data for the Month/Year of: August 2005                       |                          |               |  |  |  |  |               |  |  |              |                               |  |
| Means   | of Achi  | eving Four-I             | og Virus In   | activation/Rem                                   | noval: *   | Free Cl  | lorine   | ПС            | hlorine I  | Dioxide  | Oz           | zone [] (                     | Combined Chlorine (Chloramines)                    |
| UI 🔲 UI | Ultraviolet Radiation Other (Describe):                                  |                          |               |  |  |  |  |               |  |  |              |                               |  |
| Type    | ype of Disinfectant Residual Maintained in Distribution System:          |                          |               |  |  |  |  |               |  |  |              |                               |  |
|         |  |                          |               | T Calculations, or                               |  | monstrate Fo                                     | ur-Log   | Virus Inactiv |  |  | <u> </u>     |                               |  |
|         |  |                          | 100           |  | CT Calcu   | ations   | era e  |               |  |  | Dose         |                               |  |
| Į i     |  |                          |               |  |  | Lowest CT  |  |               |  |  |              | Lowest                        |  |
|         |  |                          |               | Lowest Residual                                  |  | Provided   |  |               |  | 17,000   | 4.1          | Residual                      |  |
|         |  |                          |               | Disinfectant Concentration                       | Contact Time<br>(T) at C                         | Before or<br>at First                            | 200  | 5000          | Minimum  | Lowest   | Minimum      | Disinfectant<br>Concentration |  |
| į i     |  | Net Quantity             |               | (C) Before or at                                 | Measurement                                      | Customer   | Temp.  |               | Cr   | Operating  | UV Dose      | at Remote                     |  |
| Day of  | Hours  | of Finished              | in the second | 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,                                       |  | Water,   | Water, if     | mg-  | mW-  | mW-          | Distribution                  | or Maintenance Work that Involves Taking Water     |
| Month   | Operation 24   | Produced, gal<br>124,000 | Rate, gpd     | Flow, mg/L                                       | minutes  | mg-min/L   | °C.  | Applicable    | min/L  | sec/cm <sup>2</sup>                              | sec/cm²      | System, mg/L                  | System Components Out of Operation                 |
| 2       | 24   | 71,000                   |               | <del> </del>                                     |  |  | ļ  |               |  |  |              | 0.80                          | D. L. OWN CO. J. DOWNER                            |
| 3       | 24   | 57,000                   |               | <del> </del>                                     | <b> </b>   | <u> </u>   |  | <u> </u>      | ļ  | <del></del>                                      | <del> </del> | 0.80                          | BACTS COLLECTED                                    |
| 4       | 24   | 55,000                   |               | <del> </del>                                     | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del>  | ļ  | <b> </b>   | 1            | 0.80                          |  |
| 5       | 24   | 62,000                   |               | <del> </del>                                     |  |  | <del>                                     </del> | <del> </del>  | <del> </del>                                     | <del>}</del>                                     | <del> </del> | 1.00                          |  |
| 6       | 24   | 51,000                   |               |  |  |  | <del> </del>                                     | <del> </del>  | <del> </del>                                     |  | <del> </del> | 1.20                          |  |
| 7       | 24   | 92,000                   |               |  |  |  |  | <del> </del>  | <del></del>                                      |  | <del> </del> | 1.20                          |  |
| - 8     | 24   | 92,000                   |               |  |  |  |  |               |  | <del></del>                                      |              | 0.60                          |  |
| 9       | 24   | 52,000                   |               |  |  | <u> </u>   |  |               |  |  | <del></del>  | 0.20                          |  |
| 10      | 24   | 59,000                   |               |  |  |  |  |               |  | -  |              | 0.80                          |  |
| 11      | 24   | 83,000                   |               |  |  |  |  |               |  |  |              | 0.80                          |  |
| 12      | 24<br>24   | 73,000                   | ļ             |  |  |  |  |               |  |  |              | 0.80                          |  |
| 14      | 24   | 61,000<br>55,500         |               | <del> </del>                                     | <b></b>  | <u> </u>   | ļ  |               |  |  |              | 0.70                          |  |
| 15      | 24   | 55,500                   | <del> </del>  | <del> </del>                                     |  |  | <b></b>  |               |  | <u> </u>   |              |                               |  |
| 16      | 24   | 76,000                   |               | <del></del>                                      |  |  |  | <del> </del>  |  |  |              | 0.60                          |  |
| 17      | 24   | 82,000                   | <del> </del>  | <del> </del>                                     |  | ļ  |  |               | <del> </del>                                     |  | <del> </del> | 0.40                          |  |
| 18      | 24   | 104,000                  | <del></del>   | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |               |  |  | <del> </del> | 0.80                          |  |
| 19      | 24   | 60,000                   |               | <del>                                     </del> | <del> </del>                                     |  | <del> </del>                                     | <del> </del>  | <del> </del>                                     |  | <del> </del> | 0.70                          |  |
| 20      | 24   | 75,000                   |               |  | <del>                                     </del> |  |  | <del> </del>  |  | <del>                                     </del> | <del> </del> | 0.60                          |  |
| 21      | 24   | 100,500                  |               |  | · · · · · ·                                      | <del>                                     </del> | <del>                                     </del> | <del> </del>  | <del>                                     </del> | <del>                                     </del> | <del> </del> | 0.40                          |  |
| 22      | 24   | 100,500                  |               |  |  |  |  | 1             |  |  | <del> </del> | 0.50                          |  |
| 23      | 24   | 93,000                   |               |  |  |  |  |               |  |  | 1            | 0.40                          |  |
| 24      | 24<br>24   | 84,000                   |               | <u> </u>   |  |  |  |               | L  |  |              | 1.60                          |  |
| 26      | 24   | 122,000<br>67,000        | <del> </del>  | <del> </del>                                     |  |  |  |               |  |  |              | 1.40                          |  |
| 27      | 24   | 63,000                   |               | <del></del>                                      | <b></b>  |  |  |               |  |  |              | 1.00                          |  |
| 28      | 24   | 99,000                   | <del></del>   | <del> </del>                                     | ļ  |  | ļ  |               |  |  |              | 1.60                          |  |
| 29      | 24   | 99,000                   | <del></del>   | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |  |               |  | <b> </b>   | 1            |                               |  |
| 30      | 24   | 94,000                   | <del></del>   | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     |  | <b> </b>      |  |  | <b> </b>     | 0.80                          |  |
| 31      | 24   | 75,000                   | <b> </b>      | <del> </del>                                     | <del>                                     </del> | ļ ———  | <del> </del>                                     | <del> </del>  | <del> </del>                                     |  | <b></b> _    | 0.60                          |  |
| Total   | ·  | 2,437,000                | <del></del>   | <u> </u>   | L  | L  | <u> </u>   | L             | <u> </u>   | <u> </u>   | <u> </u>     | 0.50                          |  |
| Averag  | e  | 78.612                   | 1             |  |  |  |  |               |  |  |              |                               |  |

124,000

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

FILE COPY

| I. General information for the Month/Year of: SEPTEMBER 2005   |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
| A. Public Water System (PWS) Information   |  |  |  |  |  |  |  |  |  |  |
| PWS Name: Oakland Shores PWS Ide   | entification Number: 3590912   |  |  |  |  |  |  |  |  |  |
| PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive  |  |  |  |  |  |  |  |  |  |  |
| Number of Service Connections at End of Month: 225  Total Population Served at End of Month.   | nth: 788   |  |  |  |  |  |  |  |  |  |
| PWS Owner: Utilities, Inc. of Florida  |  |  |  |  |  |  |  |  |  |  |
| Contact Person's 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. Water Treatment Plant Information   |  |  |  |  |  |  |  |  |  |  |
| Plant Name: Utilites, Inc. of Florida Plant Te   | elephone 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: 360,000  |  |  |  |  |  |  |  |  |  |  |
| 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 C 7806  | Mon Fri. Days  |  |  |  |  |  |  |  |  |  |
| Other Operators; Terry Sillitoe B 12749  | Thur Sat. Days   |  |  |  |  |  |  |  |  |  |
| Roger Holsapple C 7436   | Weekend Checks   |  |  |  |  |  |  |  |  |  |
| Domenic Gentillucci C 12562  | Weekend Checks   |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| II. Certification by Lead/Chief Operator   | the part of the state of the st |  |  |  |  |  |  |  |  |  |
| I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified  |  |  |  |  |  |  |  |  |  |  |
|  | tent chemicals 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 treatm  |  |  |  |  |  |  |  |  |  |  |
| NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the followed the standards referenced in subsection 62-555.320(3), F.A.C. I also certify the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the standards referenced in subsection 62-555.320(3), F.A.C. I also certificated the subsection 62-555.320(3), F.A.C. I also certificated the subsection 62-555.320(3), F.A.C. I also certi |  |  |  |  |  |  |  |  |  |  |
| NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the foll plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amount of the control  | ounts of chemicals used and chemical feed  |  |  |  |  |  |  |  |  |  |
| NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the foll plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amorates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operati   | ounts of chemicals used and chemical feed  |  |  |  |  |  |  |  |  |  |
| NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the foll plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amount of the control  | ounts of chemicals used and chemical feed  |  |  |  |  |  |  |  |  |  |
| NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the foll plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amorates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operati   | ounts of chemicals used and chemical feed  |  |  |  |  |  |  |  |  |  |

| PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |  |                             |           |  |   |   |            |               |       |           |                                 |   |  |
|--|--|-----------------------------|-----------|--|---|---|------------|---------------|-------|-----------|---------------------------------|---|--|
| III. Daily Data for the Month/Year of: SEPTEMBER 2005                    |  |                             |           |  |   |   |            |               |       |           |                                 |   |  |
| Means  | Means of Achieving Four-Log Virus Inactivation/Removal: *        |                             |           |  |   |   |            |               |       |           |                                 |   |  |
| Type   | Type of Disinfectant Residual Maintained in Distribution System: |                             |           |  |   |   |            |               |       |           |                                 |   |  |
|  |  |                             | C         | l' Calculations, or l  | JV Dose, to De  | monstrate Fo  | ur-Log     | Virus Inactiv |       | plicable* |                                 |   |  |
|  |  |                             | 39        | A CANADA CARA CARA CARA CARA CARA CARA CARA C                              | CT Calcul   |   |            |               |       | UV        | Dose                            |   |  |
| Day of   | Hours  | Net Quantity<br>of Finished |           | Lowest Residual Disinfectant Concentration (C) Before or at First Customer | Disinfectant<br>Contact Time<br>(T) at C<br>Measurement<br>Point During | Lowest CT Provided Before or at First Customer During | Temp.      | pHof          | CT    | Operating | Minimum<br>UV Dose<br>Required, | Lowest Residual Disinfectant Concentration at Remote Point in | Emergency of Abnormal Operating Conditions; Repair |
| the  | Plant in   | Water                       | Peak Flow | During Peak  | Peak Flow,  | Peak Flow,  |            | Water, if     | mg-   | mW-       | mW-                             | Distribution  | or Maintenance Work that Involves Taking Water     |
| Month  |  | Produced, gai               | Rate, gpd | Flow, mg/L   | minutes   | mg-min/L  | <b>°</b> C | Applicable    | min/L | sec/cm²   | sec/cm <sup>2</sup>             | Distribution<br>System, mg/L                                  | System Components Out of Operation                 |
| 1  | 24   | 71000                       |           |  |   |   |            |               |       |           |                                 | 0.5   | 0.3  |
| 3  | 24   | 56000                       |           |  |   |   |            |               |       |           |                                 | 073   | 08   |
| 4  | 24   | 55000<br>82000              |           |  |   |   |            |               |       |           |                                 | DYS   | 0.6  |
| 5  | 24   | 92000                       |           |  |   |   |            |               |       |           |                                 | Ors Ar  | A 5  |
| 6  | 24   | 85000                       |           | ·  |   |   |            |               |       |           |                                 | 9-5   | 0.3  |
| 7  | 24   | 62000                       | ·         |  |   |   |            | l             |       |           |                                 | +0003   |  |
| 8  | 24   | 62000                       |           |  |   |   |            |               |       |           |                                 | 4-0   | 0.9  |
| 9  | 24   | 38000                       |           |  |   |   |            |               |       |           |                                 | 879   | 1.1  |
| 10   | 24   | 94000                       |           |  |   |   |            |               |       |           |                                 | 09  |  |
| 11   | 24   | 88000                       |           |  |   |   |            |               |       |           |                                 |   |  |
| 13   | 24   | 88000                       |           |  |   |   |            |               |       |           |                                 | 9.0   |  |
| 14   | 24   | 44000                       |           | <del></del>  |   |   |            |               |       |           |                                 | 9.7   | ,  |
| 15   | 24   | 111,000                     | ······    |  |   |   |            |               |       |           |                                 | 0.6   |  |
| 16   | 24   | 99000                       |           |  |   |   |            |               |       |           |                                 | 8,6   |  |
| 17   | 24   | 85000                       |           |  |   |   |            | <del></del>   |       |           |                                 | 8.71  |  |
| 18   | 24   | 121100                      |           |  |   |   |            |               |       |           |                                 | 0,,,  |  |
| 19   | 24   | 121,500                     |           |  |   |   |            |               |       |           |                                 | 0.6   |  |
| 20<br>21   | 24   | 76000                       |           |  |   |   |            |               |       |           |                                 | 0.7   |  |
| 22   | 24   | 63000                       |           |  |   |   |            |               |       |           |                                 | 0.6   |  |
| 23   | 24   | 74000<br>38000              |           |  |   |   |            |               |       |           |                                 | 1,0   |  |
| 24   | 24   | 68000                       |           |  |   |   |            |               |       |           |                                 | 0.9   |  |
| 25   | 24   | 83000                       |           |  |   |   |            | l             |       |           |                                 | 0.6   |  |
| 26   | 24   | 83000                       |           |  |   |   |            | <b></b>       |       |           |                                 | 0.6   |  |
| 27   | 24   | 81000                       |           |  |   |   |            |               |       |           |                                 | 0.8   |  |
| 28   | 24   | 28000                       |           |  |   |   |            |               |       |           |                                 | 0.8   |  |
| 29   | 24   | 55000                       |           |  |   |   |            |               |       |           |                                 | 0.7   |  |
| 30<br>31   | 24<br>24   | 54000                       |           |  |   |   |            |               |       |           |                                 | 0.7   |  |
| Total  |  | 2,254000                    |           | L  |   |   |            | L             |       |           |                                 |   |  |
|  |  | CLEAR CO.                   |           |  |   |   |            |               |       |           |                                 |   |  |

Maximum

<sup>\*</sup> 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 WATER FILE COPY Citions.

See page 4 for instructions.

| see        | page 4 for instructions.  |   |                          |        |  |                |                            |                                   |  |  |  |
|------------|---|---|--------------------------|--------|--|----------------|----------------------------|-----------------------------------|--|--|--|
| l.         | General Information f   | for the Month/Year of: October2005            |                          |        |  |                |                            |                                   |  |  |  |
| ٩.         | Public Water System (P  | WS) Information                               |                          |        |  |                |                            |                                   |  |  |  |
|            | PWS Name: Oakland S   | hores   |                          |        |  |                | PWS Identification Nu      | mber: 3590912                     |  |  |  |
|            | PWS Type: X C   | community Non-Transient Non-Co                | ommunity Tra             | nsien  | t Non-Community                          | Cor            | secutive                   |                                   |  |  |  |
| i          |   | nnections at End of Month: 225                |                          |        | Total Population S                       | erved at Er    | nd of Month: 788           |                                   |  |  |  |
|            | PWS Owner: Utilities,   | Inc. of Florida                               |                          |        |  |                |                            |                                   |  |  |  |
|            | Contact Person: Patrick   |   |                          |        | Contact Person's T                       | itle: Regio    | nal Director               |                                   |  |  |  |
|            |   | ng Address: 200 Weathersfield Ave.            |                          |        | City: Altamonte Sp                       | orings         | State: Fl                  | Zip Code: 32714                   |  |  |  |
|            |   | hone Number: 407-869-1919                     |                          |        | Contact Person's F                       | ax Numbe       | r: 407-869-6961            |                                   |  |  |  |
|            |   | il Address: p.c.flynn@utilitiesinc-usa.com    | m                        |        |  |                |                            |                                   |  |  |  |
| В.         | Water Treatment Plant   |   |                          |        |  |                |                            |                                   |  |  |  |
|            | Plant Name: Utilites, In  | nc. of Florida                                |                          |        |  |                | Plant Telephone Num        | ber: 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 Finish         | ned V  | Vater                                    |                |                            |                                   |  |  |  |
|            | Permitted Maximum D   | Day Operating Capacity of Plant, gallons      | per day: 360,000         |        |  |                |                            |                                   |  |  |  |
|            | 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  | Day(s)/Shift                                  | y(s)/Shift(s) Worked     |        |  |                |                            |                                   |  |  |  |
|            | Lead/Chief Operator:  | ALLAN FINCH                                   | С                        | 7806   |  | Mon Fr         | i. Days                    |                                   |  |  |  |
|            | Other Operators:  | Terry Sillitoe                                | В                        |        | 12749                                    |                | Thur Sa                    | nt. Days                          |  |  |  |
|            |   | Roger Holsapple                               | C                        |        | 7436                                     |                | Weekend                    | Checks                            |  |  |  |
|            |   | Domenic Gentillucci                           | C                        |        | 12562                                    | Weekend Checks |                            |                                   |  |  |  |
|            |   |   |                          |        |  |                |                            |                                   |  |  |  |
|            |   |   |                          |        |  |                |                            |                                   |  |  |  |
|            |   |   |                          |        |  |                |                            |                                   |  |  |  |
|            |   |   |                          |        |  |                |                            |                                   |  |  |  |
|            |   |   |                          |        |  |                |                            |                                   |  |  |  |
|            |   |   |                          |        | <u></u>                                  | <u> </u>       |                            |                                   |  |  |  |
| <b>S</b> T | . Certification by Lea  | d/Chief Operator                              |                          |        |  |                |                            |                                   |  |  |  |
| 1 1        | he undersigned water tr   | eatment plant operator licensed in Florida    | a am the lead/chief or   | nerato | or of the water treat                    | ment plant     | identified in Part I of th | nis report. I certify that the    |  |  |  |
| inf        | formation provided in th  | is report is true and accurate to the best of | f my knowledge and l     | belief | <ol> <li>I certify that all d</li> </ol> | lrinking wa    | iter treatment chemicals   | s used at this plant conform to   |  |  |  |
| NS         | F International Standar   | d 60 or other applicable standards referer    | iced in subsection 62-   | 555.3  | 320(3), F.A.C. I als                     | o certify the  | nat the following addition | onal operations records for this  |  |  |  |
| pla        | int were prepared each of   | day that a licensed operator staffed or visi  | ited this plant during t | he m   | onth indicated above                     | /e: (1) reco   | rds of amounts of chem     | icals used and chemical feed      |  |  |  |
| rat        | es; and (2) if applicable   | , appropriate treatment process performation  | nce records. Furthern    | nore,  | I agree to retain the                    | se addition    | nal operations records at  | t the plant site for at least ten |  |  |  |
| ye         | ars and to make them av   | vailable for review upon request.             |                          |        |  |                |                            |                                   |  |  |  |
| ./         | Clar Fring  | 11-1-05                                       | Allan Finch              |        |  |                | C- 7806                    |                                   |  |  |  |
| Si         | gnature and Date Printed or Typed Name License Number   |   |                          |        |  |                |                            |                                   |  |  |  |

| PWS  | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida |                      |                     |                              |                              |                       |              |               |              |                     |              |                               |  |
|--|--|----------------------|---------------------|------------------------------|------------------------------|-----------------------|--------------|---------------|--------------|---------------------|--------------|-------------------------------|--|
| 111. Daily Data for the Month/Year of: October2005 |  |                      |                     |                              |                              |                       |              |               |              |                     |              |                               |  |
| Means  | of Achi  | eving Four-L         | og Virus In         | activation/Rem               | oval: *                      | Free Cl               | lorine       | ПС            | hlorine [    | )iovide             | Oz           | one [](                       | Combined Chlorine (Chloramines)                    |
| U  | traviolet  | Radiation            | Other (             | (Describe):                  |                              |                       |              |               | orme L       | TORIGO              |              | .0110                         | Combined Chlorine (Chloramines)                    |
| Type   | ype of Disinfectant Residual Maintained in Distribution System:          |                      |                     |                              |                              |                       |              |               |              |                     |              |                               |  |
|  |  |                      | CI                  | Calculations, or l           | JV Dose, to De               | monstrate Fo          | ur-Log       | Virus Inactiv | ation, if An | plicable*           | 1011110 (C   | moraninics)                   |  |
|  |  |                      |                     |                              | CT Calcul                    | ations                |              |               |              | UV                  | Dose         | 11.7                          |  |
| 1 1  |  |                      |                     |                              |                              | Lowest CT             |              |               |              |                     |              | Lowest                        |  |
| }  |  |                      |                     | Lowest Residual Disinfectant | Disinfectant<br>Contact Time | Provided<br>Before or |              |               |              |                     |              | Residual                      |  |
| }  |  |                      |                     | Concentration                | (T) at C                     | at First              | -1.          |               | Minimum      | Lowest              | Minimum      | Disinfectant<br>Concentration |  |
|  |  | Net Quantity         |                     | (C) Before or at             | Measurement                  | Customer              | Temp.        |               |              |                     |              | at Remote                     | ·  |
| Day of the   | Hours<br>Plant in  | of Finished<br>Water | Dools Etaan         | First Customer               | Point During                 | During                | of           | pH of         | Required,    | UV Dose,            | Required,    | Point in                      | Emergency or Abnormal Operating Conditions; Repair |
|  |  |                      | Peak Flow Rate, gpd | During Peak<br>Flow, mg/L    | Peak Flow,<br>minutes        | Peak Flow,            | Water,       | Water, if     | mg-          | mW-                 | mW-          | Distribution                  | or Maintenance Work that Involves Taking Water     |
| 1  | 24   | 52,000               | reate, gpu          | 1 tow, inge                  | minucs                       | mg-min/L              |              | Applicable    | min/L        | sec/cm <sup>2</sup> | sec/cm²      | System, mg/L                  | System Components Out of Operation                 |
| 2  | 24   | 75,000               |                     |                              |                              |                       | <del> </del> |               |              |                     |              | 1.8                           |  |
| 3  | 24   | 75,000               |                     |                              |                              |                       |              |               |              |                     |              | 0.7                           |  |
| 4  | 24   | 61,000               |                     |                              |                              |                       |              |               |              |                     |              | 0.6                           | COLLECTED 3 Ract's                                 |
| 5  | 24   | 51,000               |                     |                              |                              |                       |              |               |              |                     |              | 6.9                           | La contracto                                       |
| 7  | 24   | 52,000               |                     | <b> </b>                     |                              |                       |              |               |              |                     |              | 6.8                           |  |
| 8  | 24   | 53.000<br>44.000     | <del></del>         | <b> </b>                     |                              |                       |              |               |              |                     |              | 0.8                           |  |
| 9  | 24   | 60,000               |                     | <del> </del>                 |                              | <del></del>           |              | ļ             |              |                     |              | 1.2                           |  |
| 10   | 24   | PO CO D              |                     |                              |                              |                       |              | <b></b>       |              |                     |              |                               |  |
| 11   | 24   | 64,000               |                     |                              |                              |                       |              |               |              |                     |              | 0.8                           |  |
| 12   | 24   | 56,000               |                     |                              |                              |                       |              |               |              |                     |              | 0,7                           |  |
| 13   | 24   | 000,00               |                     |                              |                              |                       |              |               |              |                     |              | 0.7                           |  |
| 14   | 24   | 63,000               |                     |                              |                              |                       |              |               |              |                     |              | 0.6                           |  |
| .15  | 24   | 50,000               |                     |                              |                              |                       |              |               |              |                     |              | 0.5                           |  |
| 16<br>17   | 24   | 81,500               |                     |                              |                              |                       |              |               |              |                     |              |                               |  |
| 18   | 24   | 85,000               |                     | <del> </del>                 |                              |                       |              |               |              |                     |              | 6,5                           |  |
| 19   | 24   | 77,000               |                     |                              |                              |                       |              | <u></u>       |              |                     |              | 0.5                           |  |
| 20   | 24   | 89,000               |                     |                              |                              |                       |              |               |              |                     |              | 0.7                           |  |
| 21   | 24   | 70,000               |                     |                              |                              |                       |              |               |              |                     | <del></del>  | 0,5                           |  |
| 22   | 24   | 67,000               |                     |                              |                              |                       |              |               |              |                     |              | 6.7                           |  |
| 23   | 24   | 64,500               |                     |                              |                              |                       |              |               |              |                     |              |                               |  |
| 24   | 24   | 64,500               |                     |                              |                              |                       |              |               |              |                     |              | 617                           |  |
| 26   | 24   | 52,000               |                     |                              |                              | ·                     |              |               |              |                     |              | רים                           |  |
| 27   | 24   | 49.000<br>56.000     |                     |                              |                              |                       |              |               |              |                     |              | 1.4                           |  |
| 28   | 24   | 57,000               |                     | <del></del>                  |                              |                       |              |               |              |                     |              | 0,9                           |  |
| 29   | 24   | 68,000               |                     |                              |                              |                       | <b> </b>     |               |              |                     |              | 0,9                           |  |
| 30   | 24   | 75,000               |                     | <b></b>                      |                              |                       |              |               | <del></del>  | ļ                   | ·            | 0.8                           |  |
| 31   | 24   | 75.000               |                     |                              |                              |                       | <del></del>  |               | <del></del>  |                     | <del> </del> | 0.7                           |  |
| Total  |  | 1989,000             |                     | <del></del>                  |                              |                       | <b></b>      | L             | L            | لـــــا             | L            | 0. (                          |  |
| Averag   |  | 124 166              | l                   |                              |                              |                       |              |               |              |                     |              |                               |  |

Maximum 89,000

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



See page 4 for instructions.

| ,,,           | page 4 for instructions.  |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|---------------|---|--|--------------------------------|---|-------------------------------------|------------------------------------|--|--|--|--|--|--|
| l.            | General Information f   | or the Month/Year of: November 20          | 005                            |   |                                     |                                    |  |  |  |  |  |  |
|               | Public Water System (P  |  |                                |   |                                     |                                    |  |  |  |  |  |  |
| -             | PWS Name: Oakland S   |  |                                |   | PWS Identification N                | umber: 3590912                     |  |  |  |  |  |  |
|               |   | Community Non-Transient Non-               | Community Transien             | ent Non-Community Consecutive                     |                                     |                                    |  |  |  |  |  |  |
|               | Number of Service Cor   | nections at End of Month: 225              |                                | Total Population Serv                             | ed at End of Month: 788             |                                    |  |  |  |  |  |  |
| 1             | PWS Owner: Utilities,   |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|               | Contact Person: Patrick   | c Flynn                                    |                                | Contact Person's Title: Regional Director         |                                     |                                    |  |  |  |  |  |  |
|               | Contact Person's Mailin   | 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, In  | nc. of Florida                             |                                |   | Plant Telephone Nun                 |                                    |  |  |  |  |  |  |
|               | Plant Address: 200 We   |  |                                | City: Altamonte Sprin                             | ngs 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: 360,000               |   |                                     |                                    |  |  |  |  |  |  |
|               | 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)/Shif                         | (s) Worked                         |  |  |  |  |  |  |
|               | Lead/Chief Operator:  | ALLAN FINCH                                | C                              | 7806  |                                     | ri. Days                           |  |  |  |  |  |  |
|               | Other Operators:  | Terry Sillitoe                             | В                              | 12749   | Thur S                              | Sat. Days                          |  |  |  |  |  |  |
|               |   | Alex Lorenzo                               | C                              | 13756   | Mon F                               | ri. Days                           |  |  |  |  |  |  |
|               |   | Kathy Sillitoe                             | С                              | 13094   | Mon Fri. Days                       |                                    |  |  |  |  |  |  |
|               |   |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|               |   |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|               |   |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|               |   |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|               |   |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|               |   |  |                                |   |                                     |                                    |  |  |  |  |  |  |
|               | Conditional   | VCI: ro                                    |                                |   |                                     |                                    |  |  |  |  |  |  |
|               | . Certification by Lead   |  | 1 1 1 1 1 1 1                  | C.1   |                                     |                                    |  |  |  |  |  |  |
| ı, li<br>inf  | ormation provided in the  | eatment plant operator licensed in Florid  | ia, am the lead/chief operato  | r of the water treatmen                           | t plant identified in Part I of the | his report. I certify that the     |  |  |  |  |  |  |
| ИС            | E International Standard  | is report is true and accurate to the best | of my knowledge and belief.    | I certify that all drink                          | ing water treatment chemicals       | s used at this plant conform to    |  |  |  |  |  |  |
| nla<br>nla    | nt were prepared as a 1   | d 60 or other applicable standards refere  | enced in subsection 62-555.3   | 20(3), F.A.C. I also co                           | ertify that the following addition  | onal operations records for this   |  |  |  |  |  |  |
| pid           | nt were prepared each d   | ay that a licensed operator staffed or vis | sited this plant during the mo | onth indicated above: (                           | 1) records of amounts of chem       | nicals used and chemical feed      |  |  |  |  |  |  |
| ves           | es, and (2) if applicable,  | appropriate treatment process performa     | ance records. Furthermore, l   | agree to retain these a                           | additional operations records a     | it the plant site for at least ten |  |  |  |  |  |  |
| yez           | ns and to make them av  | ailable for review upon request.           |                                |   |                                     |                                    |  |  |  |  |  |  |
| 1             | 100   | To 10205                                   | Vathy Cillitas                 |   | C 12004                             |                                    |  |  |  |  |  |  |
| $\frac{1}{1}$ | 100/1 2VV   | Tre 12-2-05                                | Kathy Sillitoe                 |   | C-13094                             |                                    |  |  |  |  |  |  |
| 215           | gnature and Date  |  | Printed or Typed Name          |   | License N                           | umber                              |  |  |  |  |  |  |

| PWS   | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Florida  |                  |              |                                    |                             |                       |              |               |                 |  |                     |                       |   |
|---|---|------------------|--------------|------------------------------------|-----------------------------|-----------------------|--------------|---------------|-----------------|--|---------------------|-----------------------|---|
| III. Daily Data for the Month/Year of: November2005 |   |                  |              |                                    |                             |                       |              |               |                 |  |                     |                       |   |
| Mean  | Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)  |                  |              |                                    |                             |                       |              |               |                 |  |                     |                       |   |
| ILJ UI  | Ultraviolet Radiation Other (Describe):   |                  |              |                                    |                             |                       |              |               |                 |  |                     |                       |   |
| Type  | Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide  CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable |                  |              |                                    |                             |                       |              |               |                 |  |                     |                       |   |
|   |   |                  | C            | T Calculations, or                 | JV Dose, to De              | monstrate F           | our-Log      | Virus Inactiv | ation, if A     | plicable                               |                     |                       |   |
|   |   |                  |              | T- Company                         | CT Calcu                    |                       |              |               | (               | עע                                     | Dose                |                       |   |
| ĺ   |   |                  |              | Lowest Residual                    | Disinfectant                | Lowest CT<br>Provided |              |               |                 |  |                     | Lowest<br>Residual    |   |
| 1   |   |                  |              | Disinfectant                       | Contact Time                | Before or             |              |               |                 |  |                     | Disinfectant          |   |
|   |   | Net Quantity     |              | Concentration                      | (T) at C                    | at First              |              |               |                 | Lowest                                 | Minimum             | Concentration         |   |
| Day of  | Hours   | of Finished      |              | (C) Before or at<br>First Customer | Measurement<br>Point During | Customer              | Temp.        |               | Minimum         | Operating                              | UV Dose             | at Remote             |   |
| the   | Plant in  | Water            | Peak Flow    | During Peak                        | Peak Flow,                  | During<br>Peak Flow,  | of<br>Water, | pH of         | CI<br>Required, | UV Dose,<br>mW-                        | Required,           | Point in Distribution | Emergency or Abnormal Operating Conditions, Repair                                |
|   |   | Produced, gal    | Rate, gpd    | Flow, mg/L                         | minutes                     | mg-min/L              | °C           | Applicable    | me-min/L        | sec/cm²                                | sec/cm <sup>2</sup> | System, mg/L          | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1   | 24  | 64,000           |              |                                    |                             |                       |              |               |                 | ### ### ### ### ### ### ### ### ### ## |                     | 0.60                  |   |
| 2   | 24  | 55,000<br>61,000 | ļ            | <del> </del>                       |                             |                       |              |               |                 |  |                     | 0.70                  |   |
| 4   | 24  | 60,000           | <del> </del> |                                    |                             |                       | <b></b>      | ļ             |                 |  |                     | 0.60                  |   |
| 5   | 24  | 56,000           | <del> </del> |                                    |                             | <del> </del>          | <del> </del> | <b></b>       |                 |  | <b></b>             | 0.70                  |   |
| 6   | 24  | 87,000           |              | <del> </del>                       |                             | <del></del>           | <del> </del> | ļ             | ļ               |  | ļ                   | 0.50                  |   |
| 7   | 24  | 87,000           | l            |                                    |                             | <del> </del>          | <del> </del> | <del> </del>  | <del> </del>    |  | <del> </del>        | 1.10                  |   |
| 8   | 24  | 76,000           |              |                                    |                             |                       | <del> </del> |               |                 |  | <del></del>         | 0.80                  |   |
| 9   | 24  | 74,000           |              |                                    |                             |                       |              |               |                 |  |                     | 0.80                  |   |
| 10  | 24  | 84,000<br>60,000 | <b></b>      |                                    |                             |                       |              |               |                 |  |                     | 0.80                  | Collected 3 bacts   |
| 12  | 24  | 63,000           | <del> </del> | ļ                                  |                             |                       |              |               |                 |  |                     | 0.60                  |   |
| 13  | 24  | 100,500          |              | <del> </del>                       |                             |                       | <b> </b>     |               | <b> </b>        |  | <b>!</b>            | 0.70                  |   |
| 14  | 24  | 100,500          |              | <del> </del>                       |                             |                       | ļ            |               | ļ               |  | <u> </u>            | - 0.60                |   |
| 15  | 24  | 75,000           |              |                                    |                             |                       | <del></del>  |               |                 |  | <del> </del>        | 0.60                  | collected well repeat sample collected well repeat sample                         |
| 16  | 24  | 78,000           |              |                                    |                             |                       |              |               |                 |  |                     | 0.70                  | conected wen repeat sample  |
| 17  | 24<br>24  | 104,000          |              |                                    |                             |                       |              |               |                 |  |                     | 0.70                  |   |
| 19  | 24  | 67,000<br>75,000 |              |                                    |                             |                       |              |               |                 |  |                     | 0.60                  |   |
| 20  | 24  | 86,500           |              | <del></del>                        |                             |                       |              |               |                 |  |                     | 0.80                  |   |
| 21  | 24  | 86,500           |              |                                    |                             |                       |              |               |                 |  |                     |                       |   |
| 22  | 24  | 61,000           |              | <del> </del>                       |                             |                       |              |               | <del> </del> -  |  | -                   | 0.80                  |   |
| 23  | 24  | 93,000           |              | 1                                  |                             |                       | ļ            |               |                 |  | <del></del>         | 0.70                  |   |
| 24  | 24  | 76,000           |              |                                    |                             |                       |              |               |                 |  | <del> </del>        | 0.60                  |   |
| 25<br>26  | 24  | 66,000           |              |                                    |                             |                       |              |               |                 |  |                     | 1.60                  |   |
| 27  | 24  | 80,000<br>99,000 |              |                                    |                             |                       |              |               |                 |  |                     | 1.00                  |   |
| 28  | 24  | 99,000           | <del></del>  | <del> </del>                       |                             | <del></del>           |              |               |                 |  |                     |                       |   |
| 29  | 24  | 62,000           |              |                                    |                             | <del></del>           | <u> </u>     |               |                 |  |                     | 1.80                  | Flushed 12,450 gallons  |
| 30  | 24  | 64,000           | <del></del>  | 1                                  |                             | <del></del>           | <u> </u>     |               |                 |  | <b></b>             | 1.20                  |   |
| 31  | 24  |                  |              |                                    |                             |                       | <u> </u>     |               |                 |  | <b> </b>            | 1.80                  |   |
| Total   |   | 2,300,000        |              |                                    |                             |                       | <u> </u>     | <del></del>   | L               | L                                      |                     | <del></del>           |   |
| Average   | ;   | 76,666           |              |                                    |                             |                       |              |               |                 |  |                     |                       |   |

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



See page 4 for instructions.

ë

# 1. Certification by Lead/Chief Onergror

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 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 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, 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 and to make them available for review upon request.

Signature and Date

Printed or Typed Name

Allan Finch

C-7806 License Number

> DEP Form 62-555.900(3) Effective August 28, 2003

|  |  |  |                                       |  |                   |  |   |  |  |                           | 00093   |                                | umixeM               |
|--|--|--|---------------------------------------|--|-------------------|--|---|--|--|---------------------------|---|--------------------------------|----------------------|
|  |  |  |                                       |  |                   |  |   |  |  |                           | 08,529  |                                | Average              |
|  | 6.0  |  |                                       |  |                   | 1  | T   | т  |  |                           | 0000 167  |                                | fatoT                |
|  | 8,0  |  | <del> </del>                          |  |                   |  |   |  | · · · · · · · · · · · · · · · · · · ·  |                           | 22,000  |                                | 15                   |
|  | 9,9  |  |                                       | <u> </u>   |                   |  |   | · · · · · · · · · · · · · · · · · · ·  |  |                           | 000 78  | 74                             | 30 €                 |
|  | 8,0  | ******                                 |                                       |  |                   | <del> </del>                                     |   |  |  |                           | 000,20  | 74                             | 56                   |
|  | 6.9  |  |                                       |  |                   | <del> </del>                                     |   |  |  |                           | 000,20  | 74                             | 82                   |
|  | 6,0  |  |                                       | <del></del>  |                   |  |   |  |  |                           | 00000   | 74                             | LZ                   |
|  |  |  |                                       |  |                   | · · · · · ·                                      |   |  |  |                           | 00515   | 74                             | 97                   |
|  | 9'0  |  |                                       |  |                   | <del> </del>                                     | <del> </del>  |  |  |                           |   | 74                             | 52                   |
|  | 9.0  |  |                                       | -  |                   | <del></del>                                      | <del></del>   |  |  |                           | 00075   | 74                             | 74                   |
|  | 8,0  |  |                                       |  |                   |  |   |  |  |                           | 000'29  | 74                             | 73                   |
|  | 3.0  |  | ···-                                  |  |                   | <del> </del>                                     |   |  |  |                           | 17,000  | 74                             | 77                   |
|  | 9.0  |  |                                       |  |                   | <del>                                     </del> |   |  |  |                           | 000'59  | 74                             | 17                   |
|  | 6'0  |  | · · · · · ·                           |  |                   |  | <del> </del>  |  |  |                           | 000'55  | 74                             | 70                   |
|  |  |  | · · · · ·                             |  |                   |  |   |  |  |                           | 005'57  | 74                             | 61                   |
| Collected Repeat Samples   | 1.1  |  |                                       |  |                   | <u> </u>   | <del></del>   |  |  |                           | 000 17  | 74                             | 18                   |
| Collect CO BLOCAT SAMPLES  | ρ,≎  |  |                                       |  |                   | -  |   |  |  |                           | 000 05  | 74                             | LI                   |
|  | 9,0  |  |                                       |  |                   |  | <del> </del>  |  | -  |                           | 000 21.   | 74                             | 91                   |
| CollectED 3 Bach   | 8.0  |  |                                       |  |                   |  |   |  |  |                           |   | 74                             | SI                   |
|  | 50   |  |                                       |  |                   | <del> </del>                                     |   |  |  |                           | 000 15  | 74                             | ÞI                   |
|  | 8,0  |  |                                       |  |                   | -  |   |  |  |                           |   | 74                             | EI                   |
|  |  |  |                                       |  |                   |  |   |  |  |                           | 005,59  | 74                             | 15                   |
|  | 6.9  |  | <b></b>                               |  |                   |  |   | <del> </del>   |  |                           | 005 69  | 74                             | . [[                 |
|  | 9,0  |  |                                       | -  |                   |  |   |  |  |                           | 000'75  | 74                             | 01                   |
|  | 8.0  |  |                                       |  |                   |  | · · · · · · · · · · · · · · · · · · ·                                       |  |  |                           | 000,52  | 74                             | 6                    |
|  | 0'1  |  |                                       |  |                   |  |   |  |  |                           | 000.85  | 74                             | 8                    |
|  | 91   |  |                                       |  |                   |  |   | <del></del>  |  |                           | 00009   | 74                             | L                    |
|  | 71   |  |                                       |  |                   |  |   |  |  |                           | 000'98  | 74                             | 9                    |
|  |  |  |                                       |  |                   |  |   |  |  |                           | 000,87  | 74                             | S                    |
|  | 51   |  |                                       |  |                   |  | <b></b>   |  |  |                           | 18,000  | 74                             | 7                    |
|  | £'1<br>&'1   |  |                                       |  |                   |  |   |  |  |                           | 000,0T  | 74                             | 3                    |
|  | 7.1  |  |                                       |  |                   |  |   |  |  |                           | 000,02  | 74                             | 7                    |
| System Components Out of Operation   | System, mg/L   | zec/cin,                               | zec/cm²                               | TARRESTON  | Applicable        | 200  | CT MINING SIN   |  |  |                           | 00099   | 74                             | 1                    |
| Emergency or Abnormal Operating Conditions; Repair or Abnormal Uperating Conditions; Repair or Maintenance Work that Involves Taking Water | Lowest Residual Disinfectant Concentration at Remote Point in Point in | Minimum<br>UV Dose<br>Required,<br>MV- | Lowest<br>Operating<br>UV Dose,<br>Wm | CT.  | pHol<br>Water, if | Temp.<br>Valer,<br>Valer,                        | Lowest CT Provided Before or at First Customer During Peak Flow, Peak Flow, | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest Residual Disinfectant, Concentration (C) Before or at Pirst Customet Pirst Customet Pirst Customet Flow, mg/L | Peak Flow<br>Raic, Epd    | Met Quantity<br>of Finished<br>Water<br>Produced, gal | Hours<br>Plant in<br>Operation | Day of<br>the<br>the |
|  |  | 950(                                   | I A ()                                | de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la |                   |  | znoisa  | CT Calcul  | 35 (1886)<br>State (1886)  |                           |   |                                |                      |
| Chlorine Dioxide   | (sautupiou   |  | *aldeaila                             | nA 11 noils  | Virus Inactiv     | ao J-m   | of station  | JV Dose, to De   | Calculations, or I   | <b>ວ</b>                  |   |                                |                      |
| obinoid onitold?   | (sənimsıold  | O) aninol                              | d') banid                             | mo5  | orine             | ree Ch   | ন ⊠   | on System:   | itudirtsiQ ni bə   | al Maintain               | ectant Residu   | Inisid 10                      | Type c               |
| Combined Chlorine (Chloramines)  | oue  | zo 🗌                                   | əbixoi                                | hlorine D  | 0 🗆               | əniroln  | D eerd  | * :[svo  | activation/Rema<br>Describe):  | og Virus In:<br>) rədfO [ | eving Four-L  | of Achiet                      | Means                |
|  |  |  |                                       |  |                   |  |   | 5003   | Becember 3   | nth/Year o                | a for the Mo  | is Oylis                       | III D                |
|  |  |  |                                       | Florida  | es, Inc. of       | : Utilit   | lant Name   |  |  |                           | noiti   |                                |                      |

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

| PV | PWS Identification Number: 3590912 Plant Name: Utilites, Inc. of Flor                             | da   |
|----|---|--|
|    |   | December 2005  |
| IV | IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohyd              | rin, and from or Manganese Sequestrant for the Year. December 2005       |
| A. | 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 = Acrylamic   | le Level, % <sup>†</sup> =   |
| В. | 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 = Epichloro   | hydrin Level, % <sup>†</sup> =   |
| C. | C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and            | he type of sequestrant, sequestrant dose, etc., are as follows:          |
|    | Type of Sequestrant (polyphosphate or sodium silicate):   |  |
|    | Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =  |  |
|    | If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO | ,=   |

<sup>\*</sup> 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.

# Oakland Shores 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>OAKLAND SHORES</u>                             | County Semmole PVVS ID # 3590912   |
|---|--|
| Plant Location <u>Lakeshore Drive</u> , Altamonte Springs, FL | Phone 407.869.1919   |
| Owner Name <u>Utilities, Inc. of Florida</u>                  | Phone 407.869.1919   |
| Owner Address 200 Weathersfield Avenue, Altamonte Spr         | ings. FL 32714   |
| Contact Person Patrick Flynn/Kathy Sillitoe Title Reg. Dir    | rector/Mgr. Phone 407.869.1919/407.869.8588 x229   |
| This Survey Date 10/27/05 Last Survey Date                    | 10/29/02 Last C   Date 4/3/03  |
| 11113 Out Voy Duto Lust out voy Duto                          | 10/25/02   |
| PWS TYPE & CLASS  | RAW WATER SOURCE   |
| Community (4C)  | ☑ GROUND; Number of Wells  |
| Non-transient Non-community                                   | Emergency Water Source City of Altamonte   |
| Non-Community   | Emergency Water Capacity Automatic interconnect  |
|   |  |
| PWS STATUS  | AUXILIARY POWER SOURCE   |
| Approved system with approval number & date                   | ☐ Yes ☐ None ☐ Not Required  |
| Serial #936 dated 1/22/52, As-builts dated 2/8/61             | Source   |
| replaced previous info. WC59-0080875 11/21/99                 | Capacity of Standby (kW)   |
| WC59-0080875 7/29/03  | Switchover: 🛛 Automatic 🔲 Manual   |
| Unapproved system   | Standby Plan: Yes No   |
| Onapproved system   | Hrs Operated Under Load  |
| SERVICE AREA CHARACTERISTICS                                  | What equipment does it operate?  |
| Single family home subdivision and business                   | Mell number  |
| offices   | Well pumps High Service Pumps  |
| Food Service: Yes No N/A                                      | Treatment Equipment  |
| 1 ood octvice. E tee E tte E tint                             | Treatment Equipment  |
| OPERATION & MAINTENANCE                                       | Satisfy 1/2 max-day demand?   Yes  No  Unk   |
| Certified Operator: ⊠ Yes ☐ No ☐ Not required                 | Comments Automatic pressure differential valve   |
| Operator(s) & Certification Class-Number                      | on interconnect opens when system pressure drops   |
| Alan Finch C-7806, Terry Sillitoe B-12749                     | below 50 psi.  |
| That I men e 7000, Terry Samo B 12719                         | TREATMENT PROCESSES IN USE   |
| O & M Log: Yes No Not required                                |  |
| Operator Visitation Frequency                                 | Disinfection-hypo-chlorination; Aeration,  |
| Hrs/day: RequiredActual                                       | Corrosion Control (Lead and Copper)  |
| Days/wk: Required 5+1 Actual 5+1                              | VAUL at a state of the state of |
| Non-consecutive Days? Yes No N/A                              | What additional treatment is needed?   |
| MODe submitted regularly? Ves No No N/A                       | None at this time  |
| MORs submitted regularly? Yes No N/A                          | For control of what deficiencies?  |
| Data missing from MORs? ☐ No ☒ Yes ☐ N/A                      | N/A  |
| Total, average & max flows sometimes incorrect.               | DIOTRIBUTION OVOTER  |
| Wrong form used   | DISTRIBUTION SYSTEM  |
|   | Flow Measuring Device Flow Meter   |
| Number of Service Connections 264 (MOR)                       | Meter Size & Type 6" Badger  |
| Population Served 924 Basis 3.5/svc. cx.                      | Backflow Prevention Devices: ⊠ Yes ☐ No  |
| Average Day (from MORs) 0.076 MGD                             | Cross-connections None observed  |
| Max. Day (from MORs) <u>0.156 MGD 05/05</u>                   | Written Cross-connection Control Program: No   |
| Max-day Design Capacity0.333 MGD                              | Coliform Sampling Plan: 🛛 Yes 🔲 No 🔲 N/A   |
| Comments  | Comments At the time of inspection, there was no   |
|   | CCCP on site. The operator assured us there was one  |
|   | available and would be replaced immediately.   |

| S0/LZ/0I | Date            |
|----------|-----------------|
| 3590912  | <b>BM2 ID #</b> |

#### **ВЕВОПИР WATER SOURCE**

| Series   S   |  |                    |   |              |
|--|--|--------------------|---|--------------|
| Above Ground Check Valve 36  Agaw Water Sampling Tap Yes  Well Casing Sanitary Seal Yes  Well Casing 12" above grade?  PUMP Manufacturer Name Sta-Rite  Moder Horsepower 15  Moder Manufacturer Name Sta-Rite  Moder Manufacturer Name Sta-Rite  Moder Manufacturer Name Sta-Rite  Moder Manufacturer Name Sta-Rite  Moder Manufacturer Name Sta-Rite  Moder Manufacturer Name Sta-Rite  Moder Marker 100'  Septic Tank >100'  Manufacturer Manufacturer Name Sta-Rite  Moder Manufacturer Name St |  | Y/N                | Well Vent Protection                            |              |
| Ask Water Sampling Tap Yes  Diameter (outside casing)  Mell Casing Sanitary Seal  Model Unumber  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Contamination History  Mell Casing Sanitary Seal  Model Number  Mode |  | Yes                | Fence/Housing                                   |              |
| Well Casing Sanitary Seal       Yes         Well Casing 12" above grade?       Yes         PUMP       Motor Horsepower       15         PUMP       Septic Tank       >100°         Material (outside casing)       Yes         Material (outside casing)       Yes         Diameter (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside casing)       Yes         Material (outside   |  | οN                 | Above Ground Check Valve                        |              |
| Well casing 12" above grade?     Yes       Mell casing 12" above grade?     Yes       Diameter (outside casing)     395@ 40"TDH       PUMP     Model Number     Unknown       Manufacturer Name     State       SET     Reuse Water     N/A       Septic Tank     >100°       Six 6" X 4" Concrete Pad     N/A       Septic Tank     >100°       Six 6" X 4" Concrete Pad     N/A       Six 6" X 4" Concrete Pad     >100°       Six 6" X 4" Concrete Pad     N/A       Six 6" X 4" Concrete Pad     >100°       Six 6" X 4" Concrete Pad   |  | Yes                | aw Water Sampling Tap                           |              |
| Dismeter (outside casing)  PUMP  SET  Reuse Water  Sinudation of well possible?  SET  Reuse Water  Septic Tank  Septic Tank  Septic Tank  Aware Water  Septic Tank  Septic Tan |  | Yes                | Vell Casing Sanitary Seal                       |              |
| PUMP  PUMP  Rated Capacity (gpm)  Since the Contaide casing)  Since the Contaide casing)  Since the Contaide casing)  Since the Contained the  |  | Yes                | Vell casing 12" above grade?                    |              |
| PUMP Model Number Unknown  Diameter (outside casing)  Six 6' X 4" Concrete Pad Seet  Sett Reuse Water Ning >100'  Six 6' X 4" Concrete Pad Yes  For X 6" X 4" Concrete Pad Seet  Sett Reuse Water Ning >100'  Sett Reuse Water Ning >100'  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Seet  Sett Reuse Water Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet  Sett Reuse Water Ning Ning Ning Seet Ning  |  | SI                 | Motor Horsepower                                |              |
| Manufacturer Name Sta-Rite  Manufacturer Name Sta-Rite  Diameter (outside casing)  Septic Tank Septic  |  | 395@ 40.TDH        | Rated Capacity (gpm)                            |              |
| Length (outside casing)  Diameter (outside casing)  Settic Tank  Setic Tank  Setic Tank  Setic Tank  Setic Tank  Setic Tank  Sumersible  S |  | Опклочл            | Model Number                                    | AMUA         |
| Cother Sanitary Hazard Lake Charity ~100°  Diameter (outside casing) 8",  Set (outside casing) 8 |  | Sta-Rite           | Manufacturer Name                               |              |
| BACKS   WW Plumbing   118'.  |  | Submersible        | Туре  |              |
| Length (outside casing)  Diameter (outside casing)  Well Contamination History  Si X 6' X 4" Concrete Pad  Septic Tank  Set Concrete Pad  Septic Tank  Set Concrete Pad  Septic Tank  Set Concrete Pad  Set Concrete Pad  Nes  Set Concrete Pad  None  None  Set Concrete Pad  None  None  Set Concrete Pad  None  Set Concrete Pad  None  None  Set Concrete Pad  None  None  Set Concrete Pad  None   |  | Lake Charity ~100' | Other Sanitary Hazard                           |              |
| Length (outside casing)  Diameter (outside casing)  Waterial (outside casing)  Well Contamination History  Well Contamination of well possible?  So X 6' X 4" Concrete Pad  Septic Tank  >100'  Septic Tank  >100'   |  | >100،              | Plumbing WW                                     | BACKS        |
| Length (outside casing)  Si X 6' X 4" Concrete Pad  Yes  Si X 6' X 4" Concrete Pad  Yes  Yes  Yes  |  | V/N                | Reuse Water                                     | SET          |
| Length (outside casing)  Diameter (outside casing)  Well Contamination History  None  s inundation of well possible?  None  None   |  | >100,              | Septic Tank                                     |              |
| Length (outside casing)  Naterial (outside casing)  Steel  Valerial (outside casing)  Steel  None  |  | Хes                | , Concrete Pad                                  | e, X e, X 4, |
| Length (outside casing)  Steel  Steel  Steel  Steel  |  | οN                 | on of well possible?                            | ls inundati  |
| Length (outside casing) 118' 8".   |  | None               | Well Contamination History                      |              |
| Length (outside casing) 118'   |  | Steel              | Material (outside casing)                       |              |
|  |  | 8                  | Diameter (outside casing)                       |              |
| Strainer Unknown   |  | 118,               | Length (outside casing)                         |              |
|  |  | Пикломп            | Strainer  |              |
| Actual Yield (if different than rated capacity) Unknown  |  | Пикломп            | Actual Yield (if different than rated capacity) |              |
| Test Yield Unknown   |  | Ппкпочп            | bleiY YeaT                                      |              |
| Design Well Yield Unknown  |  | Пикломп            | Design Well Yield                               |              |
| Pumping Water Level Unknown  |  | Пиклочп            |   |              |
|  |  | .67                | Static Water Level                              |              |
| Type of Grout Unknown  |  | Unknown            | Type of Grout                                   |              |
| Drilling Method Unknown  |  | Пиклочп            | Drilling Method                                 |              |
| Depth Drilled 385°   |  | 382                | рә  | Depth Drill  |
| Year Drilled Prior to 1958   |  | Prior to 1958      | р   | Year Drille  |
| Well Number  |  | I                  | Well Number                                     |              |

COMMENTS Well 1 - AAH2576 The absence of an above-ground check valve has been accepted by the Department since the chlorine is injected by separate line into the GST, which has an air gap.

| PWS ID# | 3590912  |
|---------|----------|
| Date    | 10/27/05 |

| Type: Gas Hypo  Make Stenner Capacity 85x2 gpd  Chlorine Feed Rate 5x2  Avg. Amount of Cl <sub>2</sub> gas used N/A  Chlorine Residuals: Plant 1.5 Remote 1.0  Remote tap location 604 Endsley Ave.  DPD Test Kit: On-site With operator  None Not Used Daily  Injection Points Into GST  Booster Pump Info N/A  Comments There is a chlorine ORP meter. |          |                    |           |  |  |
|--|----------|--------------------|-----------|--|--|
| Chlorine Gas Use<br>Requirements   | YES      | NO                 | Comments  |  |  |
| Dual System  |          |                    |           |  |  |
| Auto-switchover  |          |                    |           |  |  |
| Alarms: Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection Scale   |          |                    |           |  |  |
| Chained Cylinders  |          |                    |           |  |  |
|  |          |                    |           |  |  |
| Reserve Supply   | 7        |                    |           |  |  |
| Adequate Air-pak   |          |                    |           |  |  |
| Sign of Leaks  |          |                    |           |  |  |
| Fresh Ammonia  |          |                    |           |  |  |
| Ventilation  |          |                    | \         |  |  |
| Room Lighting  | <u> </u> |                    |           |  |  |
| Warning Signs  |          |                    |           |  |  |
| Repair Kits  |          |                    |           |  |  |
| Fitted Wrench  |          |                    |           |  |  |
| Housing/Protection   |          |                    | ¥         |  |  |
| AERATION (Gases, F<br>Type Forced draft Aerator Condition O Bloodworm Presence Visible Algae Growth Protective Screen Cor  | None No  | apacity<br>observe | / 500 gpm |  |  |

#### STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell

| (B) Bladder (C) Clearwell            |          |            |  |  |  |
|--------------------------------------|----------|------------|--|--|--|
| Tank Type/Number                     | G        | H          |  |  |  |
| Capacity (gal)                       | 16,800   | 7000       |  |  |  |
| Material                             | Concrete | Steel      |  |  |  |
| Gravity Drain                        | Yes      | Yes        |  |  |  |
| By-pass Piping                       | Yes      | Yes        |  |  |  |
| Pressure Gauge                       | N/A      | Yes        |  |  |  |
| Sight Glass or<br>Level Indicator    | Yes      | Yes        |  |  |  |
| Fittings for<br>Sight Glass          | N/A      | N/A        |  |  |  |
| Protected Openings                   | Yes      | Yes        |  |  |  |
| PRV/ARV                              | N/A      | PRV        |  |  |  |
| On/Off Pressure                      |          | 55/65      |  |  |  |
| Access Padlocked                     | Yes      | Yes        |  |  |  |
| Height to Bottom of<br>Elevated Tank |          |            |  |  |  |
| Height to Max.<br>Water Level        | *****    | And 400 mm |  |  |  |
| Comments                             |          |            |  |  |  |

#### HIGH SERVICE PUMPS

| THOIT OLIVIOL  | . •         |             |  |
|----------------|-------------|-------------|--|
| Pump Number    | 1           | 2           |  |
| Туре           | Centrifugal | Centrifugal |  |
| Make           | Goulds      | Goulds      |  |
| Model          | 3656        | 3656        |  |
| Capacity (gpm) | 250         | 250         |  |
| Motor HP       | 15          | 15          |  |
| Date Installed | 1993        | 1993        |  |
| Maintenance    |             |             |  |
|                |             |             |  |

Comments \_\_\_\_\_

| PWS ID# | 3590912  |
|---------|----------|
| 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".
- 3. Please provide an Interconnect flushing schedule.
- 4. There was no cross connection control plan on site.

#### **MONITORING AND REPORTING:**

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2006
- Lead and Copper Tap Sampling due 06/2006-09/2006
- SOCs due 2006
- Radiologicals due 2009
- 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    | 10/27/05 |

#### MONITORING AND REPORTING (Continued...)

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                  | <u>NSE</u> :   | Please indicate changes to the f                  | ollowing:                   |
|------------------------|--|---|-----------------------------|
| PWS ID Nu              | mber: <u>3590912</u>   | Business Name:                                    |                             |
| PWS Name               | e: Oakland Shores  | Owner(s) Name:                                    |                             |
| Attn: Patri            | ck Flynn, Utilities, Inc. of Florida   |   |                             |
| Mailing Add            | ress:  | Mailing Address:                                  |                             |
|                        |  | Phone Number(s):                                  |                             |
| Drinking \ 3319 Mag    | epartment of Environmental Protection<br>Water Compliance/Enforcement Progra<br>uire Boulevard, Suite 232<br>Florida 32803 |   |                             |
|                        | Reggie Phillips, Environmental Specialist to the Department's Sanitary Survey Repo   | <b>rt</b> for the subject public water system dat | ed <b>October 27, 2005,</b> |
|                        | g actions were done to correct the listed defic  |   |                             |
| Deficiency<br>Item No. | Corrective Act   | tion Done   | Date Done                   |
|                        |  |   |                             |
|                        |  |   |                             |
|                        |  |   |                             |
|                        |  | •   |                             |
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|                        |  |   |                             |
|                        |  |   |                             |
|                        |  |   |                             |
| (Attach add            | itional sheet if necessary)  |   |                             |
| •                      | tify to the correctness of the above information   | n:  |                             |
| •                      | r/Representative Signature:  |   |                             |
|                        |  |   |                             |
| mame of PV             | VS 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

Seminole County - PW Re:

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 abovereferenced 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

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

Scotty L. Haws, Assistant Operations Manager, UIF

Page 1 of 1 Document1



| RESPO   | ONSE:   | Please indicate changes to the              | following:  |
|---|---|---|---|
| PWS ID 1  | Number: <u>3590912</u>  | Business Name: Utilities, Inc. of Florida   | 1   |
| PWS Nar   | ne: Oakland Shores  | Owner(s) Name: Utilities, Inc. of Florida   | · · · · · · · · · · · · · · · · · · ·                     |
| Attn: Pa  | trick Flynn, Utilities, Inc. of Florida   |   |   |
| Mailing A   | Mailing Address: 200 Weathersfield Avenue Mailing Address: 200 Weathersfield Avenue Altamonte Springs, FL 32714 Mailing Address: 200 Weathersfield Avenue Altamonte Springs, FL   |   |   |
| Date: <u>De</u>   | cember 13, 2005   | Phone Number(s): 407-869-1919               |   |
| Drinking<br>3319 Ma<br>Orlando,<br>Attention:<br>In respons | Department of Environmental Protection Water Compliance/Enforcement Program guire Boulevard, Suite 232 Florida 32803 Reggie Phillips, Environmental Specialist se to the Department's Sanitary Survey Reporting actions were done to correct the listed deficie | for the subject public water system da      | ted <u>October 27, 2005</u> .                             |
| Deficien  | су  |   |   |
| <u>Item No</u> .  | Corrective Action   | on Done                                     | Date Done   |
| 1   | The monthly operations report contained corrections   | for the month of November                   | December 2005   |
|   | 2005. All future MORs will be legible and completed   | accurately.                                 |   |
| 2   | Unable to locate any additional information for the s   | paces marked "unknown."                     |   |
| 3   | The interconnect with the City of Altamonte Springs   | was added to a bi-weekly flushing rotation. |   |
| 4   | The Cross Connection Control Plan was put on site 0   | October 31, 2005.                           | October 31, 2005  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| (Attach add   | itional sheet if necessary)   |   | Commonwealthan Control Layers and Jugging Control Control |
| I nereby ce   | rtify to the correctness of the above information:  | 1/1/  | ·   |
|   | r/Representative Signature:   | ty 12/19/0                                  | 5   |
| Name of PV  | VS Owner:Representative: Patrick C. Flynn, Reg  | ional Director<br>(Please Type or Print)    |   |

#### Oakland Shores

Docket No. 060253-WS

25.30-440(6) Permits

Test Year Ended December 31, 2005



November 15, 2000

Utilities Inc of Florida 200 Weathersfield Ave

Altamonte Springs, FL 32714

**POST OFFICE BOX 1429** 

(Legal) 329-4485

7775 Baymeadows Way

Jacksonville, Florida 32256

Suite 102

904-730-6270

FAX (Executive) 329-4125

618 E. South Street

TDD 407-897-5960

Orlando, Florida 32801 407-897-4300 PALATKA, FLORIDA 32178-1429

TELEPHONE 904-329-4500 SUNCOM 904-8604 TDD 904-329-4450 TDD SUNCOM 86

Melbourne, Florida 32904

450 TDD SUNCOM 86 (Permitting) 329-4315

450 4 dmin ra bn/Filippes) 329-4508

OPERATIONS: 2133 N. Wickham Road Melbourne, Florida 32935-8109

TDD 904-448-7900 TDD 407-722-5368 TDD 407-752-3102

PERMITTING:

305 East Drive

407-984-4940

NOV

SERVICE CENTERS

SUBJECT: Consumptive Use Permit Number 8345

Oakland Shores

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

**PERMIT NO.** <u>8345</u>

PROJECT NAME: Oakland Shores

#### A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 35.36 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 788, and a maximum of 0.58 million gallons per day for essential use, for fire protection

#### LOCATION:

Site: Oakland Shores

Seminole County

Section(s): 24 Township(s): 21S Range(s): 29E

#### **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

Bv:

Dwight T Jenkins
Division Director

# "EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8345 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.
- 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 8345 plainly labeled on the submittals.

- 13. This permit will expire on November 15, 2020.
- 14. Maximum annual ground water withdrawals must not exceed 35.36 million gallons.
- 15. Maximum daily ground water withdrawals for essential use, for fire protection, must not exceed 0.58 million gallons.
- 16. 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.
- 17. The permittee must assure that all service connections are metered.
- 18. The permittee must implement the Water Conservation Plan submitted to the District on March 31, 2000, in accordance with the schedule contained therein.
- 19. 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.
- 20. 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

21. 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.

- 22. 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.
- 23. 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.
- 24. 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 31st 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:

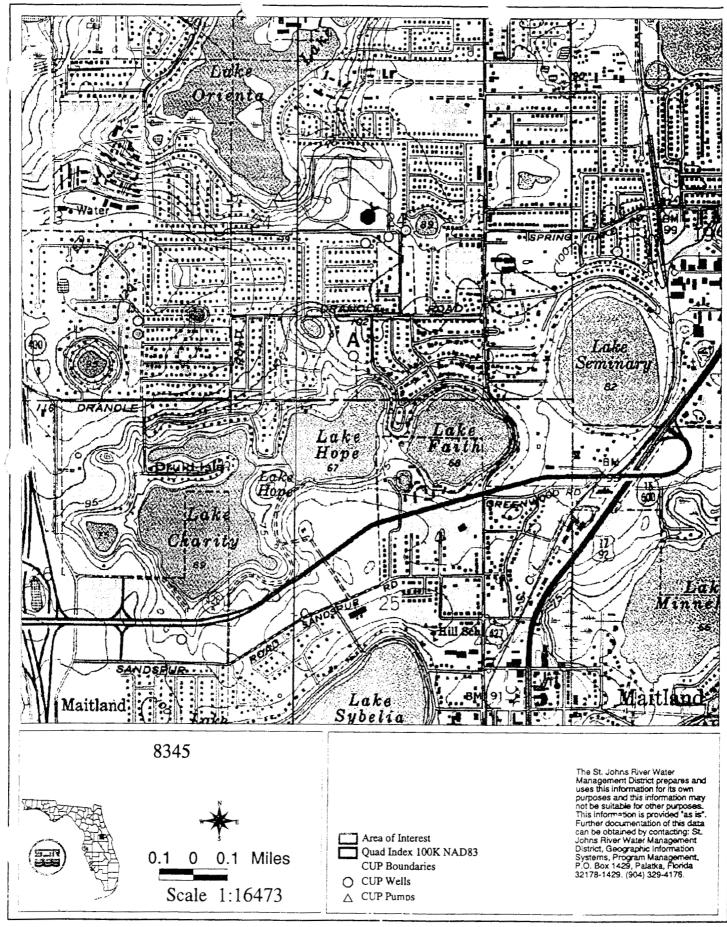
Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714

at 4:00 p.m. this #5th 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: 8345



Source: /home/jeri/cupwork.apr 08/23/1999

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

Consumptive Use Permit Number: 8345 Permittee Name: Utilities Inc of Florida - GARLAND SHOOLS Date of Permit Issuance: November 15, 2000 Station Name: 1 Pump Capacity: 395 GPM Serial Number on Meter: Meter Model: Discharge Pipe Diameter: \_\_\_\_\_ Date of Last Meter Calibration: \_\_\_\_\_/\_\_\_/ Date of This Calibration: Name of Person Performing Calibration: Mc\*hod 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: Ci+-'State/Zip: Daytime Telephone: (\_\_\_\_\_\_ - \_\_\_\_\_

Please Retain a Copy for Your Records





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

WATER USE RECORD

FORM EN - 50

CUP# 8345

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT Oakland Shores

WELL NAME 1

PUMP NAME

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

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

**GALLONS** 

PHONE NUMBER

OR METER READINGS

|        |      |      |       |      |  |  |  |  |   |  |  | <br> |
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| APR    | 01   |      |       |      |  |  |  |  |   |  |  |      |
| MAY    | 01   |      |       |      |  |  |  |  |   |  |  |      |
| JUN    | 01   |      |       |      |  |  |  |  |   |  |  |      |
| Step 3 | . cc | NTAC | T NAI | ME _ |  |  |  |  | _ |  |  |      |



15585





#### St. Johns River Water Management Distric P. O. Box 1425 Palatka, Florida 32178-142

WATER USE RECORD

FORM EN - 50

CUP# 8345

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT Oakland Shores

WELL NAME 1

PUMP NAME

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

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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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| OCT     | 00 |     |       |     |  |   |  |   |  |    |  |  |      |  |
| NOV     | 00 |     |       |     |  |   |  |   |  |    |  |  |      |  |
| DEC     | 00 |     |       |     |  |   |  |   |  |    |  |  |      |  |
| Step 3. | CO | ΝΤΔ | CT NA | ZME |  |   |  |   |  |    |  |  |      |  |

| Step 3. | CONTACT NAME |  |
|---------|--------------|--|
|         | PHONE NUMBER |  |



15585

Oakland Shores

Docket No. 060253-WS

25.30-440(7) Notices

# **NOTICES**

None

# Oakland Shores Docket No. 060253-WS

25.30-440(8) Field Employees

#### Facilities:

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

#### Duties and Responsibilities:

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

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

#### Field Employees:

#### Pasco and Pinelles Counties:

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

#### Marion County:

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

#### Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

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

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

Oakland Shores

Docket No. 060253-WS

25.30-440(9) Vehicles

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

| 9931 99 DODGE DAKOTA 187FL28XMS261957 902 99 DODGE DAKOTA 187FL28XMS261957 90  | Veh. # Yr/Make/Model    | VIN                | Driver Assigned       | Cost        | Company Name                          |
|--|-------------------------|--------------------|-----------------------|-------------|---------------------------------------|
| 280 80 CHEV OLLORADO   19COS14086824998   JEROME HAMPTON   19COS140903   19COS14090718920939   TO COST 14790719920939   19COS14090718920939   19COS140907189209   19COS14090718920939   19COS14090718920939   19COS140907189209   19COS14090718920939   19COS140907189209   19COS14090718920939   19COS140907189209   19COS140   |                         | 1B7FL26X6XS261957  | CORY SUDOL            |             |                                       |
| 221 02 CHEW S-10 19 00 CHEW CS18003 11 03 CHEW CS18003 11 03 CHEW CS18003 11 03 CHEW CS18 CHEW CS18003 11 03 CHEW CS18 CHEW CS18003 12 03 CHEW CS18 CHEW CS18 CHEW CS18003 13 03 CHEW CS18 CHEW CS18 CHEW CS18003 13 03 CHEW CS18 CHEW CS18 CHEW CS18003 13 03 CHEW CS18 CHEW CS18003 14 03 CHEW CS18 CHEW CS18003 15 CHEW CS18 CHEW CS18003 15 CHEW CS18 CHEW CS18003 16 CHEW CS18 CHEW CS18003 16 CHEW CS180   |                         |                    |                       |             |                                       |
| 190 O. O. HEV CS 190303   TGCCS 14W9FX 196206   CARE JUBER   S16,286.17 Alafaya Uliblies, Inc.   100 CHEV C15 FULL   TGCEC14X282116955   TGCEC14X28217695   TGC   |                         |                    |                       |             |                                       |
| 110   Gebt   C15 Vis   1   GCEC14V822114639   ENARRO ROBERTS   S1905.10   Anlarya Ullilies, Inc.   10   GCEC14V822114639   S10400   C15 PULL   1   GCEC14V822114639   S10400   C15 PULL   1   GCEC14V822114639   S10400   |                         |                    |                       |             |                                       |
| 391 93 CHEV C15 FULL 306 2014 ASSI 16965 31 94 CHEV C25 31 GOCHCAUD45289751 303 96 CHEV C15 320 CHEV C15 320 CHEV C15 320 CHEV C15 321 CHEV C15 322 CHEV C15 323 CHEV C15 CHEV C15 323 CHEV C15 324 DO CHEV C15 325 CHEV C15 326 CHEV C15 326 CHEV C15 326 CHEV C15 327 CHEV C15 327 CHEV C15 328 CHEV C15 329 CHEV C15 329 CHEV C15 329 CHEV C15 320 C   |                         |                    |                       |             |                                       |
| 908 09 CHEV C25 10 CHCVC15 10 CHCVC14042299751 24 00 CHEV S-10 10CCS14W9YK228577 10 CHCVC15W86197990 10 CHCVC15 10 CHCC14W86197990 10 CHCVC15 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHCC14W82109851 W1 10 CHC24W82109851 W1 10 CHC24W81109851 W1 10 CHC24W8110   |                         |                    |                       |             |                                       |
| 431 of CHEV C25 40 OF CHEV S-10 10CCS14W9K7629577 1030 80 CHEV C15 10CCS14W9K7629577 101 CCS14W9K7629577 101 CCS14W28209485 223 02 CHEVY S-10 10CCS14W28209485 223 02 CHEVY S-10 10CCS14W28209485 223 02 CHEVY S-10 10CCS14W28209485 11CCS14W27K195803 10CCS14W27K195803 10CCS14W27K195803 10CCS14W27K195803 10CCS14W27K195804 10FF122KW8509483 10FF122KW8   |                         |                    |                       |             |                                       |
| 24 00 CHEV S-10   10CCS14W9YK22697   ALVN BISHOP   518,028,356 Bayside UNITY, Services, Inc.   10CCS14W2E107901   10CCS14W2E107901   10CCS14W2E107901   10CCS14W2E2079451   10CCS14W2E20   |                         |                    |                       |             |                                       |
| 639 8 0 CHEV C15 893 98 DINERNATIONAL 11TLDTN/SCATORAPS/T25 223 02 CHEVY S-10 10CCS14W28Z09965 10CCS14W27K19803 10CCS14W27K230513 10CCS14W27K19803 10CCS14W27K1   |                         |                    |                       |             | •                                     |
| 222 02 CHEVY S-10  |                         | 1GCEC14V86E197990  | ALVIN BISHOP          | \$18,923.65 | Bayside Utility Services, Inc.        |
| 689 B C CHEV C15 V-8 16 DO CHEV CS10803 16 COS14W2YX149309 IGCS214W2YX149309 IGCS214W2YX149309 IGCS214W2YX149309 IGCS214W2YX149309 IGCS214W2YX149309 IGCS214W2YX149309 IGCS214W2YX149309 IGCS214W2YX149301 IGCS214W2YX149W2X149W2X149W2X149W2X149W2X149W2X149W2X149W2X149W2X149W   | 8691 86 INTERNATIONAL   | 1HTLDTVN2GHA45725  | VACUUM TRUCK          |             |                                       |
| 160 CHEV CS10803   |                         |                    |                       |             |                                       |
| 9809 89 DODGE DAKOTA 427 94 CHEV C15 FULL 1GCEC14X422273720 103 01 CHEV 510 1GCC514XW14240151 9833 98 CHEV 5-10 1GCC514XW14240151 9833 98 CHEV 5-10 1GCC514XW14240151 110 CHEV 510 1GCC514XW24236714 111 01 CHEV 510 1GCC514XW24236714 111 01 CHEV 510 1GCC514XW24236714 112 01 CHEV 510 1GCC514XXW24236714 113 01 CHEV 510 1GCC514XXW24236714 114 01 CHEV 510 1GCC514XXW24236714 1874_26XXS287195 1420 04 CHEV 515 FULL 1GCEC14XX42273751 1874_26XXS287190 1903 190 DDGE DAKOTA 1874_26XXS287190 1903 190 DDGE DAKOTA 1874_26XXS287190 1903 190 DDGE DAKOTA 1874_26XXS287190 1903 190 DDGE DAKOTA 1874_26XXS287190 1903 190 DDGE DAKOTA 1874_26XXS287190 1902 190 DDGGE DAKOTA 1902 190 DDGGE DAKOTA 1902 190 DDGGE DAKOTA 1902 190 DDGGE D   |                         |                    |                       |             |                                       |
| 10   10   10   10   10   10   10   10  |                         |                    |                       |             |                                       |
| 509 05 CHEV C25 4X4  |                         |                    |                       |             | ·                                     |
| 100 O  |                         |                    |                       |             |                                       |
| 9833 98 CHEV 5-10 111 OT CHEV 1500 11 GCC514W321258971 481 04 CHEV 150 11 GCC514W321258971 481 04 CHEV 151 11 GCC514W321258971 481 04 CHEV 151 11 GCC514W3212389714 481 04 CHEV 151 11 GCC514W3212389714 481 04 CHEV 151 11 GCC514W3212389714 481 04 CHEV 151 11 GCC514W3212389714 481 04 CHEV 151 11 GCC514W3212389714 481 04 CHEV 151 11 GCC514W3121238971 482 04 CHEV 151 11 GCC514W3121238971 482 04 CHEV 151 11 GCC514W3121238971 483 08 DDOGE DAKOTA 487 11 B7FL28X4XS271980 483 08 DDOGE DAKOTA 487 11 B7FL28X4XS271980 480 DDOGE DAKOTA 487 11 B7FL28X4XS271980 480 DDOGE DAKOTA 487 11 B7FL28X6XS261986 482 04 CHEV 10 CDC6ADO 487 11 B7FL28X6XS261986 483 04 CHEV 10 CDC6ADO 487 11 B7FL28X6XS261986 483 04 CHEV 10 CDC6ADO 487 11 B7FL28X6XS261986 484 11 B7 11 CHEV 1510 4   |                         |                    |                       |             |                                       |
| 111 01 CHEV 1500 19GEC14W812165977 19828 98 DODGE DAKOTA 197EL28X4XS2361955 1ENNY GODWIN 315,483,25 Sandahaven 1983 98 DODGE DAKOTA 197EL28XXS237899 1HAROLD EBERT 31,080,18 Sandahaven 117EL28XXS237899 1HAROLD EBERT 31,080,18 Sandahaven 117EL28XXS237899 1HAROLD EBERT 31,080,18 Sandahaven 117EL28XXS237899 1HAROLD EBERT 31,080,18 Sandahaven 117EL28XXS2361966 1HAROLD EBERT 31,080,18 Sandahaven 117ER28XXS2361968 1HAROLD EBERT 31,080,18 Sandahaven 117ER28XXS2361968 1HAROLD EBERT 31,080,18 Sandahaven 117ER28XXS2361968 1HAROLD EBERT 31,080,18 Sandahaven 118EMONAT 117EL28XXS2361968 1HAROLD EBERT 31,080,18 Sandahaven 118EMONAT 117EL28XXS2361968 1HAROLD EBERT 31,080,18 Sandahaven 118EMONAT 117EL28XXS2361968 1HAROLD EBERT 118EMER 11,080,18 Sandahaven 118EMONAT 118EMON   |                         |                    |                       |             |                                       |
| 9829 89 DODGE DAKOTA 426 Nd CHEV C15 FULL 9026 C14344227431 MISK MONAT 517,780.3 55 Sandainaven 517,780.5 55 Sandainaven 517,780.3 55 Sandainaven 517,780.3 55 Sandainaven 517,780.3 55 Sandainaven 517,780.3 55 Sandainaven 517,780.5 55 Sandainaven 517,780.5 55 Sandainaven 517,780.5 55 Sandainaven 517,780.5 55 Sandainaven 517,780.5 55 Sandainaven 517,780.5 55 Sandainaven 517,780.5 55 Sandainaven 517,780.5 55 Sandainaven 517,870.5 55 Sandainaven  |                         | 1GCEC14W81Z185977  | SPARE                 | \$16,965.92 | Mid-County                            |
| 933 99 DODGE DAKOTA 187FL28X1X527799 NAROLD EBERT 151,659.79 Sandando Utilities, Inc. 1931 99 DODGE DAKOTA 187FL28X4X527790 NO DRIVER YET 151,659.79 Sandando Utilities, Inc. 1921 99 DODGE DAKOTA 187FL28X4X527790 NO DRIVER YET 151,659.79 Sandando Utilities, Inc. 1922 99 DODGE DAKOTA 187FL28X4X527790 NO DRIVER YET 151,659.79 Sandando Utilities, Inc. 1922 99 DODGE DAKOTA 187FL28XX521985 JM SWEGHEIMER 151,792.00 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 187FL28XX521985 JM SWEGHEIMER 151,792.00 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.99 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.99 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12820921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12183921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12183921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12183921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W12183921 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER OAKOTA 16CCS14W2521391 PARE 151,083.95 Sandando Utilities, Inc. 1920 92 ORDER 151,083.   | 461 04 CHEV C15         | 1GCEC14X24Z336714  | ROBERT BUONO          | \$16,588.04 | Mid-County                            |
| 993:99 DODGE DAKOTA 187FL26X1XS277899 HAROLD EBERT 16,056.16 Sanlando Utilities, Inc. 1931:99 DODGE DAKOTA 187FL26X4S2781956 RAY HOGUE 1516,932.799 DODGE DAKOTA 187FL26X6XS261958 RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261958 RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261958 RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261958 PARC RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261958 PARC RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261958 PARC RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261951 PARC RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261951 PARC RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 187FL26X6XS261951 PARC RAY HOGUE 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 197FL26X674 PARC RAY HOGUE 1516,932.25 PARC 1516,932.25 Sanlando Utilities, Inc. 1932:799 DODGE DAKOTA 197FL26X674 PARC RAY RAY HOGUE 1516,932.25 PARC 151   |                         |                    |                       |             |                                       |
| 9931 99 DODGE DAKOTA 187FL26XXS277800 NO DRIVER YET 515,699,79 Sanlando Utilities, Inc. 9927 99 DODGE DAKOTA 187FL26XXS261958 RAY HOGUE 154,649,25 Sanlando Utilities, Inc. 187FL26XXS261958 RAY HOGUE 154,649,25 Sanlando Utilities, Inc. 187FL26XXS261958 RAY HOGUE 154,649,25 Sanlando Utilities, Inc. 187FL26XXS261958 RAY HOGUE 154,649,25 Sanlando Utilities, Inc. 187FL26XXS261958 RAY HOGUE 154,649,25 Sanlando Utilities, Inc. 187FL26XXS261958 RAY HOGUE 154,649,25 Sanlando Utilities, Inc. 187FL26XXS261958 RAY HOGUE 154,649,25 RAY HOGUE 154,649,24,249,24 RAY HOGUE 154,649,24 RA   |                         |                    |                       |             |                                       |
| 9927 99 DODGE DAKOTA 187FL26XXS261956 R927 99 DODGE DAKOTA 187FL26XXS261958 JM SWEGHEIMER 15,792.0 Saniando Utilities, Inc. 1902 99 DODGE DAKOTA 187FL26XXS261958 JM SWEGHEIMER 15,792.0 Saniando Utilities, Inc. 1902 90 DODGE DAKOTA 16CCS14W3K261958 JM SWEGHEIMER 15,792.0 Saniando Utilities, Inc. 1901 10 CHEV S10 16CCS14W1K129201 ROBERTO REMIGIO 15,053.85 Saniando Utilities, Inc. 14 00 CHEV CS10803 16CCS14W1K129239 LSSA STEGER 13,356.21 Saniando Utilities, Inc. 1921 10 CHEV S10 16CCS14W1K129239 LSSA STEGER 15,516.86 Saniando Utilities, Inc. 1933 98 CHEV S-10 16CCS14W1K129239 LSSA STEGER 15,516.86 Saniando Utilities, Inc. 1934 98 CHEV S-10 16CCS14W1K24939 THOMAS KEVS 15,638.17 Saniando Utilities, Inc. 1934 98 CHEV S-10 16CCS14W1K24939 THOMAS KEVS 16,638.2 Saniando Utilities, Inc. 1901 0 CHEV 1500 16CCS14W1K24939 THOMAS KEVS 16,638.3 Saniando Utilities, Inc. 1901 0 CHEV 1500 16CCS14W31Z249471 SANIA SANI   |                         |                    |                       |             |                                       |
| 1982 09 FORD RANGTA   187FL28XXS281958   1808 05 FORD RANGER REGULAR   1FTCR10X1TUSEP172 SPARE   15.086 05 CHEV COLORADO   1GCCS14W01K128281   1GCCS14W01K12881  |                         |                    |                       |             |                                       |
| SPARE   \$16,085.99 Sanlando Utilities, Inc.   \$16,085.99 Sanlando Ut |                         |                    |                       |             | · · · · · · · · · · · · · · · · · · · |
| 101 O  |                         |                    |                       |             |                                       |
| 101 01 CHEV \$10   1GCCS14W01K129261   ROBERTO REMIGIO   \$15,053.85 Sanlando Utilities, Inc.   14 00 CHEV CS10803   1GCCS14W1K198945   ALEXANDER LORENZO   \$15,363.87 Sanlando Utilities, Inc.   14 00 CHEV S10   1GCCS14W71K129239   ELISA STEGER   \$15,516.85 Sanlando Utilities, Inc.   16 00 CHEV \$10   1GCCS14XW7K249309   ELISA STEGER   \$15,516.85 Sanlando Utilities, Inc.   17 00 CHEV \$10   1GCCS14XW7K249309   ELISA STEGER   \$15,90.61 Sanlando Utilities, Inc.   10 01 CHEV 1500   1GCCS14XW7K249309   THOMAS KEYS   \$16,143.89 Sanlando Utilities, Inc.   10 01 CHEV 1500   1GCEC14V11E24912   EVIN COOPER   \$18,690.29 Sanlando Utilities, Inc.   10 01 CHEV 1500   1GCEC14V11E24912   EVIN COOPER   \$18,690.29 Sanlando Utilities, Inc.   18 00 CHEV 1500   1GCEC14V31E249471   DALE WHITE   \$17,238.08 Sanlando Utilities, Inc.   18 00 CHEV 1500   1GCEC14V91E265755   MATTHEW MORRELL   \$18,735.55 Sanlando Utilities, Inc.   13 01 CHEV 1500   1GCEC14W91E265755   MATTHEW MORRELL   \$18,735.55 Sanlando Utilities, Inc.   13 01 CHEV 1500   1GCEC14W91E285755   MATTHEW MORRELL   \$18,735.55 Sanlando Utilities, Inc.   12 01 CHV 1500   1GCEC14W91E248737   JMME HOLLISTER   \$17,238.08 Sanlando Utilities, Inc.   12 01 CHV 1500   1GCEC14W91E248737   JMME HOLLISTER   \$17,238.08 Sanlando Utilities, Inc.   13 01 CHEV 1500   1GCEC14W91E248737   SANLANDO BURET   \$18,735.55 Sanlando Utilities, Inc.   13 01 CHEV 1500   1GCEC14W91E248737   SANLANDO BURET   \$18,735.55 Sanlando Utilities, Inc.   13 01 CHEV 1500   1GCEC14W91E248737   SANLANDO BURET   \$18,735.55 Sanlando Utilities, Inc.   14 01 CHEV 1500   1GCEC14W91E248737   SANLANDO BURET   \$18,735.55 Sanlando Utilities, Inc.   14 01 CHEV 1500   1GCEC14W91E248737   SANLANDO BURET   \$18,735.55 Sanlando Utilities, Inc.   14 01 CHEV 1500   16 CEC14W362115173   SANLANDO BURET   \$18,735.55 Sanlando Utilities, Inc.   14 01 CHEV 1500   SANLANDO BURET   SANLANDO BURE                                |                         |                    |                       |             |                                       |
| 14 00 CHEV C\$10803  |                         |                    |                       | \$15,053.85 | Sanlando Utilities, Inc.              |
| 102 01 CHEV S10  | 220 02 CHEVY S-10       | 1GCC\$14W128209201 | ROY MERICLE           | \$13,356.21 | Sanlando Utilities, Inc.              |
| 9835 98 CHEV S-10 9834 98 CHEV S-10 1 GCCS14X6WK244316 9834 98 CHEV S-10 1 GCCS14X6WK244309 1 GCCS14X6WK246309 1 GCCS14X6WK26249071 1 GCCS14X6WX1223313941 1 GCCS14X6WX122313941 1 GCCS14X6WX12313765  | 14 00 CHEV CS10803      |                    |                       |             |                                       |
| 9834 98 CHEV S-10 110 O1 CHEV 1500 110 CCC14V11E249162 110 01 CHEV 1500 110 CCC14V31E249471 110 01 CHEV 1500 110 CCC14V31E249471 1110 01 CHEV 1500 110 CCC14V31E249471 1110 01 CHEV 1500 110 CCC14V31E249471 1110 01 CHEV 1500 110 CCC14V91E285755 1110 01 CHEV 1500 110 CCC14V91E285755 1110 01 CHEV 1500 110 CCC14V91E285755 11110 01 CHEV 1500 1110 01  |                         |                    |                       |             |                                       |
| 110 01 CHEV 1500   1GCEC14V11E249162   KEVIN COOPER   \$19,066.93 Sanlando Utilities, Inc. 109 01 CHEV 1500   1GCEC14V32Z313941   DALE WHITE   \$17,238.08 Sanlando Utilities, Inc. 18 00 CHEV 1500   1GCEC14V6YE249071   THOMAS ABENDROTH   \$19,048.11 Sanlando Utilities, Inc. 108 01 CHEV 1500   1GCEC14V91Z187837   THOMAS ABENDROTH   \$19,048.11 Sanlando Utilities, Inc. 107 01 CHEV 1500   1GCEC14W21Z187837   JMME HOLLISTER   \$17,7472.60 Sanlando Utilities, Inc. 112 01 CHEV 1500   1GCEC14W21Z187837   JMME HOLLISTER   \$17,7472.60 Sanlando Utilities, Inc. 112 01 CHEV 1500   1GCEC14W31Z183787   JMME PENDARVIS   \$17,227.78 Sanlando Utilities, Inc. 12 01 CHV 1500   1GCEC14W31Z183787   JMME BERT   \$19,059.20 Sanlando Utilities, Inc. 12 03 CHEV C15 FULL   1GCEC14X03Z114378   MICK SHUE   \$19,053.10 Sanlando Utilities, Inc. 13 03 03 CHEV C15 FULL   1GCEC14X03Z11577   SANLANDO DUMP TRUCK   \$19,053.10 Sanlando Utilities, Inc. 13 03 03 CHEV C15 FULL   1GCEC14X03Z115810   JERRY HAHN   \$19,372.92 Tierre Verde   \$19,053.10 Sanlando Utilities, Inc. 14 03 04 CHEV C15 FULL   1GCEC14X23Z115810   JERRY HAHN   \$19,372.92 Tierre Verde   \$19,053.10 Sanlando Utilities, Inc. 14 03 04 CHEV C15 FULL   1GCEC14X03Z115810   JERRY HAHN   \$19,372.92 Tierre Verde   \$19,053.10 Sanlando Utilities, Inc. 14 03 04 CHEV C15 FULL   1GCEC14X03Z115810   JERRY HAHN   \$19,372.92 Tierre Verde   \$19,053.10 Sanlando Utilities, Inc. 14 05 05 05 CHEV C15 FULL   16 05 05 05 CHEV C15 FULL  |                         |                    |                       |             |                                       |
| 109 01 CHEV 1500   1GCEC14V31E249471   JEFF PINDER   519,068.93 Sanlando Utilities, Inc. 217 02 CHEVY C15 FULL   1GCEC14V9YE22931341   THOMAS ABENDROTH   519,049.81 Sanlando Utilities, Inc. 118 00 CHEV 1500   1GCEC14V9YE285755   MATTHEW MORRELL   518,735.55 Sanlando Utilities, Inc. 113 01 CHEV 1500   1GCEC14W712185310   MATTHEW MORRELL   517,735.65 Sanlando Utilities, Inc. 117 01 CHEV 1500   1GCEC14W712185317   JIMME HOLLISTER   JAMES PENDARVIS   517,727.78 Sanlando Utilities, Inc. 112 01 CHV 1500   1GCEC14W712183727   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   1GCEC14W312183727   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   1GCEC14W321183727   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   1GCEC14W32211577   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   1GCEC14W32211577   FRED QUINLAN   522,478.87. Sanlando Utilities, Inc. 112 01 CHV 1500   JERRY HAHN   S19,052.20 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   519,053.10 Sanlando Utilities, Inc. 112 01 CHV 1500   MICK SHUE   SHU   |                         |                    |                       |             |                                       |
| 217 02 CHEVY C15 FULL 16 00 CHEV 1500 16 CEC14V912268755 113 01 CHEV 1500 16 CEC14V912187837 17 01 CHEV 1500 16 CEC14W212187837 17 01 CHEV 1500 17 01 CHEV 1500 17 01 CHEV 1500 18 CEC14W212187837 18 01 CHEV 1500 19 CEC14W31218310 19 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 1500 19 CEC14W31218310 10 CHEV 15 FULL 19 CEC14X332118310 10 CHEV 15 FULL 19 CEC14X3232118310 10 CHEV 15 FULL 19 CHE   |                         |                    |                       |             |                                       |
| 18 00 CHEV 1500  |                         |                    |                       |             |                                       |
| 108 01 CHEV 1500   |                         |                    |                       |             |                                       |
| 107 01 CHEV 1500   |                         |                    | MATTHEW MORRELL       | \$18,735.55 | Sanlando Utilities, Inc.              |
| 112 01 CHV 1500  | 113 01 CHEV 1500        | 1GCEC14W21Z187837  | JIMMIE HOLLISTER      |             |                                       |
| MICK SHUE   \$19,053.10 Sanlando Utilities, Inc.   305 03 CHEV C15 FULL   1GCEC14X63Z115177   FRED QUINLAN   \$22,478.87. Sanlando Utilities, Inc.   304 03 CHEV C15 FULL   1GCEC14X23Z115810   SANLANDO DUMP TRUCK   \$63,896.30 Sanlando Utilities, Inc.   304 03 CHEV C15 FULL   1GCEC14X23Z115810   JERRY HAHN   \$19,372.92 Tierre Verde   31,061.22 Utilities, Inc. of Florida   35 00 CHEV C25 BOOM   1GBCK24R5YF84662   SON DRIVER YET   \$15,000.00 Utilities, Inc. of Florida   503 05 CHEV COLORADO   1GCCS146658179178   GCEC14V96E197609   CHRIS ALDAY   \$16,750.47 Utilities, Inc. of Florida   \$35,922.85 Utilities, Inc. of Florida   \$35,923.85 Utilitie            |                         |                    |                       |             |                                       |
| 305 03 CHEV C15 FULL 433 04 FORD F-750 3FRXF75424V600407 SANLANDO DUMP TRUCK 304 03 CHEV C15 FULL 1GCEC14X23Z115810 B26 89 FORD F-350 1FDKF37G5KNA56982 9765 97 PONTIAC GRAND AM 35 00 CHEV C25 BOOM 16BGK24R5YF484662 CENTRAL FL BOOM TRUCK 331,061.22 Utilities, Inc. of Florida NO DRIVER YET 515,000.00 Utilities, Inc. of Florida CHRIS PHILLIPS \$16,750.47 Utilities, Inc. of Florida CHRIS ALDAY \$16,471.74 Utilities, Inc. of Florida CHARLES SCHWADES 161,471.74 Utilities, Inc. of Florida CHARLES SCHWADES 17,763.53 Utilities, Inc. of Florida ALLEN FINCH ALLEN FINCH CHARLES SCHWADES 17,763.53 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.53 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.53 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.53 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 17,763.50 Utilities, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 18,923.60 UTILITIES, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 18,923.60 UTILITIES, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 18,923.60 UTILITIES, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 18,923.60 UTILITIES, Inc. of Florida ALLEN FINCH CHARLES SCHWADES 18,923.60 UTILITIES, Inc. of Florida ALLEN FINCH ALLEN FIN   |                         |                    |                       |             |                                       |
| 433 04 FORD F-750         3FRXF75424V600407         SANLANDO DUMP TRUCK         \$63,896.30         Sanlando Utilities, Inc.           304 03 CHEV C15 FULL         1GCEC14X23Z115810         JERRY HAHN         \$19,372.92         Tierre Verde           9765 97 PONTIAC GRAND AM         1G2WP5Z16WF270000         DUMP TRUCK         \$31,061.22         Utilities, Inc, of Florida           35 00 CHEV C25 BOOM         1GBK24RSYF484662         CENTRAL FL BOOM TRUCK         \$35,922.85         Utilities, Inc, of Florida           612 06 CHEV COLORADO         1GCCS146658179178         CHRIS PHILLIPS         \$16,750.47         Utilities, Inc, of Florida           637 06 CHEV C15         1GCEC14V96E197609         JEFF FINEHIRSH         \$18,923.65         Utilities, Inc, of Florida           424 03 CHEV C15 FULL         1GCEC14X04Z274231         JERRY HAHN         \$16,461.98         Utilities, Inc, of Florida           426 04 CHEV C15 FULL         1GCEC14X04Z274231         JERRY HAHN         \$17,763.05         Utilities, Inc, of Florida           420 03 CHEV C15 FULL         1GCEC14X04Z274231         JACK ADKINS         \$17,503.53         Utilities, Inc, of Florida           420 04 CHEV C15 EXT CAB         1GCEC14X24Z201474         JACK ADKINS         \$17,503.53         Utilities, Inc, of Florida           420 05 CHEV C15 AX4 EXT         1GCEK193262237286         STEVE HABERY <td></td> <td></td> <td></td> <td></td> <td></td>  |                         |                    |                       |             |                                       |
| 304 03 CHEV C15 FULL   1GCEC14X23Z115810   JERRY HAHN   \$19,372.92 Tierre Verde   8926 89 FORD F-350   1FDKF37G5KNA56982   1FDKF37G5KNA56982   1FDKF37G5KNA56982   1FDKF37G5KNA56982   1GZWP5216WF270000   1GZWP5216WF270000   1GZWP5216WF270000   1GCCS146658179178   CENTRAL FL BOOM TRUCK   \$35,922.85 Utilities, Inc, of Florida   503 05 CHEV COLORADO   1GCCS146658179178   CHRIS PHILLIPS   \$16,750.47 Utilities, Inc, of Florida   612 06 CHEV C15   1GCEC14V96E197609   1GCEC14V96E197609   220 02 CHEVY C15 FULL   1GCEC14W12Z314210   1GCEC14W12Z314210   1GCEC14W12Z314210   1GCEC14W12Z314210   1GCEC14W24Z274231   1GCEC14W24Z274231   1GCEC14X24Z201474   1GCEC14X24Z201474   1GCEC14X24Z201474   1GCEC14X24Z201474   1GCEC14X24Z201474   1GCEC14X24Z201474   1GCEC14X24Z270758   1GCEC19VX4Z270758   1GCEC19VX4Z2707  |                         |                    |                       |             |                                       |
| 8926 89 FORD F-350         1FDKF37G5KNA56982         DUMP TRUCK         \$31,061.22 Utilities, inc, of Florida           9765 97 PONTIAC GRAND AM         1G2WP5216WF270000         NO DRIVER YET         \$15,000.00 Utilities, inc, of Florida           35 00 CHEV C25 BOOM         1GBGK24R5YF484662         CENTRAL FL BOOM TRUCK         \$35,922.85 Utilities, inc, of Florida           503 05 CHEV COLORADO         1GCCS146658179178         CHRIS PHILLIPS         \$16,750.47 Utilities, inc, of Florida           612 06 CHEV C15         1GCEC14V96E197609         JEFF FINEHIRSH         \$18,923.65 Utilities, inc, of Florida           622 02 CHEVY C15 FULL         1GCEC14W12Z314210         CHARLES SCHWADES         \$16,461.98 Utilities, inc, of Florida           424 03 CHEV C15 FULL         1GCEC14X242Z201474         ALEN FINCH         \$17,763.05 Utilities, inc, of Florida           430 04 CHEV C15 FULL         1GCEC14X242214744         ALEN FINCH         \$17,503.53 Utilities, inc, of Florida           422 04 CHEV C15 EXT CAB         1GCEC14X242270758         RICHARD RETZ         \$21,654.48 Utilities, inc, of Florida           509 05 CHEV C15 4X4 EXT         1GCEK19735E230984         JOHN MARINELLI         \$28,037.52 Utilities, inc, of Florida           428 04 CHEV S10 TRAILBLAZER         1GNDT13S442340667         BRYAN GONGRE         \$27,109.73 Utilities, inc, of Florida           500 06 CHEV TAHOE         1GNEC13T85R19926   |                         |                    |                       |             |                                       |
| 9765 97 PONTIAC GRAND AM 35 00 CHEV C25 BOOM 1GBGK24R5YF484662 CENTRAL FL BOOM TRUCK 535,922.85 Utilities, Inc, of Florida CHRIS PHILLIPS 516,750.47 Utilities, Inc, of Florida CHRIS PHILLIPS 612 06 CHEV COLORADO 1GCCS146658179178 CHRIS PHILLIPS 616,750.47 Utilities, Inc, of Florida CHRIS ALDAY 516,750.47 Utilities, Inc, of Florida ALLEN FINCH 517,763.05 Utilities, Inc, of Florida ALLEN FINCH 517,763.05 Utilities, Inc, of Florida ALLEN FINCH 517,763.05 Utilities, Inc, of Florida CHARLES SCHWADES 517,503.53 Utilities, Inc, of Florida ALLEN FINCH 517,763.05 Utilities, Inc, of Florida CHARLES SCHWADES 517,503.53 Utilities, Inc, of Florida CHRIS PHILLIPS 517,63.65 Utilities, Inc, of Florida CHRIS PHILLIPS 518,923.65 Utilities, Inc, of Florida ALLEN FINCH 518,923.65 Utilities, Inc, of Florida CHARLES SCHWADES 510,461.98 Utilities, Inc, of Florida ALLEN FINCH 517,763.05 Utilities, Inc, of Florida STEVE HABERY 517,503.53 Utilities, Inc, of Florida STEVE HABERY 519,053.10 Utilities, Inc, of Florida STEVE HABERY 519,053.10 Utilities, Inc, of Florida BILL COATES 524,891.62 Utilities, Inc, of Florida STEVE HABERY 510,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN S10,000 Utilit   |                         |                    |                       |             |                                       |
| 1903 05 CHEV COLORADO  |                         |                    |                       | \$15,000.00 | Utilities, Inc. of Florida            |
| 612 06 CHEV COLORADO 637 06 CHEV C15 637 06 CHEV C15 637 06 CHEV C15 638 06 CHEV C15 638 06 CHEV C15 639 06 CHEV C15 FULL 630 04 CHEV C15 FULL 630 04 CHEV C15 FULL 630 05 CHEV C15 FULL 630 05 CHEV C15 FULL 630 05 CHEV C15 FULL 630 05 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 630 06 CHEV C15 FULL 640 06 CHEV C15 FULL 650 06 CHEV C   | 35 00 CHEV C25 BOOM     | 1GBGK24R5YF484662  | CENTRAL FL BOOM TRUCK | \$35,922.85 | Utilities, Inc, of Florida            |
| 16   16   16   16   17   18   18   18   18   18   18   18  |                         |                    |                       |             |                                       |
| 222 02 CHEVY C15 FULL 1GCEC14W12Z314210 CHARLES SCHWADES \$16,461.98 Utilities, Inc, of Florida 424 03 CHEV C15 FULL 1GCEC14X04Z274231 ALLEN FINCH \$17,763.05 Utilities, Inc, of Florida 436 04 CHEV C15 FULL 1GCEC14X63Z115146 STEVE HABERY \$19,053.10 Utilities, Inc, of Florida 422 04 CHEV C15 EXT CAB 1GCEC19W4Z270758 RICHARD RETZ \$21,654.48 Utilities, Inc, of Florida 422 04 CHEV C15 4X4 EXT 1GCEK19T35E230984 G39 06 CHEV C15 4X4 EXT 1GCEK19Z26Z225726 BILL COATES \$24,891.62 Utilities, Inc, of Florida 428 04 CHEV S10 TRAILBLAZER 1GNDT13S442340667 BRYAN GONGRE \$27,109.73 Utilities, Inc, of Florida 428 04 CHEV TAHOE 4X4 1GNEC13T85R199267 G50 06 CHEV TAHOE 4X4 1GNEC13T85R199267 G50 06 CHEV TAHOE 4X4 1GNEC13T85R194941 SEWER VIDEO EQUIP VAN \$0.00 Utilities, Inc, of Florida 524,202 CHEVY IMPALA 2G1WF55E329381533 SCOTTY HAWS \$19,351.00 Utilities, Inc, of Florida 529,259 CHEV LUMINA 2G1WL52M1X9177423 KATHY SILLITOE \$17,32.82 Utilities, Inc, of Florida 522,387.19 Utilities, Inc, of F  |                         |                    |                       |             |                                       |
| 424 03 CHEV C15 FULL 1GCEC14X04Z274231 ALLEN FINCH \$17,763.05 Utilities, Inc, of Florida 436 04 CHEV C15 FULL 1GCEC14X63Z115146 STEVE HABERY \$19,053.10 Utilities, Inc, of Florida 509 05 CHEV C15 EXT CAB 1GCEC19X4Z270758 RICHARD RETZ \$21,654.48 Utilities, Inc, of Florida 509 05 CHEV C15 4X4 EXT 1GCEK19T35E230984 JOHN MARINELLI \$28,037.52 Utilities, Inc, of Florida 639 06 CHEV C15 4X4 EXT 1GCEK19Z6Z225726 BILL COATES \$24,891.62 Utilities, Inc, of Florida 639 06 CHEV S10 TRAILBLAZER 1GNDT13S44Z340667 BRYAN GONGRE \$27,109.73 Utilities, Inc, of Florida 512 05 CHEV TAHOE 1GNEC13T85R199267 PATRICK FLYNN \$37,478.51 Utilities, Inc, of Florida 9250 92 DODGE 2B7GB11X5NK163811 SEWER VIDEO EQUIP VAN 30.00 Utilities, Inc, of Florida 520 CHEV YIMPALA 2G1W555E329381533 SCOTTY HAWS \$19,351.00 Utilities, Inc, of Florida 530 4 CHEV C15 EXT CAB 2GCEC19X361115736 SCOTT STEWART \$22,387.19 Utilities, Inc, of Florida 520 CHEV FULL 1500 4WD 2GCEK19T111381348 WILLIAM NEAL \$24,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,987.19 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities, Inc, of Florida 529,967.07 Utilities,   |                         |                    |                       |             |                                       |
| 436 04 CHEV C15 FULL 1GCEC14X24Z201474 JACK ADKINS \$17,503.53 Utilities, Inc, of Florida 301 03 CHEV C15 FULL 1GCEC14X63Z115146 RICHARD RETZ \$19,053.10 Utilities, Inc, of Florida 422 04 CHEV C15 EXT CAB 1GCEC19XX4Z270758 RICHARD RETZ \$21,654.48 Utilities, Inc, of Florida 509 05 CHEV C15 4X4 EXT 1GCEK19T35E230984 JOHN MARINELLI \$28,037.52 Utilities, Inc, of Florida 639 06 CHEV C15 4X4 EXT 1GCEK19Z6Z225726 BILL COATES \$24,891.62 Utilities, Inc, of Florida 650 06 CHEV TAHOE 1GNEC13T85R199267 IGNEC13T85R199267 G50 06 CHEV TAHOE 4X4 1GNEK13TX6R148941 JOHN HOY 302,505.83 Utilities, Inc, of Florida 9250 92 DODGE 2B7GB11X5NK163811 SEWER VIDEO EQUIP VAN \$0.00 Utilities, Inc, of Florida 925 99 CHEV LUMINA 2G1WF55E329881533 SCOTTY HAWS \$19,351.00 Utilities, Inc, of Florida 509 06 CHEV C15 EXT CAB 2GCEC19T341374628 TONY WIERZBICKI \$22,387.19 Utilities, Inc, of Florida 509 06 CHEV C25 2GCEC19X61115736 SCOTT STEWART \$22,387.19 Utilities, Inc, of Florida 512 01 CHEV FULL 1500 4WD 2GCEK19T111381348 WILLIAM NEAL \$24,967.07 Utilities, Inc, of Florida 517,132.82 Utilities, Inc, of Florida 524,967.07 Utilities, Inc, of Florida 524,967.0   |                         |                    |                       |             |                                       |
| 301 03 CHEV C15 FULL 1GCEC14X63Z115146 STEVE HABERY \$19,053.10 Utilities, Inc, of Florida 422 04 CHEV C15 EXT CAB 1GCEC19VX4Z270758 RICHARD RETZ \$21,654.48 Utilities, Inc, of Florida 509 05 CHEV C15 4X4 EXT 1GCEK19T26Z225726 BILL COATES \$24,891.62 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 528,037.52 Utilities, Inc, of Florida 529,052.05 BRYAN GONGRE \$27,109,73 Utilities, Inc, of Florida 529,052.05 BRYAN GONGRE \$27,109,73 Utilities, Inc, of Florida 520,06 CHEV TAHOE 4X4 1GNEK13TX6R148941 JOHN HOY \$32,505.83 Utilities, Inc, of Florida 520,00 Utilities, Inc, of Florida 520,00 Utilities, Inc, of Florida 520,00 Utilities, Inc, of Florida 520,00 Utilities, Inc, of Florida 520,00 Utilities, Inc, of Florida 522,987.16 Utilities, Inc, of Florida 522,987.16 Utilities, Inc, of Florida 522,987.16 Utilities, Inc, of Florida 522,987.19 Utilities,  |                         |                    |                       |             | ., .                                  |
| 422 04 CHEV C15 EXT CAB 1GCEC19VX4Z270758 RICHARD RETZ 509 05 CHEV C15 4X4 EXT 1GCEK19T35E230984 G39 06 CHEV C15 4X4 EXT 1GCEK19T35E230984 1GCEK19T35E230984 BBLL COATES 428 04 CHEV S10 TRAILBLAZER 1GNDT13S442340667 512 05 CHEV TAHOE 1GNEC13T85R199267 650 06 CHEV TAHOE 460 06 CHEV TAHOE 4X4 1GNEK13TX6R148941 9250 92 DODGE 2B7GB11X5NK163811 242 02 CHEVY IMPALA 2G1WF55E329381533 SCOTTY HAWS 9925 99 CHEV LUMINA 2G1WL52M1X9177423 453 04 CHEV C15 EXT CAB 2GCEC19T341374628 609 06 CHEV C25 2GCEC19TX6111381348 RICHARD RETZ \$21,654.48 Utilities, Inc, of Florida \$24,891.62 Utilities, Inc, of Florida \$24,891.62 Utilities, Inc, of Florida \$24,891.62 Utilities, Inc, of Florida \$37,478.51 Utilities, Inc, of Florida \$45,000 Utilities, Inc, of Florida   |                         |                    |                       |             |                                       |
| 509 05 CHEV C15 4X4 EXT 639 06 CHEV C15 4X4 EXT 1GCEK19Z26Z225726 BILL COATES 524,891.62 Utilities, Inc, of Florida BILL COATES 524,891.62 Utilities, Inc, of Florida BRYAN GONGRE 512 05 CHEV TAHOE 650 06 CHEV TAHOE 4X4 1GNEC13T85R199267 650 06 CHEV TAHOE 4X4 1GNEC13T85R199267 92 DODGE 2B7GB11X5NK163811 242 02 CHEVY IMPALA 2C1WF55E329381533 SCOTTY HAWS 519,351.00 Utilities, Inc, of Florida SEWER VIDEO EQUIP VAN \$0.00 Utilities, Inc, of Florida SCOTTY HAWS \$19,351.00 Utilities, Inc, of Florida SCOTTY HAWS \$19,351.00 Utilities, Inc, of Florida ACHEV C15 EXT CAB 2GCEC19T341374628 TONY WIERZBICKI SCOTT STEWART \$22,387.19 Utilities, Inc, of Florida SCOTT STEWART \$22,967.07 Utilities, Inc, of Florida SCOTT STEWART \$22,967.07 Utilities, Inc, of Florida   |                         |                    |                       | \$21,654.48 | Utilities, Inc, of Florida            |
| 428 04 CHEV S10 TRAILBLAZER 512 05 CHEV TAHOE 650 06 CHEV TAHOE 4X4 9250 92 DODGE 242 02 CHEVY IMPALA 9252 99 CHEV LUMINA 9252 99 CHEV LUMINA 426 04 CHEV C15 EXT CAB 660 06 CHEV C25 26 CEC 197341374628 27, 109.73 Utilities, Inc, of Florida 37,478.51 Utilities, Inc, of Florida 32,505.83 Utilities, Inc, of F   |                         | 1GCEK19T35E230984  | JOHN MARINELLI        | \$28,037.52 | ! Utilities, Inc, of Florida          |
| 512 05 CHEV TAHOE 1GNEC13T85R199267 1GNEC13T85R1   | 639 06 CHEV C15 4X4 EXT |                    |                       |             |                                       |
| 650 06 CHEV TAHOE 4X4         1GNEK13TX6R148941         JOHN HOY         \$32,505.83 Utilities, Inc, of Florida           9250 92 DODGE         2B7GB11X5NK163811         SEWER VIDEO EQUIP VAN         \$0.00 Utilities, Inc, of Florida           242 02 CHEVY IMPALA         2G1WF55E329381533         SCOTTY HAWS         \$19,351.00 Utilities, Inc, of Florida           9925 99 CHEV LUMINA         2G1WL52M1X9177423         KATHY SILITOE         \$17,132.82 Utilities, Inc, of Florida           453 04 CHEV C15 EXT CAB         2GCEC19T341374628         TONY WIERZBICKI         \$22,987.16 Utilities, Inc, of Florida           609 06 CHEV C25         2GCEC19VX61115736         SCOTT STEWART         \$22,387.19 Utilities, Inc, of Florida           129 01 CHEV FULL 1500 4WD         2GCEK19T111381348         WILLIAM NEAL         \$24,967.07 Utilities, Inc, of Florida  |                         |                    |                       |             |                                       |
| 9250 92 DODGE         2B7GB11X5NK163811         SEWER VIDEO EQUIP VAN         \$0.00 Utilities, Inc, of Florida           242 02 CHEVY IMPALA         2G1WF55E329381533         SCOTTY HAWS         \$19,351.00 Utilities, Inc, of Florida           9925 99 CHEV LUMINA         2G1WL52M1X9177423         KATHY SILLITOE         \$17,132.82 Utilities, Inc, of Florida           453 04 CHEV C15 EXT CAB         2GCEC19T341374628         TONY WIERZBICKI         \$22,987.16 Utilities, Inc, of Florida           609 06 CHEV C25         2GCEC19VX61115736         SCOTT STEWART         \$22,387.19 Utilities, Inc, of Florida           129 01 CHEV FULL 1500 4WD         2GCEK19T111381348         WILLIAM NEAL         \$24,967.07 Utilities, Inc, of Florida   |                         |                    |                       |             |                                       |
| 242 02 CHEVY IMPALA       2G1WF55E329381533       SCOTTY HAWS       \$19,351.00 Utilities, Inc, of Florida         9925 99 CHEV LUMINA       2G1WL52M1X9177423       KATHY SILLITOE       \$17,132.82 Utilities, Inc, of Florida         453 04 CHEV C15 EXT CAB       2GCEC19T341374628       TONY WIERZBICKI       \$22,987.16 Utilities, Inc, of Florida         609 06 CHEV C25       2GCEC19VX61115736       SCOTT STEWART       \$22,387.19 Utilities, Inc, of Florida         129 01 CHEV FULL 1500 4WD       2GCEK19T111381348       WILLIAM NEAL       \$24,967.07 Utilities, Inc, of Florida   |                         |                    |                       |             |                                       |
| 9925 99 CHEV LUMINA 2G1WL52M1X9177423 KATHY SILLITOE \$17,132.82 Utilities, Inc, of Florida 453 04 CHEV C15 EXT CAB 2GCEC19T341374628 TONY WIERZBICKI \$22,987.16 Utilities, Inc, of Florida 609 06 CHEV C25 2GCEC19VX61115736 SCOTT STEWART \$22,387.19 Utilities, Inc, of Florida 129 01 CHEV FULL 1500 4WD 2GCEK19T111381348 WILLIAM NEAL \$24,967.07 Utilities, Inc, of Florida  |                         |                    |                       | ,           |                                       |
| 453 04 CHEV C15 EXT CAB       2GCEC19T341374628       TONY WIERZBICKI       \$22,987.16 Utilities, Inc, of Florida         609 06 CHEV C25       2GCEC19VX61115736       SCOTT STEWART       \$22,387.19 Utilities, Inc, of Florida         129 01 CHEV FULL 1500 4WD       2GCEK19T111381348       WILLIAM NEAL       \$24,967.07 Utilities, Inc, of Florida  |                         |                    |                       |             | · · · · · · · · · · · · · · · · · · · |
| 609 06 CHEV C25 2GCEC19VX61115736 SCOTT STEWART \$22,387.19 Utilities, Inc, of Florida 129 01 CHEV FULL 1500 4WD 2GCEK19T111381348 WILLIAM NEAL \$24,967.07 Utilities, Inc, of Florida   |                         |                    |                       |             |                                       |
| 129 01 CHEV FULL 1500 4WD 2GCEK19T111381348 WILLIAM NEAL \$24,967.07 Utilities, Inc. of Florida  |                         |                    |                       | \$22,387.19 | Utilities, Inc, of Florida            |
| 33 00 DODGE DAKOTA 1B7GG22X7YS753556 SPARE \$20,427.35 Utilities, Inc. of Pennbrooke   |                         |                    |                       |             |                                       |
|  | 33 00 DODGE DAKOTA      | 1B7GG22X7Y\$753556 | SPARE                 | \$20,427.35 | 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

### Oakland Shores

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.

Park Ridge
Docket No. 060253-WS

Seminole County

Park Ridge

Docket No. 060253-WS

25.30-440(1) Detailed Map

### **MAPS**

SUBMITTED TO COMMISSION SEPARATELY

### Park Ridge

Docket No. 060253-WS

25.30-440(2) Chemicals Used

# CHEMICALS USED

To Be Provided

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

|  |  | Chemical      | Water  | Unit   |
|--|--|---------------|--|--|
| County   | System Name  | Used          | Treatment  | Price  |
| County   | System name  |               |  |  |
| Seminole   | Weathersfield  | Chlorine      | 40-45 gpd  | \$ 1.15/gal  |
|  | THE RESERVE  |               | THE STATE OF THE S |  |
|  |  | Chemical      | Water  | Unit   |
| County   | System Name  | Used          | Treatment  | Price  |
|  |  |               |  |  |
| Seminole   | Oakland Shores   | Chlorine      | 20-25 gpd  | \$ 1.15/gal  |
|  |  | Chemical      | Water  | Unit   |
|  | Distant Name   |               | Treatment  | Price  |
| County   | System Name  | Used          | Hearment   | FILE   |
| Seminole   | Little Wekiva  | Chlorine      | 3-4 gpd  | \$ 1.15/gal  |
|  | Cittle Wexive  |               |  |  |
|  | And the second s | Chemical      | Water  | Unit   |
| County   | System Name  | Used          | Treatment  | Price  |
|  |  |               |  |  |
| Seminole   | Park Ridge   | Chlorine      | 3-4 gpd  | \$ 1.15/gal  |
|  |  | Polyphosphate | 1-2 gpd  | \$14.00/ gal   |
| The state of the s |  |               |  |  |
|  |  | Chemical      | Water  | Unit   |
| County   | System Name  | Used          | Treatment  | Price  |
| Seminole   | Phillips   | Chlorine      | 2 2 and  | \$ 1.15/gal  |
| Seminole   | Fillings   | Polyphosphate | 2-3 gpd<br>1-2 gpd   | \$14.00/ gal   |
|  |  | rolyphosphate | 1-2 gpc  | # 14.00/ Gu  |
|  | SALT SIND WAS BURNESS OF THE PROPERTY OF THE P | Chemical      | Water  | Unit   |
| County   | System Name  | Used          | Treatment  | Price  |
|  |  |               |  |  |
| Seminole   | Crystal Lake   | Chlorine      | 3-4 gpd  | \$ 1.15/gal  |
|  |  | Polyphosphate | 1-2 gpd  | \$14.00/ gal   |
|  |  |               |  | The state of the s |
|  |  | Chemical      | Water  | Unit   |
| County   | System Name  | Used          | Treatment  | Price  |
| Caminala   | Davanna  | Chlorine      | 8-12 gpd   | \$ 1,15/gal  |
| Seminole   | Ravenna  |               |  | \$ 1,15/gai  |
|  |  | Chemical      | Water  | Unit   |
| County   | System Name  | Used          | Treatment  | Price  |
| Douglity   | 0,010,771,112,172  |               | 11   |  |
| Seminole   | Bear Lake  | Chlorine      | 7-10 gpd   | \$ 1.15/gal  |
|  |  |               | 50.00 to 100.00 to 1   | he in the second   |
|  |  | Chemical      | Water  | Unit   |
| County   | System Name  | Used          | Treatment  | Price  |
|  |  |               |  |  |
| Seminole   | Jansen   | Chlorine      | 12-15gpd   | \$ 1.15/gal  |
|  | 1  | Polyphosphate | 2-3 gpd  | \$14.00/ gal   |

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### UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

| County              | System Name            | Chemical<br>Used | Water<br>Treatment | Wastewater<br>Treatment | Annual<br>Amount | Quantity | Unit Price   | Feed<br>Rate  |
|---------------------|------------------------|------------------|--------------------|-------------------------|------------------|----------|--------------|---------------|
| DINAMES I AD COLUMN |                        |                  |                    |                         |                  |          |              |               |
| PINNELLAS COUNT     | ·                      |                  |                    |                         | l                |          | <del> </del> |               |
|                     | 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   |
|                     | <del></del>            |                  |                    |                         |                  |          | <del> </del> |               |
|                     |                        |                  |                    |                         |                  |          | <del></del>  | , <del></del> |
|                     | <del></del>            | <del> </del>     |                    |                         |                  |          | -            |               |
|                     |                        |                  |                    |                         | <del> </del>     |          |              |               |
| L                   |                        | <u> </u>         |                    | <u> </u>                | L                | L        |              |               |

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## UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

| County        | System Name  | Chemical<br>Used | Water<br>Trestment | Wastewater<br>Treatment | Annual<br>Amount | Quantity     | Unit Price  | Feed<br>Rate |
|---------------|--------------|------------------|--------------------|-------------------------|------------------|--------------|-------------|--------------|
| MARION COUNTY |              |                  |                    |                         |                  |              |             |              |
|               | GOLDEN HILLS | Liquid Chlorine  | (Yes) No           | Yes / No                | 1,325 GH         | GALS         | 0.95/GAL    | 4.9 gals/da  |
|               |              | Ammonia          | Yes / Na           | You / No                |                  |              |             |              |
|               | CHONDINGOD   |                  | V IN-              | Ar-Jane                 | 50.100           | L83 1        | 12 16 12 8  | 0.2 185/Ja   |
|               | CROWNWOOD    | Stick Chlorida   |                    | (Yes) No                | 50 L85           |              |             | 7-2 sals/cla |
| <del></del>   | <del></del>  | Liquid Chlorine  |                    | Yes No                  | 1,945 64         | 1245         | PIONS JUAC  | 1-2 3413,200 |
|               |              | -Gas Chlorina    | Yea/No             | Yes/No                  | <b></b>          | ļ            |             |              |
| ·             |              | Liquid Chlorine  | Yec (No            | Yes/No-                 | <u> </u>         | <del> </del> | <del></del> |              |
|               |              | Granular Chlory  |                    | (Yes)/No                | 100 LBS          | LBS :        | 1.48/28     | 0.4 LB> /day |
|               |              |                  |                    |                         | (so far)         | <u> </u>     |             |              |

(269 days sufar)

### Park Ridge

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 4th atros

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

January 6, 2005

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

Re: Quarterly TTHM and HAA5s, 2005

Park Ridge Utilities, Inc. PWS ID# 3590993

Dear Mr. Morrison:

Enclosed please find the results of samples taken December 12, 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: x QUARTERLY ANNUALLY         |            |
|---|--|------------|
|   | QUARTERLY REPORTING PERIOD: Oct 2005 thur Dec 2005 | YEAR: 2005 |
| SYSTEM INFORMATION                                      |  |            |
| PWS NAME: Park Ridge                                    |  |            |
| PWS ID NUMBER: 3590993                                  | 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 C  | OMPLIANC                          | E SUMMAR                          | Υ .                          |         | HAA5 CO   | OMPLIANC                        | E SUMMAR                         | Υ                              |       |
|---|-----------------------------------|-----------------------------------|------------------------------|---------|---|---------------------------------|----------------------------------|--------------------------------|-------|
| 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   |                                   |                                   | July 05                      | Dec. 05 | Actual Quarter/Year   |                                 |                                  | July 05                        |       |
| Provide the number of TTHM samples taken during the last quarter*   |                                   |                                   |                              | 1       | Provide the number of HAA5 samples taken during the last quarter*   |                                 |                                  |                                | N/A   |
| Provide the arithmetic average of<br>all TTHM samples taken in each<br>quarter for the last four quarters |                                   |                                   | 98.3                         | 67.1    | Provide the arithmetic average of<br>all HAA5 samples taken in each<br>quarter for the last four quarters |                                 |                                  | 47.99                          | N/A   |
| Calculate the Running Annual Ave<br>the arithmetic average of the quart<br>quarters)                      | rage (RAA) for<br>erly arithmetic | or TTHMs (i.e.,<br>c averages for | , calculate<br>the last four | 41.35   | Calculate the Running Annual Ave<br>the arithmetic average of the quart<br>quarters)                      | rage (RAA) fo<br>erly arithmeti | or HAA5s (i.e.<br>c averages for | , calculate<br>r the last four | L     |
| Does the RAA for TTHMs violate t<br>0.080 mg/L for TTHMs? (YES/NO)  |                                   | Contaminant I                     | Level of                     | NO      | Does the RAA for HAA5s violate th<br>0,060 mg/L for HAA5s? (YES/NO)                                       |                                 | Contaminant l                    | Level of                       | NO    |

<sup>\*</sup>Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

|                  | Sample Location   | Date of                            | Disinfectant  | Name of                        |  |                      |   |                                   |
|------------------|---|------------------------------------|---|--------------------------------|--|----------------------|---|-----------------------------------|
| Sample Location  | in the Distribution<br>System (Average<br>or Maximum<br>Residence Time) | Sample<br>Collection<br>(mo/da/yr) | Residual (mg/L)<br>at Time of<br>Sample<br>Collection | Person<br>Collecting<br>Sample | Date of<br>Analysis<br>(mo/da/yr)                | Analytical<br>Method | Laboratory Name &<br>Certification Number | TTHM<br>Analysis<br>Result (ug/L) |
| 161 Canal street | MRT   | 12/12/05                           | 0.5   | Alan Finch                     | 7/20/05  | EPA<br>524.2         | Flowers Chemical<br>Laboratories # E83018 | 67.1                              |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  | _   |                                    |   |                                |  |                      |   | -                                 |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  | }                    |   |                                   |
|                  |   |                                    |   |                                | <del>                                     </del> |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    | <del> </del>  |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |
|                  |   |                                    |   |                                |  |                      |   |                                   |

## Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Form

| Public Water Sys    | tem information (to       | be completed by s   | ampler)   |                        |                                       |  |  |  |
|---------------------|---------------------------|---------------------|---|------------------------|---------------------------------------|--|--|--|
| System Name: _      | Park Ridge                |                     | F   | PWS ID #:35            | 90993                                 |  |  |  |
|                     | eck one): Scommu          | DRIVE               |   |                        |                                       |  |  |  |
| Phone #:            | 25020                     |                     | State: 🔼  | ZIP Coo                | de: <u>32773</u>                      |  |  |  |
| E-Mail Address: .   | K.S.11.40E@U              | tilities we         | -usa.com  |                        |                                       |  |  |  |
| Sample informati    | on (to be completed       | by sampler)         |   |                        |                                       |  |  |  |
| Sample Number:      |                           | ,                   | Location Code (if I                                     | known): 161 Can        | al St.                                |  |  |  |
| Sample Date: .      |                           |                     | Sample Time: _  |                        | AM PM (circle one)                    |  |  |  |
| Sample Location     | (be specific):            |                     |   |                        |                                       |  |  |  |
| Disinfectant Resid  | dual (required when re    | porting tribalometh | anes and haloacetic                                     | acids): m              | g/L Field pH:                         |  |  |  |
|                     |                           |                     |   |                        |                                       |  |  |  |
| Sample Type         | (check only one)          |                     |   | ) (chack all that ar   | <u> </u>                              |  |  |  |
| Distribution        |                           | = :                 | ance (with 62-550)                                      | Quarterly (whi         | ch quarter?)                          |  |  |  |
| Entry Point (for I  | Distribution)             | Confirmation of     | MCL Exceedance •  | Special (not fo        | or compliance with 62-550)            |  |  |  |
| Plent Tap (not fo   | r compliance with 62-55   | iO) Composite of M  | iultiple Sites **                                       | ☐ Violation Reso       | lution                                |  |  |  |
| Raw (at well or i   | ☐ Raw (at well or intake) |                     | Clearance (permitting) Replacement (of invalidated same |                        |                                       |  |  |  |
| Max Residence 1     | Max Residence Time        |                     | Wother: Quantly Sampling                                |                        |                                       |  |  |  |
| Avg Residence T     | ime                       | Sampling Procedur   | e Used or Other Comm                                    | mente:                 | <u> </u>                              |  |  |  |
| ☐ Near First Custor | mer                       |                     |   |                        |                                       |  |  |  |
|                     |                           |                     | ** 0 00 55  | 5 5504D) zam in in lan |                                       |  |  |  |
|                     | .500(5) for requirements  |                     |   | 0.550(2) for requirem  | nents and                             |  |  |  |
|                     | -550.512(3) for addition  | ·                   | attach a results  | s page for each site.  |                                       |  |  |  |
| for nitrate or r    | itrate MCL exceedances    | •                   |   |                        |                                       |  |  |  |
| <b>a</b> 1 1 11     | Alan Tinch                |                     |   |                        |                                       |  |  |  |
| Sampler's Name:     | #:                        |                     | Sampler's East  | 407-869-6              | 961                                   |  |  |  |
|                     |                           |                     | Settiblet 2 Lax #:-                                     | 101 (30) 5             |                                       |  |  |  |
| Sampler's E-Mail    | Address                   |                     |   |                        |                                       |  |  |  |
| Certification       | (to be completed by       | sampler)            |   |                        |                                       |  |  |  |
| Allas               | Finch                     |                     | CW  | ater ope               | crator                                |  |  |  |
| ·/ <del></del>      | (Print Name)              |                     | (Print Title)   |                        |                                       |  |  |  |
| do HEREBY CERT      | FY that the above put     | olic water system a | nd collection informs                                   | ation is complete a    | nd correct.                           |  |  |  |
|                     | May 17                    | uh_                 |   | Date                   | 1-3-06                                |  |  |  |
| Signature:          | see full                  | uer /               | <del></del>   | Date                   | · · · · · · · · · · · · · · · · · · · |  |  |  |

### Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Form

| Laboratory Certification   | n Information (to be co   | mpleted by la                   | ib)  |   |                         |  |  |
|----------------------------|---|---------------------------------|--|---|-------------------------|--|--|
| Lab Name: Flowers Ch       | emical Laboratories, Inc.   |                                 | Florida Certification #: E83018                    |   |                         |  |  |
| Address: P. O. Box 15      |   |                                 | Certification Expiration Date: 6/30/2006           |   |                         |  |  |
| Altamonte S                | orings, FL 32715-0597   |                                 | Phone #:   | 407-339-5984                              |                         |  |  |
| Analysis Information       | (to be completed by lab)  |                                 | Report Nu  | mber: 14060200                            | 051212                  |  |  |
| Sample Number: 1406        | 0   |                                 | Date Sample Received: 12/12/05                     |   |                         |  |  |
| Group(s) analyzed and      | results attached for compli   | ance with Ch                    | apter 62-550, F.A.                                 | C. (check all that :                      | apply)                  |  |  |
| organics Volatile Organics |   |                                 | dionuclides  | Disinfect                                 | Disinfection Byproducts |  |  |
| □ All 17                   | ☐ All 21 ☐ Partial  |                                 | Single Sample                                      | ☑ Trihald                                 | ☑Trihalomethanes        |  |  |
| Partial                    |   |                                 | Qtrly Composite* •                                 | ☐Haload                                   | etic Acids              |  |  |
| □Nitrate                   |   |                                 |  | ☐Broma                                    | te                      |  |  |
| <br>□ Nitrite              | Synthetic Organics  | Se                              | condaries_   | ☐ Chlorit                                 | e                       |  |  |
| Asbestos                   |   |                                 |  |   |                         |  |  |
|                            | , Technical Director, do HE   | cert  Certifica  REBY CERTIF    | ification number wi<br>tion<br>Y that all attached | th each result pro<br>analytical data are | correct and unless      |  |  |
| Signature:                 | The state of the  |                                 | Date: 12/2   | 23/05                                     |                         |  |  |
| analysis results will res  | id and current Florida Dept. of<br>ult in rejection of the report an<br>emical sample dates and locat | nd possible enfo                | rcement against the p                              |   |                         |  |  |
| Compliance Determina       | tion (to be co  | mpleted by D                    | EP or DOH)   |   |                         |  |  |
| Reason(s): Incomple        | (circle or highlight groups a   | above) 🔲<br>Location U<br>Other | nsatisfactory                                      | uested (circle or h                       | Yes                     |  |  |
| Comments:                  |   |                                 |  |   |                         |  |  |
| Date Reviewed:             | DEP/DOH Rev   | iewing Officia                  | l:   |   |                         |  |  |

#### Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Form

Disinfection Byproducts: 62-550.310(3) Lab ID: 14060 PWS ID: 3590993 Sample ID: 161 Canal St.

| Contam |                       |       |     | Analysis |           | Analytical | Lab   | Analysis | Analysis |
|--------|-----------------------|-------|-----|----------|-----------|------------|-------|----------|----------|
| ID     | Contam Name           | Units | MCL | Result   | Qualifier | Method     | MDL   | Date     | Time     |
| 2941   | Chloroform            | ug/L  | N/A | 16.9     |           | EPA524.2   | 0.500 | 12/19/05 |          |
| 2942   | Bromoform             | ug/L  | N/A | 3.50     |           | EPA524.2   | 0.500 | 12/19/05 |          |
| 2943   | Bromodichloromethane  | ug/L  | N/A | 24.0     |           | EPA524.2   | 0.500 | 12/19/05 |          |
| 2944   | Dibromochloromethane  | ug/L  | N/A | 22.7     |           | EPA524.2   | 0.500 | 12/19/05 |          |
| 2950   | Total Tribalomethanes | ua/L  | 80  | 67.1     |           | EPA524.2   | 0.500 | 12/19/05 |          |



☐ Flowers Chemical Laboratories, Inc.

481 Newburyport Ave. Altamonte Springs, FL 32701

Bus: 407-339-5984 Fax: 407-260-6110 www.flowerslabs.com

| 1 | 1 | towers                                    | Chemicai        |   | abs-5000 |   |
|---|---|---|-----------------|---|----------|---|
|   | - | M4. * * * * * * * * * * * * * * * * * * * | 47-047-0004-404 | - |          | ۱ |

8253 South US Hwy. 1 Port St. Lucie, FL 34952

Bus: 772-343-8006 Fax: 772-343-8089

| Client /    | 12+:11:4re I  | nc.  | Wen     | De C       | 'eld               |        |      |      |                  |                     |   | er Sy | stem N  | lame      |   | 35    | 90                                     | 90      | 23       |        |                  |                |              |                 |     |            |                         |
|-------------|---|------|---------|------------|--------------------|--------|------|------|------------------|---------------------|---|-------|---------|-----------|---|-------|--|---------|----------|--------|------------------|----------------|--------------|-----------------|-----|------------|-------------------------|
| Address     |   | 15-  |         | 9-1        | 10(-               |        |      |      |                  | PWS                 | D#  |       |         |           |   |       |  |         |          | P      | Rit H Rock Ridge |                |              |                 |     |            |                         |
|             |   |      |         |            |                    |        |      |      |                  | FCL Lab Coordinator |   |       |         |           | K                                       | Kit # |  |         |          |        |                  |                |              |                 |     |            |                         |
|             |   |      |         |            |                    |        |      |      |                  | -                   |   |       |         |           |   |       |  |         |          |        |                  |                | T            |                 |     |            |                         |
| Phone       |   |      |         |            |                    |        |      |      |                  | Pu                  | blic V  | Vater | Syste   | m Typ     | e:                                      |       | Limit                                  | ted Us  | e Com    | mercia | al / P           | ublic          |              | COMME           | NTS |            |                         |
| Sample      | Sampled By (PRINT): Allow Finch  Sampled Significant Date Sampled PRESERV  12-12-05 |      |         |            |                    |        |      |      |                  | muni                | ty 🗆  | ] Non | -Com    | munity    |   | Non-t | ransien                                | t / Nor | 1-Co     | mmui   | nity             | <del></del>    | <del>,</del> | <del></del>     |     |            |                         |
| Sample      | Class hunc  | 4    | 12      | ate Sample | -05                |        |      | PRES | SERV             | ATIVE               | s   | -     |         |           |   |       |  |         | //       | / /    | /                | A. 2.2.        |              |                 |     |            |                         |
|             | KING WATER - Chair  |      |         |            |                    | NUMBER | NONE | NaOH | HNO <sub>3</sub> | 5                   | Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> |       | /<br>.E | Sec. 7.00 | 20° 00° 00° 00° 00° 00° 00° 00° 00° 00° |       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | S. L.   | T T T    |        | 3                | 450,423        |              | $^{\prime}$ $/$ |     | Finds      |                         |
| ITEM<br>NO. | SAMPLE DESCRIPTION  | N    | DATE    | TIME       | LAB NO.            | ž      | ž    | ž    | Í                | 호                   | Z   |       | / Q.    | / %       | / 3/                                    | / 8/  | / ×<br>{                               | / ^     | / ~/     | ~/     | ~<br>(           | / <del>v</del> | /            | _               |     | pH C       | I<br>I <sub>2</sub> Res |
| 1           | 161 Canal   | St.  | 12-12-0 | 9 093      | 0 1400             | 3      |      |      |                  |                     |   |       |         |           |   |       | _                                      |         |          | _      | _                |                |              |                 |     |            | 9,5                     |
| 2           |   |      |         |            |                    |        |      |      |                  |                     |   | _     |         |           |   | _     |  |         |          | -      | _                |                |              |                 |     |            |                         |
| 3           |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       | _                                      |         |          |        | _                |                |              |                 |     |            |                         |
| 4           |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       |  |         |          |        |                  |                |              |                 |     |            |                         |
| 5           |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       |  |         |          |        |                  |                |              |                 |     |            |                         |
| 6           |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       |  |         |          | _      |                  |                |              |                 |     |            |                         |
| 7           |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       |  |         |          |        |                  |                |              |                 |     |            |                         |
| 8           |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       |  |         |          |        |                  |                |              |                 |     |            |                         |
| 9           |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       |  |         |          | _      |                  |                | ļ            |                 |     | ,          |                         |
| 10          |   |      |         |            |                    |        |      |      |                  |                     |   |       |         |           |   |       |  |         |          |        |                  |                |              |                 |     | <u> </u>   |                         |
| Re          | elinquished By / Affiliation  | Date | Time    | Acc        | epted By / Affilia | tion   |      | Date | е                | Time                | ,   | Rel   | inquist | ned By    | / Affilia                               | tion  | 1                                      | Date    | Time     |        | Α                | ccepte         | ed By /      | Affiliat        | ion | Date       | Time                    |
|             |   |      |         |            |                    |        |      |      |                  |                     | +   |       |         |           |   |       | -                                      |         |          | -      |                  |                |              | 21              | X.  | - Izlizler | 1001                    |
| 1           |   |      | 1       | 1          |                    |        | -    |      | İ                |                     |   |       |         |           |   |       |  |         | <u> </u> |        |                  |                | _            |                 |     | 1919165    | 100                     |

#### UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714 3rd atr. 05

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

Park Ridge Utilities, Inc. PWS ID# 3590993

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 14, 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 X□ANNUALLY          | YEAR: 2005  |
|--|---|
| QUARTERLY REPORTING PERIOD: July 2005 thur June 2006 | I LAIN. 2000  |
|  |   |
|  |   |
| COUNTY: Seminole                                     |   |
| PHONE NUMBER: 407-869-1919 EXT.234                   |   |
| FAX NUMBER (optional): 407-869-6961                  |   |
|  | QUARTERLY REPORTING PERIOD: July 2005 thur June 2006  COUNTY: Seminole PHONE NUMBER: 407-869-1919 EXT.234 |

| TTHM/HAA5 COMPLIANCE SU   | MMARY F  | OR PWSs MC | ONITORING ( | ON A QUAF | RTERLY OR MORE FREQUENT   | BASIS |              |         |       |  |
|---|----------|------------|-------------|-----------|---|-------|--------------|---------|-------|--|
| TTHM C  | OMPLIANC | E SUMMARY  | 1           |           | HAA5 C  | Υ     |              |         |       |  |
| 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<br>all HAA5 samples taken in each<br>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 th 0.060 mg/L for HAA5s? (YES/NO)  |       | ontaminant L | evel of | •     |  |

<sup>\*</sup>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  | 98.3 | Calculate the arithmetic average all HAA5s samples taken over the last year  | 47.99 |  |  |  |  |
| Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)** | Yes  | Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)** | NO    |  |  |  |  |

<sup>\*</sup>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.

| TAL TRIHALOMETHA | NE (TTHM) ANALYSI  | S RESULTS                                     | FOR REPORTING   | PERIOD   |                                   |                      |  |                                   |
|------------------|--|---|---|--|-----------------------------------|----------------------|--|-----------------------------------|
| Sample Location  | Sample Location<br>in the Distribution<br>System (Average<br>or Maximum<br>Residence Time) | Date of<br>Sample<br>Collection<br>(mo/da/yr) | Disinfectant Residual (mg/L) at Time of Sample Collection | Name of<br>Person<br>Collecting<br>Sample        | Date of<br>Analysis<br>(mo/da/yr) | Analytical<br>Method | Laboratory Name & Certification Number         | TTHM<br>Analysis<br>Result (ug/L) |
| 161 Canal street | MRT  | 7/14/05                                       | 0.4   | Alexander<br>Lorenzo                             | 7/20/05                           | E502.2               | Advanced Enviromental<br>Laboratories # E82574 | 98.3                              |
|                  |  |   |   |  | ļ                                 |                      |  |                                   |
|                  |  |   |   |  |                                   |                      |  |                                   |
|                  |  |   |   |  | 1                                 |                      |  |                                   |
|                  |  |   |   |  |                                   |                      |  |                                   |
|                  |  |   |   |  |                                   |                      |  |                                   |
|                  |  |   |   |  | <del> </del>                      | <del> </del>         |  |                                   |
|                  |  |   |   |  | <del> </del>                      |                      |  |                                   |
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|                  |  |   |   |  |                                   |                      |  |                                   |
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|                  |  |   |   | <del>                                     </del> | <del> </del>                      | -                    |  |                                   |
|                  |  |   |   |  |                                   |                      |  |                                   |
|                  |  |   |   |  |                                   |                      |  |                                   |
|                  |  |   |   |  |                                   |                      |  |                                   |

| Sample Location  | Sample Location<br>in the Distribution<br>System (Average<br>or Maximum<br>Residence Time) | Date of<br>Sample<br>Collection<br>(mo/da/yr) | Disinfectant<br>Residual (mg/L)<br>at Time of<br>Sample<br>Collection | Name of<br>Person<br>Collecting<br>Sample | Date of<br>Analysis<br>(mo/da/yr) | Analytical<br>Method | Laboratory Name & Certification Number      | HAA5<br>Analysis<br>Result (ug/L |
|------------------|--|---|---|---|-----------------------------------|----------------------|---|----------------------------------|
| 161 Canal Street | MRT  | 7/28/05                                       | 1.0   | Alexander<br>Lorenzo                      | 8/4/05                            | EPA552.2             | Advanced Environmental Laboratories E 82574 | 47.99                            |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |
|                  |  |   |   |   |                                   |                      |   |                                  |

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

| PUBLIC WATER SYSTEM INFORMATION  | N (to be completed by sampler – Please typ  | pe or print legibly)  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| System Name: PARK RIDGE  | PWS I.D   | 0.#: 3 5 9 0 9 9 3  |  |  |  |  |  |  |
| System Type (check one):   | y Nontransient Noncommunity   | Transient Noncommunity  |  |  |  |  |  |  |
| Address: W. RIDGE  | DR.   |   |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |
| City: <u>SANFORD</u>   |   |   |  |  |  |  |  |  |
| Phone #: 407 - 869 - 1919  | Fax#: <u>40</u>   | 7-869-6961  |  |  |  |  |  |  |
| E-Mail Address: S.L. HAWS (a   | DUTILITIES INC.   |   |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |
| SAMPLE INFORMATION (to be completed  | by sampler)   |   |  |  |  |  |  |  |
| Sample Number: A052433-01  | Location Code (if kn  | nown):  |  |  |  |  |  |  |
| Sample Date: 7/14/05   | Sample Time:  | 1:20 AM PM (Circle One)   |  |  |  |  |  |  |
| Sample Location (be specific): 161 CANA  |   |   |  |  |  |  |  |  |
| Disinfectant Residual (Required when reporting   | results for trihalomethanes and haloacetic acids):  | : <u>0,4</u> 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   | emments:  |  |  |  |  |  |  |
| ☐Near First Customer   |   |   |  |  |  |  |  |  |
| *See 62-550.500(6) for requirem<br>NOTE: See 62-550.512(3) for a<br>for nitrate or nitrite MCL | dditional requirements attach   | 2-550.550(4) for requirements and a results page for each site. |  |  |  |  |  |  |
| Sampler's Name: ALEXANDER (  | ORENZO  |   |  |  |  |  |  |  |
| Sampler's Phone #: 407-948-420   | 2 Sampler's Fax #: _  | 407-869-6961  |  |  |  |  |  |  |
| Sampler's E-Mail Address: NIA  |   |   |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |
| <b>CERTIFICATION</b> (to be completed by   | sampler)  |   |  |  |  |  |  |  |
| I, <u>ALEXANDER CORENZO</u> , <u>OPERATOR</u> , (Print Title)                                  |   |   |  |  |  |  |  |  |
| •  |   |   |  |  |  |  |  |  |
| do HEREBY CERTIFY that the abo complete and correct.   | do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct. |   |  |  |  |  |  |  |
| Signature: <u>Alexander Tose</u>   | nzt   | Date: 8/9/05  |  |  |  |  |  |  |

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

|             | TORY CERTIFICATION CURRENT DOH ANALY  |                       | be complet   | ted by lab - Please type                 | or print legibly)   |  |  |  |  |  |
|-------------|---|-----------------------|--------------|--|---|--|--|--|--|--|
| LabName     | : Advanced Environme  | ntal Labs - Orlando   |              | Flo                                      | rida Certification #: E53076  |  |  |  |  |  |
| Address:    | 528 S. North Lake Blv   | d., Suite 1016        |              | Certification Expiration Date: 6/30/2006 |   |  |  |  |  |  |
|             | Altamonte Springs, Fl   | _ 32701               |              |  | Telephone #: (407) 937-1594   |  |  |  |  |  |
| ANALYSI     | S INFORMATION (to be  | completed by lab      |              |  |   |  |  |  |  |  |
| PWS ID (f   | from page 1):   |                       |              | Date Sam                                 | nple(s) Received: 7/14/2005 3:56:00                                       |  |  |  |  |  |
| Lab Assig   | ned Report Number or J  | lob ID A052433        |              | Sample Number                            | er (From page 1) A052433-01   |  |  |  |  |  |
| Group(s)    | Analyzed Results attach   | ned for compliance    | with chapter | 62-550, F.A.C. (check                    | all that apply):  |  |  |  |  |  |
|             | Inorganics  | Synthetic Organic     | s            | Volatile Organics                        | Disinfection Byproducts   |  |  |  |  |  |
| i           | All 17  | All 30                |              | ☐ All 21                                 | ✓ Trihalomethanes   |  |  |  |  |  |
| į           | Partial   | All Except Diox       | <b>cin</b>   | Partial                                  | Haloacetic Acids  |  |  |  |  |  |
| [           | Nitrate   | Partial               |              | Radionuclides                            | Bromate   |  |  |  |  |  |
| [           | Nitrite   | ☐ Dioxin Only         |              | Single Sample                            | Chlorite  |  |  |  |  |  |
| Į           | Asbestos Only   |                       |              | Qtrly Composite**                        | Secondaries   |  |  |  |  |  |
|             |   |                       |              |  | All 14  |  |  |  |  |  |
| Were any    | analyses subcontracted  | ? 🔽 Yes 🗔 i           | No           |  | Partial   |  |  |  |  |  |
| •           | ase provide DOH certific  |                       |              |  |   |  |  |  |  |  |
| •           | OOH ANALYTE SHEET   |                       |              | DIAR                                     |   |  |  |  |  |  |
| AIIACHI     | JOH ANALT IE SHEET  | FOR EACH SUBC         | UNIRACIE     | D LAB                                    |   |  |  |  |  |  |
|             |   |                       | CERTIFI      | CATION                                   | •   |  |  |  |  |  |
| i, Myrna S  | Santiago ,<br>(Print Name)  | Laboratory Manag      | er           |  |   |  |  |  |  |  |
|             | BY CERTIFY that all atta  |                       |              |  | t all requirements of the   |  |  |  |  |  |
| Signature   | Myra ant  | 1090                  |              | Date:                                    | 7-28-05   |  |  |  |  |  |
| analysis re | o provide a valid and cur<br>sults will result in rejecti<br>esult in notification of the | on of the report, pos | ssible enfor | cement against the pub                   | nt Analyte Sheet for the attached lic water system for failure to sample, |  |  |  |  |  |
| •           | provide radiological sam  |                       | •            |  |   |  |  |  |  |  |
|             | NCE DETERMINATION   |                       |              |  |   |  |  |  |  |  |
| Sample Co   | ollection Info Satisfactory   | / Ma Yes  No          | 0            | Sample Analysis Info                     | o Satisfactory: 👼 Yes 🍱 No  |  |  |  |  |  |
| •           | ment Sample(s) Requested  |                       |              |  | equested (circle or highlight group(s) above)                             |  |  |  |  |  |
| _           | nal Monitoring Required   |                       |              | _  |   |  |  |  |  |  |
|             |   |                       |              |  |   |  |  |  |  |  |
| Reason(s):  | MCL(s) Exceeded   | _                     | Detection    | • •                                      | Incomplete Report   |  |  |  |  |  |
|             | Missing Analyte Sh  Other:  | iee ((3)              | E Location   | Unsatisfactory                           | Analysis Unsatisfactory   |  |  |  |  |  |
| Person Not  |   |                       | ,            |  | No Notified   |  |  |  |  |  |
|             |   |                       |              | Da                                       | ate Notified:   |  |  |  |  |  |
| Comments    |   |                       | DED/DOU S    | Reviewing Official:                      |   |  |  |  |  |  |
| Date Revie  | weu.  |                       | 100HF        | Crieffing Official.                      |   |  |  |  |  |  |



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

A052433

7/14/2005

7/14/05 15:56

7/28/2005

Report No.:

Date Sampled:

**Date Received:** 

**Date Reported:** 

Client:

Utilities, Inc.

**Project Name:** 

Park Ridge

**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: Park Ridge

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 =

#### Advanced Environmental Laboratories, Inc.

#### Analytical Report

Client: Utilities, Inc.

Report No.: A052433

Project Name: Park Ridge

Date/Time Sampled: 07/14/05 13:20

Matrix: Drinking Water

Date/Time Received: 7/14/05 15:56

PWS ID#:

Client Sample ID: 1

Sampled By: Alexander Lorenz

Site: 161 Canal St

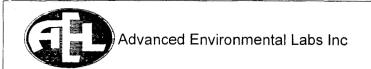
Shipping Method: Client drop off

Sample Number: A052433-01

|        | fection Byproducts   |     |       | Analysis |           |                   |         | Analysis  | Analysis | DOH Lab |
|--------|----------------------|-----|-------|----------|-----------|-------------------|---------|-----------|----------|---------|
| Contam | ID Contam Name       | MCL | Units | Results  | Qualifier | Analytical Method | Lab MDL | Date      | Time     | Cert.#  |
| 2941   | * Chloroform         |     | ug/L  | 42       |           | E502.2            | 1.6     | 7/20/2005 | 1:11     | E82574  |
| 2942   | Bromoform            |     | ug/L  | 4.3      |           | E502.2            | 0.36    | 7/20/2005 | 1:11     | E82574  |
| 2943   | Bromodichloromethane |     | ug/L  | 29       | _         | E502.2            | 0.38    | 7/20/2005 | 1:11     | E82574  |
| 2944   | Dibromochloromethane |     | ug/L  | 23 /     |           | E502.2            | 0.28    | 7/20/2005 | 1:11     | E82574  |

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            | PARK RIDG           | iΕ     |                  |              |  |  |
|--|---|---------------------------|-------------------------|---------------------|--------|------------------|--------------|--|--|
| Date/Time Rcvd: 7/14   | 4/05 15   | .56 Lo                    | g-In request number     | : A052433           |        |                  |              |  |  |
| Received by: BDI   | M   |                           | Completed by            | : RPG               |        |                  |              |  |  |
| Cooler/Shipping  |   |                           | , ,                     |                     |        |                  |              |  |  |
|  |   |                           | IE                      |                     |        |                  |              |  |  |
| Courier: LI AEL 🗵 C  | lient LIUPS LI Poi  | ny Express LI Fed         | dEx D Other (describe   | );                  |        |                  |              |  |  |
| Type: ⊠ Cooler □ Bo  | x 🗆 Other (describe   | )                         |                         |                     |        |                  |              |  |  |
| Cooler temperature:  | Identify the cooler as  | nd document the t         | emperature blank or ic  | e water measu       | ıremer | nt               |              |  |  |
| Cooler ID  | 1   |                           |                         |                     |        |                  |              |  |  |
| Temp (°C)  | 2   |                           |                         |                     | $\neg$ |                  |              |  |  |
| Temp taken from  | ☐ Temp blank  | ☐ Temp blank ☐ Cooler     | ☐ Temp blank            | ☐ Temp blank        |        | ☐ Temp b         | lank         |  |  |
|  | ☑ IR gun  | ☐ 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 |  |  |
| <ol> <li>Were custody pa</li> <li>Were custody pa</li> <li>Did all bottles and</li> <li>Were all bottle lies</li> <li>Did the sample lies</li> </ol> | <ol> <li>Were custody papers properly included with samples?</li> <li>Were custody papers properly filled out (ink, signed, match labels)?</li> <li>Did all bottles arrive in good condition (unbroken)?</li> <li>Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?</li> </ol> |                           |                         |                     |        |                  |              |  |  |
|  | ttles used for the tests  |                           | the label?              |                     | 1      | -                |              |  |  |
| <ol><li>Were samples re</li></ol>  | ceived within holding   | times?                    |                         |                     | 1      |                  | -            |  |  |
|  | ials checked for the pr   |                           | es?                     |                     |        |                  | 1            |  |  |
|  | ubbles present in the \   |                           | ck one: TINO ICE TIRI   | IIE ICE             | /      | -                | /            |  |  |
| 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?   |                           |                         |                     |        |                  |              |  |  |
|  | ccepted into the labora   |                           |                         |                     | 1      |                  |              |  |  |
| 17. Was it necessary   | to split samples into o   | 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

CustomerName: Utilities, Inc. Project #: A052433

Collector: Alexander Lorenzo

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

AEL Jax 6601 Southpoint Parkway

| Due Date # Bottles Bottle Type (Pres.) | 40mL VOC vial                 |
|--|-------------------------------|
| Due Date                               | 7/28/2005                     |
| Collect Date / Time Receive Date       | 7/14/2005 13:20 7/14/05 15:56 |
| Time                                   | 13:20                         |
| Collect Date                           | 7/14/2005                     |
| Matrix                                 | Drinking Water                |
| Test                                   | THMs (DW)                     |
| Client Sample ID                       | -                             |
| Lab Code                               | A052433-01                    |

Shipping Receiver: AEL Paurier Jacksonville Receiver:

Shipping Relinquisher: AEL Courier

Orlando Relinquisher:

Date/Time:

Date/Time:

Page 1 of 1

#### 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

A052433

| CLIENT NAME:    | Utilities Inc.                 | PROJECT NAME:             |      | Pa          | ark Rido | ge      |  | BOTTLE<br>SIZE    | ٠. ـ                                  |          |      | _       | 1  | e e e   |       | 1 1        |
|-----------------|--------------------------------|---------------------------|------|-------------|----------|---------|--|-------------------|---------------------------------------|----------|------|---------|--|---------|-------|------------|
| ADDRESS: 2      | 200 Weathersfield Ave          | P.O. NUMBER/PROJECT NUMB  | ER:  |             |          |         |  | & TYPE            | 40mL<br>Vials                         |          |      |         |  |         |       |            |
| Altamor         | nte Springs, FL 32714          | PROJECT LOCATION:         |      |             |          |         | ,  |                   |                                       |          |      |         |  |         |       | 1 1        |
| PHONE: 1        | 107-869-1919                   | FAX:                      |      |             |          |         |  |                   |                                       |          |      |         |  | 1       | ı     |            |
| CONTACT:        |                                | SAMPLED BY: ACEX!         | ANDE | R Ca        | OREN     | 20      |  | R                 |                                       |          |      |         |  |         | į     |            |
|                 | TURN AROUND TIME:              |                           |      | CIAL INSTRU |          |         |  | on                |                                       |          |      |         |  |         |       | 5          |
| X STANDARD      |                                |                           |      |             |          |         |  | RE                |                                       |          |      |         |  |         |       | B          |
| RUSH            |                                |                           |      |             |          |         |  | SIS               | m                                     |          |      |         |  |         |       | 15         |
|                 |                                |                           |      |             |          |         |  | ANALYSIS REQUIRED | THM'S                                 |          |      |         |  |         |       | AB NUMBER  |
| WW=waste wa     | ter SW=surface water GW=ground | d water DW=drinking water |      | OIL         | A=air    | SO=soil | SL=sludge  | A N               | 亡                                     |          |      | ;       |  |         |       | 岁          |
| SAMPLE          | SAMPLE DESC                    | PIPTION                   | Grab | SAMI        | PLING    | MATRIX  | NO.  | Preserv           | I,T                                   |          |      |         |  | _       |       |            |
| ID              | OAMI LE DEGC                   | on non                    | Comp | DATE        | TIME     |         | COUNT  |                   |                                       |          |      |         |  |         |       |            |
| 1               | 161 CANAL                      | ST.                       | G    | 1/14/05     | 1320     | ww      | 3  |                   | Х                                     |          |      |         |  |         |       | -01        |
|                 |                                |                           |      |             |          |         |  |                   |                                       |          |      |         |  |         |       |            |
|                 |                                |                           |      |             |          |         |  | -                 |                                       |          |      |         |  |         |       |            |
|                 |                                |                           |      |             |          |         |  |                   |                                       |          |      |         |  |         |       |            |
|                 |                                |                           |      |             |          |         |  |                   |                                       |          |      |         |  | "       |       |            |
|                 |                                |                           |      |             |          |         |  |                   |                                       |          |      |         |  |         |       | 4          |
|                 |                                |                           |      |             |          |         |  |                   |                                       |          |      |         |  |         |       |            |
|                 |                                |                           |      |             |          |         | <del>                                     </del> | 1                 | · · · · · · · · · · · · · · · · · · · |          |      | <b></b> |  |         |       | 1          |
|                 |                                |                           |      |             |          |         |  |                   |                                       |          |      |         |  |         |       |            |
|                 |                                |                           |      |             |          |         |  |                   |                                       |          |      |         |  |         |       |            |
|                 |                                | ******                    |      | ļ           |          |         |  | 1                 |                                       |          |      |         |  |         |       | +-         |
|                 |                                |                           |      |             |          |         |  | 11.0              |                                       |          |      |         |  |         |       |            |
| I-Ice           | H=(HCI) S=(H2SO4 N=(HNO3       | 3) T=(Sodium Thiosulfate) |      |             |          |         |  | quish by:         |                                       | Date     | Time |         | eceived by:  | Da      |       | Time       |
| Shipment        |                                | ample Kit Cooler#         |      |             | 1        | alexi   | apple  | wien              | 255                                   | 2/14/05  | 1556 | Domel   | <del>In</del>  | 7114    | 02 12 | 5 <b>6</b> |
| Out             | Via: RI                        |                           | -    |             | 3        | -       |  |                   |                                       | <u> </u> | 1    |         |  |         |       |            |
| Ret             | i                              | rip Bl.                   |      |             | 4        |         |  |                   |                                       |          |      |         |  |         |       |            |
| Received on Ice | Yes TNo Q                      | C sent                    |      | ceived      |          |         |  |                   |                                       |          |      |         | Managaria de la composición de la composición de la composición de la composición de la composición de la comp | revised | 8/01  |            |

#### Jeb Bush Governor





#### 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

| Tatrix: Drinking Water                 | Method/Tech | Category                         | Certification<br>Type | Effective Date |  |
|--|-------------|----------------------------------|-----------------------|----------------|--|
| ilica as SiO2                          | EPA 200.7   | Primary Inorganic Contaminants   | NELAP                 | 1/21/2005      |  |
| ilver                                  | EPA 200.7   | Secondary Inorganic Contaminants | NELAP                 | 4/4/2002       |  |
| lilvex (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       |  |
| etrachioroethylene (Perchloroethylene) | EPA 524.2   | Other Regulated Contaminants     | NELAP                 | 1/21/2005      |  |
| Thallium                               | 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      |  |
| Trichloroacetic 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      |  |
| Curbidity                              | 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      |  |
| Kylene (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 INFORMATIO   | <b>N</b> (to be completed by sampler – Please ty | ype or print legibly)   |
|--|--|---|
| System Name: Park Ridge  | PWS I.   | D. #: 3 5 9 0 9 9 3   |
| System Type (check one):   Community  Address: 103 W PARK Ridge                                    | ☐Nontransient Noncommunit                        | ty Transient Noncommunity   |
| City: SANFORD Phone #: 407-869-1919  | State: <u>"11</u>                                | ZIP Code: <u>32773</u>  |
| E-Mail Address: S.L. HAWS @ U  |  |   |
| SAMPLE INFORMATION (to be completed Sample Number: A052629   | by sampler)                                      | (nown): MRT   |
| Sample Date: 7 - 28 - 05   |  | 1120 AM PM (Circle One)   |
| Sample Location (be specific): 161 Ca  |  |   |
| Disinfectant Residual (Required when reporting   |  |   |
| Sample Type (Check Only One)   | Reason(s) for S                                  | ample (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 C               | omments:  |
| ☐Near First Customer   |  |   |
| *See 62-550.500(6) for requireme<br>NOTE: See 62-550.512(3) for ad<br>for nitrate or nitrite MCL e | ditional requirements attac                      | 62-550.550(4) for requirements and the characteristic results page for each site. |
| Sampler's Name: ALEXAN   |  |   |
| Sampler's Phone #: 407-948-4   |  | 407-869-6961  |
| Sampler's E-Mail Address:  |  |   |
| CERTIFICATION (to be completed by s  | ampler)  |   |
| I, <u>ACEXANDER CORE</u><br>(Print Name)   | NZO ,  | OPERATOR (Print Title)  |
| do HEREBY CERTIFY that the above complete and correct.   | e public water system and samլ                   |   |
| Signature: Wexander h  | remo   | Date: 8/30/05   |

#### 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\* LabName: Advanced Environmental Labs - Orlando Florida Certification #: E53076 Address: 528 S. North Lake Blvd., Suite 1016 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(s) Received: 7/28/2005 2:35:00 Lab Assigned Report Number or Job ID A052629 Sample Number (From page 1) A052629 Group(s) Analyzed Results attached for compliance with chapter 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 **Bromate** Radionuclides Nitrite Dìoxìn Only Chlorite Single Sample Asbestos Only Secondaries Qtrly Composite\*\* All 14 Partial Were any analyses subcontracted? ✓ Yes No If yes, please provide DOH certification number E82574 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION I, Myrna Santiago Laboratory Manager (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 Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: 摩 Yes Replacement Sample(s) Requested (circle or highlight group(s) above) 慶 Revised Report Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory M Analysis Unsatisfactory 野 Other: Person Notified: Date Notified:

DEP/DOH Reviewing Official:

Date Reviewed:



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

A052629

7/28/2005

7/28/05 14:35

8/23/2005

Report No.:

Date Sampled:

Date Received:

**Date Reported:** 

Client:

Utilities, Inc.

Project Name:

Park Ridge

**Project Number:** 

PWS ID#:

Attention:

Kathy Sillitoe

Phone Number: 8

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: Park Ridge

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.

Project Name: Park Ridge

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 161 Canal St

Sample Number: A052629-01

Report No.: A052629

Date/Time Sampled: 07/28/05 11:20

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

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

#### Disinfection Byproducts

| Contam ID | Contam Name          | MCL | Units | Analysis<br>Results | Qualifier | Analytical Method | Lab MDL | Analysis<br>Date | Analysis<br>Time | DOH Lab<br>Cert. # |
|-----------|----------------------|-----|-------|---------------------|-----------|-------------------|---------|------------------|------------------|--------------------|
| 2450      | Chloroacetic Acid    |     | ug/L  | 0.81                | U         | E552.2            | 0.81    | 8/4/2005         | 23:26            | E82574             |
| 2451      | Dichloroacetic Acid  |     | ug/L  | 18                  |           | E552.2            | 0.56    | 8/4/2005         | 23:26            | E82574             |
| 2452      | Trichloroacetic Acid |     | ug/L  | 15                  |           | E552.2            | 0.60    | 8/4/2005         | 23:26            | E82574             |
| 2453      | Bromoacetic Acid     |     | ug/L  | 0.99                | į         | E552.2            | 0.34    | 8/4/2005         | 23:26            | E82574             |
| 2454      | Dibromoacetic Acid   |     | ug/L  | 14                  | /47 a     | Q E552.2          | 0.45    | 8/4/2005         | 23:26            | E82574             |

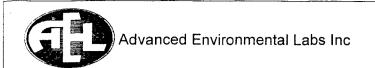
i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

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.

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

| Client: UTI                             | LITIES, INC. (UTL-                               | A)                        | Project name                            | : PARK RIDG           | E  |                   |              |  |  |
|---|--|---------------------------|---|-----------------------|--|-------------------|--------------|--|--|
| Date/Time Rcvd: 7/28                    | 3/05   | 14.35 <b>Log</b>          | -In request number                      | : A052629             |  |                   |              |  |  |
| Received by: RPG                        | G  |                           | Completed by                            | : RPG                 |  |                   |              |  |  |
| Cooler/Shipping                         | Information:                                     |                           |   |                       |  |                   |              |  |  |
| Courier: □ AEL ⊠ C                      | lient □ UPS □ Por                                | ny Express □ FedE         | x □ Other (describe                     | ·):                   |  |                   |              |  |  |
| Type: ⊠ Cooler □ Bo                     |  |                           | •                                       | ,                     |  |                   |              |  |  |
| Cooler temperature:                     | ·  |                           | anaratura blank ar ia                   | o water mass.         |  |                   |              |  |  |
| Cooler temperature.                     | The cooler are                                   | d document the ten        | Inperature blank of ic                  | e water meast         | nemer  | 11                |              |  |  |
| Cooler ID                               | 1  |                           |   |                       |  |                   |              |  |  |
| Temp (°C)                               | 2  |                           |   |                       |  |                   |              |  |  |
| Temp taken from                         | □ Temp blank ☑ Cooler                            | ☐ Temp blank<br>☐ Cooler  | ☐ Temp blank ☐ Cooler                   | ☐ Temp blank ☐ Cooler |  | ☐ Temp bl         | lank         |  |  |
|   | ☑ IR gun   | ☐ IR gun                  | ☐ IR gun                                | □ IR gun              |  | ☐ IR gun          |              |  |  |
| Temp measured with                      | ☐ Thermometer (enter ID):                        | ☐ Thermometer (enter ID): | ☐ Thermometer (enter ID):               | ☐ Thermometer (ID):   | enter  | ☐ Thermoi<br>ID): | meter (enter |  |  |
| Other Information Any discrepancies sho |  | the "Comments" sec        | tion below.                             |                       | YES  | NO                | NA           |  |  |
| 1. Were custody se                      | als on shipping contai                           |                           |   |                       |  |                   | 1            |  |  |
| <ol><li>Were custody pa</li></ol>       | apers properly include                           | d with samples?           |   |                       | 1  |                   |              |  |  |
|   | apers properly filled or                         |                           | labels)?                                |                       | 1  |                   |              |  |  |
|   | rrive in good condition                          |                           |   |                       | 1  |                   |              |  |  |
|   | abels complete (samp                             |                           | ysis, preservatives)?                   | ··                    | /  |                   |              |  |  |
|   | abels agree with the clattles used for the tests |                           |   |                       | 1  | <del> </del>      |              |  |  |
|   | nple preservation tech                           |                           | a labal?                                |                       | 1  | +                 |              |  |  |
|   | eceived within holding                           |                           | t lauel!                                |                       | 1  | -                 |              |  |  |
|   | ials checked for the pr                          |                           | )                                       |                       | <del>                                     </del> | 1                 |              |  |  |
|   | ubbles present in the \                          |                           | *************************************** |                       |  | + +               | 1            |  |  |
| 12. Were samples in                     | direct contact with w                            | et ice? If "No," check    | one: □ NO ICE □ BL                      | UE ICE                | 1  |                   |              |  |  |
|   | emperature less than 6                           |                           |   |                       | 1  |                   |              |  |  |
|   | Is checked and recorde                           |                           |   |                       | ĺ  |                   |              |  |  |
|   | mples are checked by containers provided by      |                           |   |                       |  |                   |              |  |  |
|   | ccepted into the labora                          |                           |   |                       | 1  | -                 |              |  |  |
|   | to split samples into                            |                           |   |                       |  | 1                 |              |  |  |
| Kit ID                                  | Comments:  |                           | · · · · · · · · · · · · · · · · · · ·   |                       |  |                   |              |  |  |
| KILID                                   | Comments.  |                           |   |                       |  |                   |              |  |  |
| ·                                       |  |                           |   |                       |  |                   |              |  |  |
|   |  |                           |   |                       |  |                   |              |  |  |
|   |  |                           |   |                       |  |                   |              |  |  |
|   | 1-11-N   |                           |   | <del></del>           |  |                   |              |  |  |

# 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 #: A052629
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

| Due Date # Bottles Bottle Type (Pres.) | 40mL Vial Amber                                   |
|--|---|
| # Bottles                              |   |
| Due Date                               | 8/11/2005   |
| Collect Date / Time Receive Date       | er 7/28/2005 11:20 7/28/05 14:35 <b>8/11/2005</b> |
| / Time                                 | 11:20   |
| Collect Date                           | 7/28/2005   |
| Matrix                                 | Drinking Water                                    |
| Test                                   | 550 Haloacetic Acids (J)-55 Drinking Water        |
| Client Sample ID                       | _   |
| Lab Code                               | A052629-01  |

Shipping Receiver: AEL Courier

Jacksonville Receiver:

Shipping Relinquisher: AEL Codrier

Orlando Relinquisher:

Date/Time: 1/28

Page 1 of 1



#### Advanced

Environmental Laboratories, Inc.
6601 Southpoint Pkwy. • Jackson
9610 Princess Palm Ave. • Tampa
2106 NW 67th Place, Ste. 7 • Gair 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

|                               |   |  |   |   |  |  |                           |  |   |   |   |  | / * <b></b>   | 4                           |  |
|-------------------------------|---|--|---|---|--|--|---------------------------|--|---|---|---|--|---|-----------------------------|--|
| Utilities Inc.                | PROJECT NAME:   |  | Pa  | ark Rid   | ge   |  | BOTTLE<br>SIZE            |  |   |   | A   | リカム(   | コムソ   | ,                           |  |
| 200 Weathersfield Ave         | P.O. NUMBER/PROJECT NUME  | BER:   | ,,  |   |  |  | & TYPE                    | 40ml<br>Vials  |   |   |   |  |   |                             | 1  |
| nte Springs, FL 32714         | PROJECT LOCATION:   |  |   |   |  |  |                           |  |   |   |   |  |   |                             |  |
| 407-448-1715                  | FAX:  |  |   |   |  |  |                           |  |   |   |   |  |   | ı                           |  |
| Kathy Sillitoe                | SAMPLED BY: ALEXA   | INDES  | R LO  | REN   | 20   |  |                           |  |   |   |   |  |   | ı                           |  |
| TURN AROUND TIME:             |   |  |   |   |  |  | 18                        |  |   |   | İ   |  |   | ı                           |  |
|                               | ļ   |  |   |   |  |  | RE                        |  |   |   | :   |  |   | :                           | LAB  |
|                               |   |  |   |   |  |  | <u>Si</u>                 |  |   |   |   |  | İ   | ı                           | NUMBER   |
|                               | 1   |  |   |   |  |  | >                         |  |   |   |   |  |   | ı                           | Z  |
|                               |   |  |   |   |  |  | ₹                         | ≵  |   |   |   |  |   | ı                           | BE   |
| ter SW≃surface water GW≕groun | d water DW=drinking water   |  | OIL   | A=air   | SO≃soil  | SL=sludge  | ₹                         |  |   |   |   |  |   |                             | R  |
| SAMPLE DESC                   | CRIPTION  | Grab   | SAM   | PLING   | MATRIX   | NO.  | Preserv                   | NH4CI  |   |   |   |  |   |                             |  |
|                               |   | Comp   | DATE  | TIME  |  | COUNT  |                           |  |   |   | 4.42  |  |   |                             |  |
| 161 CANAC                     | ST,   | G  | 7/28/05   | 1120  | WWV  | 3  |                           | Х  |   |   |   |  | j   | ı                           |  |
|                               |   |  |   |   | 7  |  |                           |  |   |   |   |  |   |                             |  |
|                               | <del> </del>  | ļ  | ļ   |   | ļ  |  |                           |  |   |   | ļ   |  |   |                             |  |
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|                               |   | <del>                                     </del>   | <del>                                     </del>  |   |  |  | 1                         |  |   |   |   | <del>                                     </del> |   | <del></del>                 | 1  |
|                               |   |  |   |   |  |  |                           |  |   |   |   |  |   |                             |  |
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|                               |   |  |   |   |  |  | -                         |  |   | <u> </u>  | <u> </u>  |  |   |                             | -  |
|                               |   |  |   |   |  |  |                           |  |   |   |   |  |   | ,                           |  |
|                               |   |  |   |   | <u> </u>   |  |                           |  |   |   | <b>-</b>  |  |   |                             |  |
|                               |   | ļ  | ļ   |   | <u> </u>   |  |                           |  |   |   | ļ   |  |   |                             |  |
|                               |   |  |   |   |  |  |                           |  |   |   |   |  |   | i                           |  |
| H=(HCI) S=(H2SO4 N=(HNO3      | 3) T=(Sodium Thiosulfate)   | <b>.</b>   | <del></del>   | l   |  | Relin  | quish by:                 | L  | Date  | Time  |   | ecoived by:                                      | Date  | , T                         | ime  |
| Method Sa                     | ample Kit Cooler#   |  |   | 1   | lleca  | nder   | Coren                     | 40   | 7/28/05   | 1435  | 1221  |  | 1/18/0  | ,5 14                       | 35   |
| <del></del>                   | <del></del>   |  |   | 2   |  |  |                           |  | <b></b>   |   | <del> '                                    </del>   |  | <del></del>   |                             |  |
| i i                           |   | · · · · · · · · · · · · · · · · · · ·  |   |   | <del> </del>   |  |                           |  |   | <u> </u>  | +   | ,  | _   |                             |  |
|                               |   | □ re   | ceived  | <u> </u>  | <del></del>  | <del></del>  |                           |  | <del>1 </del>   | <b></b>   |   |  | revised   | 8/01                        |  |
|                               | 200 Weathersfield Ave inte Springs, FL 32714 407-448-1715 Kathy Sillitoe  TURN AROUND TIME:  BY SW-surface water GW-ground SAMPLE DESC  161 CANAC  H=(HCI) S=(H2SO4 N=(HNO3 Ne) Ne) Ne) Ne) Ne) Ne) Ne) Ne) Ne) Ne) | ROO Weathersfield Ave nte Springs, FL 32714 PROJECT LOCATION:  407-448-1715 FAX:  Kathy Sillitoe SAMPLED BY: ALEXA  TURN AROUND TIME: RE  SW=surface water GW=ground water DW=drinking water  SAMPLE DESCRIPTION  161 CANAC ST,  H=(HCI) S=(H2SO4 N=(HNO3) T=(Sodium Thiosulfate)  Method Sample Kit Cooler # Via: RB D/T AB D/T Trip BI | ROO Weathersfield Ave ro Number/Project Number:  Inter Springs, FL 32714 PROJECT LOCATION:  407-448-1715 FAX:  Kathy Sillitoe SAMPLED BY: ALEXANDE REMARKS/SPE  TURN AROUND TIME: REMARKS/SPE  BY SW=surface water GW-ground water DW=drinking water  SAMPLE DESCRIPTION Grab Comp  161 CANAC ST,  Grab Comp  161 CANAC ST,  H=(HCl) S=(H2SO4 N=(HNO3) T=(Sodium Thiosulfate)  Method Sample Kit Cooler #  Via: RB D/T  AB D/T  Trip BI | ### PO. NUMBER/PROJECT NUMBER:  ### PROJECT LOCATION:  ### A07-448-1715   FAX:    Kathy Sillitoe   SAMPLED BY:   ALEXANDER   LOCATION:  ### SW=surface water   GW=ground water DW=drinking water   OIL      SAMPLE DESCRIPTION   Grab   Comp   DATE      CANAL ST.   G   7/28/05    ### AND ADD ADD ADD ADD ADD ADD ADD ADD ADD | ### PROJECT LOCATION:  #### AUT-448-1715   FAX:    Kathy Sillitoe   SAMPLED BY:   ALEXANDER   LOREN    ### SW-surface water   GW-ground water DW-drinking water   OIL   A-air    ### SAMPLE DESCRIPTION   Grab   Comp   DATE   TIME    ### I CANAL ST   G 7/28/05   I120    #### I CANAL ST   G 7/28/05   I120    ### I CANAL ST   G 7/28/05   I120    #### I CANAL ST   G 7/28/05   I120    ################################### | ### PO NUMBER/PROJECT NUMBER:    100 Weathersfield Ave | PO NUMBER/PROJECT NUMBER: | ### POWER STRING   POWER POWER STRING   POWER POWER STRING   PROJECT LOCATION:  ### AUT - 448-1715   FAX   F | CUITINGS   TILL   PROJECT NOW   PARK NIGGE   SIZE   STYPE | Collities   Title   Pair   Ridge   SiZE   A TYPE   Size   A TYPE   Size   A | CUINTES TRIC.   POSECT FORMS   PAIR RIGGE   SUZE | 100 Weathersfield Ave                            | 100 Weathers filed A ve   Fo MANAGEMPROJECT NUMBER:   1   1   1   1   1   1   1   1   1 | Method   Sampe Ka   Coder # | TOWN WEATHERS SINCE AND ENTRY TOWN ACCOUNT ALEXANDER CORE SCALE STORE SCALE SCALE STORE SCALE SCALE STORE SCALE STORE SCALE STORE SCALE STORE SCALE STORE SCALE SC |









#### 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

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216 Duinking Water

| Matrix: Drinking Water  Analyte             | Method/Tech | Category  | Certification<br>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-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      |
| I,I-Dichloroethylene                        | EPA 502.2   | Other Regulated Contaminants                                    | NELAP                 | 4/4/2002       |
| I, 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       |
| ,2-Dichlorobenzene                          | EPA 524.2   | Other Regulated Contaminants                                    | NELAP                 | 1/21/2005      |
| ,2-Dichloroethane                           | 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-Dichlorobenzene                          | EPA 524.2   | Other Regulated Contaminants                                    | NELAP                 | 1/21/2005      |
| ,4-D  | EPA 515.3   | Synthetic Organic Contaminants                                  | NELAP                 | 1/21/2005      |
| lachlor                                     | EPA 525.2   | Synthetic Organic Contaminants                                  | NELAP                 | 3/24/2005      |
| Alkalinity as CaCO3                         | SM 2320 B   | Primary Inorganic Contaminants                                  | NELAP                 | 1/21/2005      |
| luminum                                     | EPA 200.7   | Secondary Inorganic Contaminants                                | NELAP                 | 4/4/2002       |
| ntimony                                     | EPA 200.9   | Primary Inorganic Contaminants                                  | NELAP                 | 4/4/2002       |
| ntimony                                     | SM 3113 B   | Primary Inorganic Contaminants                                  | NELAP                 | 4/4/2002       |
| rsenic                                      | 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       |
| enzene                                      | EPA 502.2   | Other Regulated Contaminants                                    | NELAP                 | 4/4/2002       |
| enzen <b>e</b>                              | 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     |
| is(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      |
| Bromodichloromethane                        | 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







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### 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                        |               |  | C-4'C-4'              |                |
|---|---------------|--|-----------------------|----------------|
| Analyte                                       | Method/Tech   | Category   | Certification<br>Type | Effective Date |
| Bromodichloromethane                          | EPA 524.2     | Group II Unregulated Contaminants                                      | NELAP                 | 1/21/2005      |
| Bromoform                                     | EPA 502.2     | Other Regulated<br>Contaminants, Group II Unregulated<br>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 CI- 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<br>Contaminants, Group II Unregulated<br>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                 | 1/21/2005      |
| Color   | EPA 110.2     | Secondary Inorganic Contaminants                                       | NELAP                 | 2/13/2003      |
| Copper  | EPA 200.7     | Primary Inorganic<br>Contaminants, Secondary Inorganic<br>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       |
| 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 1 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      |

<sup>&</sup>quot;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

| Matrix: Drinking Water                           |               |  | G (17 1)              |                |
|--|---------------|--|-----------------------|----------------|
| Analyte  | Method/Tech   | Category   | Certification<br>Type | 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      |
| 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      |
| Pentachiorophenol                                | EPA 515.3     | Synthetic Organic Contaminants   | NELAP                 | 1/21/2005      |
| pH   | EPA 150.1     | Primary Inorganic<br>Contaminants, Secondary Inorganic<br>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       |
|  |               |  |                       |                |

"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

| Natrix: Drinking Water                 | Method/Tech | Category                         | Certification<br>Type | Effective Date |
|--|-------------|----------------------------------|-----------------------|----------------|
| ilica as SiO2                          | EPA 200.7   | Primary Inorganic Contaminants   | NELAP                 | 1/21/2005      |
| ilver                                  | EPA 200.7   | Secondary Inorganic Contaminants | NELAP                 | 4/4/2002       |
| ilvex (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       |
| 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      |
| lylene (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       |

#### 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 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

Park Ridge

PWS ID# 3590993

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 sam         | oler – Please typ              | e or print                            | legibly)      |              |          |           | -      |
|--|-----------------------------------|--------------------------------|---------------------------------------|---------------|--------------|----------|-----------|--------|
| System Name: Park Ridg   | e                                 | PWS I.D                        | . #: 3                                | 5             | OF           | 9        | 9         | 3      |
| System Type (check one): Community  Address: 103 W. Ridge DRi                                      | □Nontransient                     | Noncommunity                   |                                       | Trans         | ient Nor     | ncomn    | nunit     | /      |
| City:SawforD<br>Phone #: 407-869-1919  |                                   | State: 1/1 Fax #: 40           |                                       |               | : <u>327</u> | 73       |           |        |
| E-Mail Address:  | •                                 |                                | ·                                     |               | <del></del>  | <u> </u> |           |        |
| SAMPLE INFORMATION (to be completed  | •                                 |                                |                                       |               | r will       |          | * * * *** |        |
| Sample Number: $A05/925$<br>Sample Date: $6/3/05$  |                                   | ition Code (if kn<br>ple Time: |                                       |               |              |          |           |        |
| Sample Location (be specific): P.O.E   |                                   |                                | ,                                     |               | (AM)         | PM ·     | (Circle   | ₃ One) |
| Disinfectant Residual (Required when reporting   | •                                 | •                              | •                                     |               | Ei           | الم ملا  |           |        |
| Distriction (Negative when reporting   | ossuls for initialofficialies and | naloacetic acids).             |                                       | mg/L          | rie          | sia pri  | •         |        |
| Sample Type (Check Only One)   | Re                                | ason(s) for Sai                | mple (Chr                             | eck all the   | it anniv)    |          |           |        |
| Distribution   | Routine Compliance                |                                |                                       |               | hich Quart   | er?      |           |        |
| Entry Point (to Distribution)  | ☐Confirmation of MCL              |                                |                                       |               | or complia   |          |           |        |
| Plant Tap (not for compliance with 62-550)   | ☐Composite of Multiple            |                                | □Viola                                |               |              |          |           | ,      |
| Raw (at well or intake)  | ☐Clearance (permitting)           |                                | □Repla                                |               |              | idated S | Samole    | e)     |
| ☐Max Residence Time  | Other:                            | •                              |                                       |               | . (          |          | p         | -,     |
| ☐Ave Residence Time  | Sampling Procedure Use            | ed or Other Co                 | nments:                               |               |              |          |           |        |
| ☐Near First Customer   |                                   |                                | · · · · · · · · · · · · · · · · · · · |               |              |          |           |        |
| *See 62-550.500(6) for requireme<br>NOTE: See 62-550.512(3) for ad<br>for nitrate or nitrite MCL e | ditional requirements             |                                | -550.550<br>a results                 |               |              |          | ď         |        |
| Sampler's Name: Teary S:11   | HOE                               | ·                              |                                       |               |              |          |           |        |
| Sampler's Phone #: <u>407-869-191</u>  | 9 Samp                            | oler's Fax #:                  | 407-9                                 | 869-          | 696          | <u> </u> |           |        |
| Sampler's E-Mail Address:  |                                   |                                |                                       |               |              |          | ·         |        |
| CERTIFICATION (to be completed by s  | ampler)                           |                                |                                       | _             |              |          |           |        |
| I, 1809 WS, 1100 (Print Name)  | ,                                 | - Gpe                          |                                       | int Title)    | <del></del>  |          |           | ,      |
| do HEREBY CERTIFY that the abov complete and correct.  | e public water system             | n and sampl                    | e collec                              | tion in       | format       | ion is   | 5         |        |
| Signature: 50 50   | <del></del>                       |                                | _ Da                                  | ite: <u>6</u> | 1201         | 95       | <u>.</u>  |        |

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

|             |                              | NFORMATION (to be complete  | ted by lab - Please type or p            | rint legibly)   |  |  |  |  |  |
|-------------|------------------------------|---|--|---|--|--|--|--|--|
| ATTACH (    | CURRENT DOH ANALY            | TE SHEET*   |  |   |  |  |  |  |  |
| LabName:    | Advanced Environmen          | tal Labs - Orlando  |  | Certification #: E53076   |  |  |  |  |  |
| Address:    | 528 S. North Lake Blvo       | d., Suite 1016  | Certification Expiration Date: 6/30/2005 |   |  |  |  |  |  |
| -           | Altamonte Springs, FL        | 32701   |  | Telephone #: (407) 937-1594                                       |  |  |  |  |  |
| ANALYSIS    | S INFORMATION (to be         | completed by lab  |  |   |  |  |  |  |  |
| PWS ID (fi  | rom page 1):                 | or and the second second second second second second second second second second second second second second se | Date Sample(s                            | s) Received: <u>6/3/2005 12:45:00</u>                             |  |  |  |  |  |
| Lab Assign  | ned Report Number or J       | ob ID A051925   | Sample Number (F                         | rom page 1) A051925-01  |  |  |  |  |  |
| Group(s) A  | Analyzed Results attach      | ed for compliance with chapte   | r 62-550, F.A.C. (check all th           | nat 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   |  |  |  |  |  |
| Ľ           | ✓ Nitrite  Asbestos Only     | Dioxin Only   | Single Sample                            | ☐ Chlorite  |  |  |  |  |  |
| L           | _ Asbesios Offig             |   | Qtrly Composite**                        | Secondaries   |  |  |  |  |  |
|             |                              |   |  | ∐ All 14  |  |  |  |  |  |
| Were any    | analyses subcontracted       | ? ✓ Yes 🗌 No  |  | Partial   |  |  |  |  |  |
|             | ase provide DOH certifica    |   |  |   |  |  |  |  |  |
| •           | •                            | FOR EACH SUBCONTRACT  | ED LAB                                   | _   |  |  |  |  |  |
| ATTAOTT     | JOH AMALITA SHELL            |   | ICATION                                  |   |  |  |  |  |  |
|             |                              | OLKIII  | OATION                                   |   |  |  |  |  |  |
| I, Myrna S  | Santlago<br>(Print Name)     | Laboratory Manager  | ,  |   |  |  |  |  |  |
| do HEREE    | SY CERTIFY that all atta     | ched analytical data are corre-<br>Accreditation Conference (NE   | ct and unless noted meet all<br>ELAC).   | requirements of the   |  |  |  |  |  |
| Signature   | Yuhan V                      | anhago  | Date: <u>(</u>                           | 13,65   |  |  |  |  |  |
| analysis re | sults will result in rejecti | rrent Florida DOH lab certificat<br>on of the report, possible enfo<br>a DOH Bureau of Laboratory S             | rcement against the public w             | nalyte Sheet for the attached vater system for failure to sample, |  |  |  |  |  |
| •           |                              | ple dates and locations for ea  |  |   |  |  |  |  |  |
|             |                              |   |  |   |  |  |  |  |  |
| COMPLIA     | NCE DETERMINATION            | (to be completed by DEP of  | or DOH)                                  |   |  |  |  |  |  |
|             | ollection Info Satisfactory  |   | Sample Analysis Info Sa                  | itisfactory: Yes 💹 No   |  |  |  |  |  |
| Replace     | ment Sample(s) Requested     | (circle or highlight group(s) above)  | Revised Report Reque                     | sted (circle or highlight group(s) above)                         |  |  |  |  |  |
| Additio     | nal Monitoring Required      | (circle or highlight group(s) ab  | ove)                                     |   |  |  |  |  |  |
| Reason(s)   | : MCL(s) Exceeded            | Detection   | n(s)                                     | Incomplete Report   |  |  |  |  |  |
|             | Missing Analyte Sh Other:    | _   | Unsatisfactory                           | Analysis Unsatisfactory   |  |  |  |  |  |
| Person No   | tified:                      |   | Date I                                   | Notified:   |  |  |  |  |  |
| Comments    |                              |   | _  |   |  |  |  |  |  |
| Date Revie  |                              |   | Reviewing Official:                      |   |  |  |  |  |  |



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

A051925

6/3/2005

6/3/05 12:45

6/11/2005

Report No.:

**Date Sampled:** 

**Date Received:** 

**Date Reported:** 

Client:

Utilities, Inc.

**Project Name:** 

Park Ridge

**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: Park Ridge

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 =

#### Advanced Environmental Laboratories, Inc.

#### Analytical Report

Client: Utilities, Inc.

Project Name: Park Ridge

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A051925-01

Report No.: A051925

Date/Time Sampled: 06/03/05

10:45

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

Sampled By: Terry Silhitoe

Shipping Method: Client drop off

Inorganic Contaminants

| •         | · · · · · · · · · · · · · · · · · · · |     |       |                     |           |                   |         |                  |                  |                    |
|-----------|---------------------------------------|-----|-------|---------------------|-----------|-------------------|---------|------------------|------------------|--------------------|
| Contam ID | Contam Name                           | MCL | Units | Analysis<br>Results | Qualifier | Analytical Method | Lab MDL | Analysis<br>Date | Analysis<br>Time | DOH Lab<br>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-   | A)                        | Project name: PARK RIDGE       |                          |       |                  |              |  |  |  |  |
|-----------------------|--|---------------------------|--------------------------------|--------------------------|-------|------------------|--------------|--|--|--|--|
| Date/Time Rcvd: 6/3/  | /05 12.4   | 5 Log                     | Log-In request number: A051925 |                          |       |                  |              |  |  |  |  |
| Received by: RPG      | G  |                           | Completed by                   |                          |       |                  |              |  |  |  |  |
| Cooler/Shipping       | Information:   |                           |                                |                          |       |                  |              |  |  |  |  |
| Courier: ☐ AEL 🖾 C    |  | ny Express □ FedE         | x 🛘 Other (describe            | ):                       |       |                  |              |  |  |  |  |
| Type: ⊠ Cooler □ Bo   |  |                           | •                              | ,                        |       |                  |              |  |  |  |  |
| Cooler temperature:   |  |                           | nperature blank or ic          | e water measu            | remer | nt               |              |  |  |  |  |
| Cooler ID             | 1  |                           |                                |                          |       |                  |              |  |  |  |  |
| Temp (°C)             | 2  |                           |                                |                          |       |                  |              |  |  |  |  |
| Temp taken from       | ☐ Temp blank ☑ Cooler  | ☐ Temp blank              | ☐ Temp blank                   | ☐ Temp blank             |       | ☐ Temp bl        | ank          |  |  |  |  |
|                       | ☑ IR gun   | ☐ Cooler☐ IR gun          | ☐ Cooler<br>☐ IR gun           | ☐ Cooler☐ IR gun         |       | ☐ Cooler☐ IR gun |              |  |  |  |  |
| Temp measured with    | ☐ Thermometer (enter ID):  | ☐ Thermometer (enter ID): | ☐ Thermometer (enter ID):      | ☐ Thermometer (e<br>ID): | enter | ☐ Thermor ID):   | meter (enter |  |  |  |  |
| Any discrepancies sho | ould be explained in the explained in the explained in the explain | CHECKLIST                 | tion below.                    |                          | YES   | NO               | NA /         |  |  |  |  |
| 2. Were custody pa    |  | 1                         |                                |                          |       |                  |              |  |  |  |  |
|                       | apers properly filled or   |                           | labels)?                       |                          | 1     |                  |              |  |  |  |  |
|                       | rrive in good condition  |                           |                                |                          | 1     |                  |              |  |  |  |  |
|                       | abels complete (sample   |                           | ysis, preservatives)?          |                          | 1     |                  |              |  |  |  |  |
|                       | abels agree with the clattles used for the tests   |                           |                                |                          | 1     | +                |              |  |  |  |  |
|                       | nple preservation tech   |                           | e label?                       |                          | 1     | 1                |              |  |  |  |  |
|                       | eceived within holding   |                           |                                |                          | 1     |                  |              |  |  |  |  |
|                       | ials checked for the pr  |                           | )                              |                          |       |                  | 1            |  |  |  |  |
|                       | ubbles present in the \  |                           |                                | I I I I I                |       |                  |              |  |  |  |  |
|                       | emperature less than 6   |                           | one: □ NO ICE □ BI             | UE ICE                   | 1     | +                |              |  |  |  |  |
|                       | Is checked and recorde   |                           |                                | <u> </u>                 |       | +                |              |  |  |  |  |
|                       | mples are checked by   |                           |                                |                          |       |                  |              |  |  |  |  |
|                       | containers provided b  |                           |                                |                          | 1     |                  |              |  |  |  |  |
|                       | ccepted into the labora  |                           |                                |                          |       |                  |              |  |  |  |  |
| Kit ID                | Comments:  | other bottles?            |                                |                          |       |                  |              |  |  |  |  |
|                       |  |                           |                                |                          |       |                  |              |  |  |  |  |
|                       |  |                           |                                |                          |       |                  |              |  |  |  |  |
|                       |  |                           |                                |                          |       |                  |              |  |  |  |  |
|                       |  |                           |                                |                          |       |                  |              |  |  |  |  |

#### 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 #: A051925

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

| Lab Code   | Client Sample ID | Test           | Matrix         | Collect Date | / Time | Receive Date | Due Date | # Bottles | Bottle Type (Pres.) |
|------------|------------------|----------------|----------------|--------------|--------|--------------|----------|-----------|---------------------|
| A051925-01 | 1                | Nitrate (T)-DW | Drinking Water | 6/3/2005     | 10:45  | 6/3/05 12:45 | 6/3/2005 |           | 250mL Poly          |
| A051925-01 | 1                | Nitrite (T)-DW | Drinking Water | 6/3/2005     | 10:45  | 6/3/05 12:45 | 6/3/2005 |           | 250mL Poly          |

Gainesville Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Tampa Receiver:



I AR NUMBER:

|                 | 9610 Princess Pa      | Pkwy. • Jacksonville, F<br>ilm Ave. • Tampa, FL 3    | 3619 • 813.630.                        | 9616 • Fax                             | 813.630.43                            | 27 • E84589 | )        |             |                   |                                       |          |              | I AR NIJMB                                       | Co.         | ·.          | ·   |            |
|-----------------|-----------------------|--|--|--|---------------------------------------|-------------|----------|-------------|-------------------|---------------------------------------|----------|--------------|--|-------------|-------------|-----|------------|
|                 |                       | ace, Ste. 7 • Gainesvill<br>e Blvd., Ste. 1016 • Alt |  |  |                                       |             |          | • E53076    |                   |                                       |          |              | AU   | 5192        | 25          | _   |            |
| CLIENT NAME:    | Utilities Inc         | PROJECT I  | IAME:                                  |  | P                                     | ark Rid     | ge       |             | BOTTLE<br>SIZE    | ٦                                     |          |              |  |             |             | Ì   |            |
| DDRESS:         | 200 Weathersfield     | Ave P.O. NUMB  | ER/PROJECT NUM                         | BER:                                   | ·                                     |             |          |             | & TYPE            | 250 mL                                |          |              | 1 1  | å           | 1           |     |            |
| Altamo          | nte Springs, FL 32    | 714 PROJECT L  | OCATION:                               | CAK                                    | Ruck                                  | •           | 197 ñ    | 7           |                   |                                       |          |              |  |             |             |     | İ          |
| HONE:           | 407-448-17            | 15 FAX:  | <u>_</u>                               | Carrie                                 | River                                 |             |          |             | ا ۾ ا             |                                       |          |              |  |             |             |     | İ          |
| ONTACT:         | Kathy Silito          | e SAMPLED  | Y: YCAN                                | 6.                                     | 61 Time                               | R           | 274      | <del></del> | 1 🖺 1             |                                       |          |              |  |             |             |     |            |
| STANDARD        | TURN AROUND TIME:     |  | R                                      | MARKS/SP                               | ECIAL INSTR                           | UCTIONS:    |          | <u> </u>    | ANALYSIS REQUIRED | 102                                   |          |              |  |             |             |     | LAB NO     |
| WW≂waste w      | ater SW=surface water | GW=ground water DW=d                                 | rinking water                          | · · · · · · · · · · · · · · · · · · ·  | OIL                                   | A=air       | SO=soil  | SL=sludge   | ANALYS            | NO3/NO2                               |          |              |  |             |             |     | LAB NUMBER |
| SAMPLE          |                       |  | <del></del>                            | Grab                                   | T                                     | PLING       |          | NO.         | Preserv           | Ī                                     |          |              | 1  |             |             |     |            |
| ID              | SAMPLI                | E DESCRIPTIO   | N                                      | Comp                                   | DATE                                  | TIME        | MATRIX   | COUNT       | l                 |                                       |          | al all all a |  |             |             |     |            |
| 1               | No2/1003 /            | Re Rick  | Puope                                  | G                                      | 43/05                                 | 1045        | DW       | 1           |                   | Х                                     |          |              |  |             |             |     | 1          |
|                 |                       |  |  |  |                                       |             |          |             |                   |                                       |          |              |  |             |             |     |            |
|                 |                       |  |  |  |                                       |             |          |             |                   | · · · · · · · · · · · · · · · · · · · |          |              |  |             |             |     |            |
|                 |                       |  |  |  |                                       |             |          |             |                   |                                       |          |              |  |             |             |     |            |
|                 |                       |  | ······································ | -                                      |                                       |             |          |             |                   |                                       |          |              |  |             |             |     |            |
| I-lce           | H=(HCI) S=(H2SO4      | N=(HNO3) T=(Sodiur                                   | n Thiosulfate)                         | ــــــــــــــــــــــــــــــــــــــ | <u></u>                               | <u>-</u>    | <b> </b> | Relin       | nquish by:        | <u> </u>                              | Date     | Time         | Re   | eceived by: | Date        | Tir | ne         |
| Shipment        | Method                | Sample Kit   | Cooler#                                |  |                                       | 1           | 177      |             | Stile             | 7                                     | 6/3/05   | 1245         | A  |             | (43/0)      | 124 | 15         |
| )ut             | Via:                  | AB RB  | D/T                                    |  | -                                     | 3           | 1        |             |                   | ·                                     | <u> </u> | <del> </del> | 1-1  |             | -           | -   |            |
| let             | Via:                  | Trip BI.   |  |  | · · · · · · · · · · · · · · · · · · · | 4           | -        | <del></del> | <del></del>       |                                       | +        | <del> </del> | <del>                                     </del> |             |             | +   |            |
| Received on Ice | e TYes TNo            | QC   sent  |  | Пп                                     | eceived                               | <del></del> |          | ·           |                   |                                       | <u> </u> | <del>1</del> | <del></del>                                      |             | revised 8/0 | 1   |            |









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  Analyte | Method/Tech   | Category   | Certification<br>Type | Effective Date |
|---------------------------------|---------------|--|-----------------------|----------------|
| Alkalinity as CaCO3             | SM 2320 B     | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| 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 CI- 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     |
| ecal coliforms                  | SM 9221 B     | Microbiology   | NELAP                 | 2/14/2003      |
| -luoride                        | EPA 300.0     | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| Fluoride                        | SM 4500 F-C   | Primary Inorganic<br>Contaminants, Secondary Inorganic<br>Contaminants | NELAP                 | 10/11/2002     |
| leterotrophic plate count       | SM 9215 B     | Microbiology   | NELAP                 | 10/11/2002     |
| litrate                         | EPA 300.0     | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| litrate                         | SM 4500-NO3 F | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| litrate-nitrite                 | EPA 300.0     | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| litrite                         | EPA 300.0     | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| litrite                         | 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     |
| н                               | EPA 150.1     | Secondary Inorganic Contaminants                                       | NELAP                 | 10/11/2002     |
| ulfate                          | EPA 300.0     | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| ulfate                          | EPA 375.4     | Secondary Inorganic Contaminants                                       | NELAP                 | 10/11/2002     |
| urfactants - MBAS               | EPA 425.1     | Secondary Inorganic Contaminants                                       | NELAP                 | 10/11/2002     |
| otal coliforms                  | SM 9222 B     | Microbiology   | NELAP                 | 2/14/2003      |
| otal coliforms & E. coli        | SM 9223 B     | Microbiology   | NELAP                 | 2/14/2003      |
| otal dissolved solids           | EPA 160.1     | Secondary Inorganic Contaminants                                       | NELAP                 | 10/11/2002     |
| otal nitrate-nitrite            | SM 4500-NO3 F | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| otal organic carbon             | SM 5310B      | Primary Inorganic Contaminants   | NELAP                 | 10/11/2002     |
| urbidity                        | EPA 180.1     | Secondary Inorganic Contaminants                                       | NELAP                 | 10/11/2002     |

# Park Ridge Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005



See page 4 for instructions.

|    | k-8-                    |  |               |                  |                       |             |                         |                                |
|----|-------------------------|--|---------------|------------------|-----------------------|-------------|-------------------------|--------------------------------|
| _  |                         | for the Month/Year of: January 2004        | 4             |                  |                       |             |                         |                                |
| Α. | Public Water System (P  | WS) Information                            |               |                  |                       |             |                         |                                |
|    | PWS Name: Park Ridg     | ge   |               |                  |                       |             | PWS Identification N    | umber: 3590993                 |
|    | PWS Type:               | Community Non-Transient Non-               | Community     | Transien         | t Non-Community       | Со          | nsecutive               |                                |
|    | Number of Service Con   | nnections at End of Month: 101             |               |                  | Total Population S    | served at E | and of Month: 354       |                                |
|    | PWS Owner: Utilities,   | Inc. of Florida                            |               |                  |                       |             |                         |                                |
|    | Contact Person: Patricl | k Flynn                                    |               |                  | Contact Person's T    | itle: Regio |                         |                                |
|    | 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 F    | ax Numbe    | er: 407-869-6961        |                                |
|    | Contact Person's E-Ma   | il Address: p.c.flynn@utilitiesinc-usa.c   | om            |                  | ·                     |             |                         |                                |
| В. | Water Treatment Plant   |  |               |                  |                       |             |                         |                                |
|    | Plant Name: Utilites, I | nc. of Florida                             |               |                  |                       |             | Plant Telephone Num     | iber: 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               | Purch         | ased Finished W  | /ater                 |             |                         |                                |
|    | Permitted Maximum D     | Day Operating Capacity of Plant, gallons   | s per day: 24 | 6,000            |                       |             |                         |                                |
|    | Plant Category (per su  | bsection 62-699.310(4), F.A.C.): IV        |               |                  | Plant Class (per su   | ubsection 6 | 52-699.310(4), F.A.C.): | C                              |
|    | Licensed Operators      | Name                                       |               | License Class    | License Number        |             | Day(s)/Shift            | (s) Worked                     |
|    | 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.                    |
|    |                         |  |               |                  |                       |             |                         |                                |
|    |                         |  |               |                  |                       |             |                         |                                |
|    |                         |  |               |                  |                       |             |                         |                                |
|    |                         |  |               |                  |                       |             |                         |                                |
|    |                         |  |               |                  |                       |             |                         |                                |
|    |                         |  |               |                  |                       |             |                         |                                |
|    |                         |  |               |                  |                       |             |                         |                                |
|    |                         |  |               |                  |                       |             |                         |                                |
|    | Cartification by Law    | 1/(1): 60                                  |               |                  |                       |             |                         |                                |
|    | . Certification by Lea  | eatment plant operator licensed in Florid  | do om the le  | ad/ahiaf amarata | a of the viotes treet | mant plant  | identified in Dort Loft | his report. I contifu that the |
|    |                         | is report is true and accurate to the best |               |                  |                       |             |                         |                                |
|    |                         | d 60 or other applicable standards refere  |               |                  |                       |             |                         |                                |
|    |                         | lay that a licensed operator staffed or vi |               |                  |                       |             |                         |                                |
|    |                         | , appropriate treatment process performa   |               |                  |                       |             |                         |                                |
| ye | ars and to make them av | vailable for review upon request.          |               |                  |                       |             |                         |                                |
| •  |                         |  |               |                  |                       |             |                         |                                |
| _  | Mulael 1                | rantes 2/3/04                              | Michael J.    | Gavaletz         |                       |             | C5642                   |                                |
| Si | gnature and Date (      | <del></del>                                | Printed or    | Typed Name       |                       |             | License N               | umber                          |
|    | -                       | ()   |               |                  |                       |             |                         |                                |

|  | <b>~</b> ~ ~ ~ . |               |             |                  |  |          |  |                  |                    |                |               |                                 |        |
|--|------------------|---------------|-------------|------------------|--|----------|--|------------------|--------------------|----------------|---------------|---------------------------------|--------|
|  | 8,0              |               |             |                  |  |          | <u> </u>   |                  |                    |                | 000'01        | AC                              | 18     |
|  | 0.1              |               |             |                  |  |          | <u></u>  |                  |                    |                | 000,81        | 3/                              | 30     |
|  | 2,10             |               |             |                  | l  |          |  |                  |                    |                | 000 th        | 75                              | 67     |
|  | 60               |               |             |                  |  |          |  |                  |                    |                | 000.61        | <b>NC</b>                       | 82     |
|  | 0'/              |               |             |                  |  |          |  |                  |                    |                | 000 hl        | <u></u> ካፒ                      | LZ     |
|  |                  |               |             |                  |  |          |  |                  |                    |                | 000 20        | 人も                              | 97     |
|  | 8.0              |               |             |                  |  |          |  |                  |                    |                | 31,000        | አይ                              | 52     |
|  | ₹./              |               |             |                  |  |          |  |                  |                    |                | 10,000        | be                              | 34     |
|  | 0.1              |               |             |                  |  |          |  |                  |                    |                | 000'8         | र्रेट                           | 23     |
|  | 0.7              |               |             |                  |  |          |  |                  |                    |                | Quo ci        | おき                              | 77     |
|  | 9'0              |               |             |                  |  |          |  |                  |                    |                | 000 501       | አፘ                              | 71     |
|  | 07               |               |             |                  |  |          | T  |                  |                    |                | 000,51        | λ <del>c</del>                  | 30     |
|  |                  |               |             |                  |  |          |  |                  |                    |                | 000 61        | he                              | 61     |
|  | 8,0              |               |             |                  |  |          |  |                  |                    |                | 13.00         | ΛC                              | 81     |
|  | L'O              |               |             |                  |  |          |  |                  |                    |                | 000 5         | he                              | LI     |
|  | 60               |               |             |                  |  |          |  |                  |                    |                | 000/3/        |                                 | 91     |
|  | 07               |               |             |                  |  |          | 1  |                  |                    |                | 000 131       | he                              | SI     |
|  | 8.0              |               |             |                  |  |          |  |                  |                    |                | 12,000        | hč                              | 71     |
|  | 01               |               |             |                  |  |          |  |                  |                    |                | 000/81        | <del>ή€</del>                   | εī     |
|  | 6'0              |               |             |                  |  |          |  |                  |                    |                | 90061         |                                 | 121    |
|  |                  |               |             |                  |  |          |  |                  |                    |                | 000           | 1/2-                            | 11     |
|  | 197              | · · · · · · · |             |                  |  |          |  |                  |                    |                | OGC PI        |                                 | 01     |
|  | 47               |               |             |                  | 1  |          |  |                  |                    |                | 000 E)        | h <del>c</del>                  | 6      |
|  | 07               |               |             |                  |  |          |  |                  |                    |                | 000,51        | 15°C                            |        |
|  | 0.1              |               |             |                  | 1  |          |  |                  |                    |                | 000.21        | हिं                             | ,      |
|  | 01               |               |             |                  |  |          | <del>                                     </del> |                  |                    |                | Q00'E         | र्भेट                           | 9      |
|  | 8,0              |               |             |                  | <del>                                     </del> |          |  |                  |                    | <del> </del>   | 000 EE        | 37                              | ç      |
|  |                  |               |             |                  |  |          |  |                  |                    |                | ०० स्ट्       | <del>776</del>                  | 7      |
|  | 6'0              |               |             |                  |  |          |  |                  |                    |                | 900/15        | he he                           |        |
|  | 0.1              |               |             |                  | 1  |          | 1  |                  |                    |                | 000,00        | 7 <del>.</del> 7. <del>2.</del> | 7      |
|  | 51               |               |             |                  |  |          | <del> </del>                                     |                  |                    |                | 00000         | 80                              | 1 1    |
| System Components Out of Operation                 | System, mg/L     | 360/cm,       | -mo/oos     | T/unu            | Applicable                                       | ು        | T/aim-gm   | inimics .        | How, mg/L.         | Rate, gpd      | Produced, gal |                                 |        |
| or Maintenance Work that Involves Taking Water     | noitudintaiQ     | -wm           | -Wm         | -8m              | Mater, it  | Water,   | Peak Flow,                                       |                  | During Peak        | Peak Flow      | Water         | ni insiq                        |        |
| Emergency or Abnormal Operating Conditions, Repair | ni taio9         | Required      | UV Dose,    | Required,        | Jo Hq  | 10       | garrad   | Samuel Iniof     | First Customer     | wold you       | borleini Tio  | stuoH<br>ni toelg               | Day of |
|  | at Remote        |               | QuinnagO    | TO.              | 100  | Temp:    | Customer   | Measurement      | (C) Before or at   | One of the     | Not Quantity  | 32.10                           | Bo     |
|  | Concentration    | muminiM       | Lowest      | muminiM          |  | 0.75     | ten'i te   | Om(II)           | Concentration      |                |               |                                 |        |
|  | Instantainisi (  |               | 10.1        | 444              | 9417 (1976)                                      | 11.00    | Before or  | Connect Time     | nancelnisia        |                |               |                                 |        |
|  | Residual         |               |             |                  | P 44 14 15                                       |          | Provided   | Disinfectant     | Lowest Residual    |                |               |                                 | 1      |
|  | Lowest           |               |             | 3.74             | 1.00   |          | LOWest CT  |                  |                    |                |               |                                 |        |
| 그 그 그는 그 그 가지가 있었다. 사람들이 바다 살았다.                   |                  | 2804          | 1 ለበ        | 100              |  |          | · suom   | CT Calcul        |                    |                |               |                                 |        |
|  | 1,               | 420000        | *əldsəila   | ad U noin        | vibani emi                                       | / go.J-w | OR statismon                                     | isC or , seoC VI | Calculations, or l | ໝ              |               |                                 |        |
| Chlorine Dioxide                                   | hloramines)      | O) anino      | bined Ch    | moD [            | orine  | ее СрІ   | ાન ⊠   | on System:       | ed in Distributi   | al Maintain    | sctant Residu | Inisid to                       | Type c |
|  |                  |               |             |                  |  |          |  |                  |                    | Other (        | Radiation     |                                 |        |
| Chloranines) (Chloramines)                         | oue 🗍 🤇          | zo 🗌          | aptxote     | d əninoln        | пα   | oune     | Free Ch  | OVAI: *          | activation/Rem     | og virus ina   | SAIDE LORL-TO | or Acmi                         |        |
|  | <del></del>      | <u> </u>      | <del></del> | <del>- · ·</del> | ·~ <u></u>                                       | · · ·    |  |                  |                    |                |               |                                 |        |
|  |                  |               | <del></del> |                  |  |          |  |                  | January 20         | Cato A/qm      | old adt ant f | se(I zlin                       | u III  |
|  | 13               | 018 X         | vud-        | Florida          | es, inc. of                                      | ្រាប់    | ant Name   | al               |                    | £6606CF :      | tion Number   | neutities                       | LMZ    |
| VIZIVAA GILIOINI I GIOVUG                          |                  |               |             |                  |  |          |  |                  |                    |                |               |                                 |        |
| SHASED FINISHED WATER                              | טש או ושל        | Ω⊐TΔ          | MUNI        | GBOI             | G BAW  | NITA     | ART 26   | FOR PW           | REPORT             | <b>MOITA</b> Я | 340 YJH       | TNOM                            |        |

Total 447,000
Average 16,000
Maximum 23,000
\* 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 2004                    |                  |                            |                        |                              |                                  |
| Α.   | Public Water System (P    | WS) Information   |                  |                            |                        |                              |                                  |
| ſ    | PWS Name: Park Ridg       | le  |                  |                            |                        | PWS Identification Nu        | mber: 3590993                    |
| I    | PWS Type:                 | Community Non-Transient Non-Community                   | _ Transier       | t Non-Community            |                        | nsecutive                    |                                  |
| ſ    | Number of Service Co      | nnections at End of Month: /Ol                          |                  | <b>Total Population Se</b> | erved at E             | and of Month: 354            |                                  |
| - [  | PWS Owner: Utilities,     | Inc. of Florida   |                  |                            |                        | •                            |                                  |
|      | Contact Person: Patricl   | k Flynn   |                  | Contact Person's Ti        | itle: Regio            | onal Director                |                                  |
| - 1  | Contact Person's Maili    | ng Address: 200 Weathersfield Ave.                      |                  | City: Altamonte Sp         | rings                  | State: Fl                    | Zip Code: 32714                  |
|      |                           | phone Number: 407-869-1919                              |                  | Contact Person's Fa        | ax Numbe               | er: 407-869-6961             |                                  |
|      |                           | nil Address: p.c.flynn@utilitiesinc-usa.com             |                  |                            |                        |                              |                                  |
| В.   | Water Treatment Plant     |   |                  |                            |                        |                              |                                  |
|      | Plant Name: Utilites, I   | nc. of Florida  |                  |                            |                        | Plant Telephone Num          | per: 407-869-1919                |
|      | Plant Address: 200 We     | eathersfield Ave.                                       |                  | City: Altamonte Sp         | orings                 | State: Fl                    | Zip Code: 32714                  |
| i    | Type of Water Treated     | by Plant: Raw Ground Water Purcl                        | hased Finished V | Vater                      |                        |                              |                                  |
|      | Permitted Maximum I       | Day Operating Capacity of Plant, gallons per day: 24    | 46,000           |                            |                        |                              |                                  |
|      | Plant Category (per su    | bsection 62-699.310(4), F.A.C.): IV                     |                  | Plant Class (per su        | bsection (             | 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   | С                | 5642                       |                        | Mon-Fri 8 a.n                | n 4:30 p.m.                      |
|      | Other Operators:          | Terry Sillitoe  | С                | 12749                      |                        | Sat. 8 A,M                   | 4:30 P.M.                        |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           |   |                  |                            |                        |                              |                                  |
|      |                           | LCL: FO   |                  |                            |                        |                              |                                  |
| Щ    | . Certification by Lea    | reatment plant operator licensed in Florida, am the le  | and/objet amount | or of the wester treatm    | nant plant             | t identified in Part I of th | is report. I certify that the    |
| I, t | ne undersigned water tr   | is report is true and accurate to the best of my know   | vledge and belie | of the water treath        | neni pian<br>rinkina w | ater treatment chemicals     | used at this plant conform to    |
| NS   | F International Standar   | d 60 or other applicable standards referenced in sub    | section 62-555   | 320(3) F.A.C. Lalso        | certify t              | hat the following addition   | onal operations records for this |
| pla  | nt were prepared each     | day that a licensed operator staffed or visited this pl | ant during the m | onth indicated above       | e: (1) reco            | ords of amounts of chem      | icals used and chemical feed     |
| rat  | es; and (2) if applicable | , appropriate treatment process performance record      | s. Furthermore,  | I agree to retain thes     | se additio             | nal operations records at    | the plant site for at least ten  |
| yea  | ars and to make them av   | vailable for review upon request.                       | ,                | ·                          |                        | •                            | -                                |
|      | mulas A Go                | walg 3/4/04 Michael J                                   | I. Gavaletz      |                            |                        | C5642                        |                                  |
| Siz  | gnature and Date          | Printed o   | Typed Name       |                            |                        | License Nu                   | ımber                            |
| SI   | snature and Dave          | 1)  | Typed Manie      |                            |                        | Diomise 140                  |                                  |

| PWS      | Identifica     | tion Number                 | :: 3590993    |  | P.   | lant Name  | : Utilite  | es, Inc. of        | Florida  |                 |  |                       |  |
|----------|----------------|-----------------------------|---------------|--|--|--|--|--------------------|--|-----------------|--|-----------------------|--|
| 111 15   |                | Con the Di                  | nth/\/ ann    | P. Fahrman 2                                     | 004  |  |  |                    |  |                 |  |                       |  |
|          |                |                             |               | f: February 2                                    |  | Eroc Ct  | lorin-   |                    | hloring D  | iovida          |  | one Tic               | Combined Chloring (Chlorominas)  |
|          |                | eving Four-L<br>Radiation   |               | activation/Remo                                  | ovai: † [  | Free Ch  | norme  |                    | hlorine D  | oniae           | ∐ Oz   | one 🗌 C               | Combined Chlorine (Chloramines)  |
|          |                |                             |               |  |  | - 57   |  |                    | <u> </u>   |                 | 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7          |                       |  |
| Type (   | of Disinfe     | ectant Residu               | iai Maintain  | ed in Distributi                                 | on System:                                       |  | ree Chl  | orine              | [ ] Comi   | omed Ch.        | iorine (C  | hloramines)           | Chlorine Dioxide   |
|          |                |                             |               | l' Calculations, or U                            |  |  |  |                    | ation, if Ap   |                 |  |                       |  |
|          |                | PORTER!                     |               |  | C1 Calcul  | ations   | ACAT SALE  |                    | A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T | UVI             | JOSE   |                       |  |
|          |                |                             |               | Lowest Residual                                  | Disinfectant                                     | Lowest CT<br>Provided                            |  |                    |  | -27-57          | 1.3  | Lowest<br>Residual    |  |
| eri (jin | lg . 3.4       |                             |               | Disinfectant                                     | Contact Time                                     | Before or  | 100  |                    |  | April 1         |  | Disinfectant          |  |
| 1100     | regal          |                             |               | Concentration                                    | (T) at C   | at First   |  |                    | Minimum  | Lowest          | Minimum  | Concentration         |  |
| Day of   | Hours          | Net Quantity<br>of Finished |               | (C) Before or at<br>First Customer               | Measurement                                      | Customer   | Temp.  |                    | CT   | Operating       | UV Dose  | at Remote             |  |
| the      | Plant in       | Water                       | Peak Flow     | During Peak                                      | Point During<br>Peak Flow,                       | During Peak Flow,                                | of<br>Water                                      | pH of<br>Water, if | Required,  | UV Dose,<br>mW- | Required,<br>mW-                                 | Point in Distribution | Emergency or Abnormal Operating Conditions; Repair<br>or Maintenance Work that Involves Taking Water |
|          | Operation      | Produced, gai               | Rate, gpd     | Flow, mg/L                                       | minutes  | mg-min/L   |  | Applicable         |  | sec/cm²         |  | System, mg/L          | System Components Out of Operation   |
| 1        | 24             | (6.000                      |               |  |  |  |  |                    |  |                 |  |                       |  |
| 2        | 24             | 18,000                      |               |  |  |  |  |                    |  |                 |  | 6.8                   |  |
| 3        | 27             | 13,000                      |               |  |  |  |  |                    |  |                 |  | 0.8                   |  |
| 5        |                | 15,000                      |               |  |  |  | <b></b>  | <b> </b>           | <b> </b>   | <u> </u>        | <b></b>  | 1.0                   |  |
| 6        | 2¥<br>1¥       | 15,000                      |               | <del>                                     </del> |  | <b></b>  | <b></b>  | ļ——                | <del>                                     </del>   |                 | <b> </b>   | 1.0                   |  |
| 7        |                | 10,000                      |               | <del> </del>                                     | <b></b>  |  | <del></del>                                      | <del> </del>       | <del>  </del>  |                 | <del> </del>                                     | 1.1                   |  |
| 8        | 37             | 16,000                      |               | <del> </del>                                     |  | <b> </b>   | <del></del>                                      | <b></b>            |  |                 | <del>                                     </del> | C'e-l                 |  |
| 9        | 29             | 17,000                      |               |  |  |  |  |                    |  |                 |  | 6.6                   |  |
| 10       | 24             | 16,000                      |               |  |  |  |  |                    |  |                 |  | 0.8                   |  |
| 11       |                | (3,000                      |               |  |  |  |  |                    |  |                 |  | 1.0                   |  |
| 12       |                | 18,000                      |               |  |  |  |  |                    |  |                 |  | 0,8                   |  |
| 13       |                | 22000                       |               |  |  |  |  |                    |  |                 |  | 49                    |  |
| 14       |                | 11,000                      | ļ             | <b></b>  | <b> </b>   | <b></b>  |  |                    | 1  | <b></b>         |  | 0.7                   |  |
| 15       | <del>4</del> 7 | 13,000                      |               | <del></del>                                      | <b></b>  | <b></b> _  | <u> </u>   | <del> </del>       | <del></del>  | <b></b>         |  |                       |  |
| 16       | 10             | 15,000                      |               | <del> </del>                                     |  |  | <del></del>                                      | <del> </del>       | <del> </del>   |                 |  | 1.8                   |  |
| 18       |                | 14,000                      |               | <del>                                     </del> |  |  |  | t                  | <del>                                     </del>   | <b>—</b>        | <del>                                     </del> | 5.9                   |  |
| 19       | 24             | 14,000                      |               |  |  |  |  | T                  | <b>†</b>   |                 |  | 1.0                   |  |
| 20       | 24             | 13,000                      |               |  |  |  |  |                    |  |                 |  | 0.8                   |  |
| 21       | 34             | [6, 900                     |               |  |  |  |  |                    |  |                 |  | 0.8                   |  |
| 22       | 24             | 20,000                      |               |  |  |  |  |                    |  |                 |  |                       |  |
| 23       | 24             | 21,000                      |               | <b></b>  |  |  |  | ļ                  | ļ  |                 |  | (.0                   |  |
| 24       |                | 15,000                      | <b> </b>      | <del> </del>                                     |  | <b></b>  |  |                    |  |                 | <u></u>  | 1.0                   |  |
| 25<br>26 | 24             | 16,000                      | <del></del>   |  | <b></b>  | <del></del>                                      | <del> </del>                                     |                    | <del> </del>   |                 | <del> </del>                                     | 1.1                   |  |
| 27       | 127            | 13,000                      | <del> </del>  | <del> </del>                                     | <del></del>                                      | <del> </del>                                     |  | <del> </del>       | <del> </del>   | <del> </del>    | 1  | 1.0                   |  |
| 28       | 124            | 11.000                      | <del> </del>  | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> | 1-   | <del> </del>       | <del>                                     </del>   | <del> </del>    |  | 0,8                   |  |
| 29       | 27             | 19.000                      |               |  |  | 1  | <del>                                     </del> | <del> </del>       | 1  |                 | 1  | T                     |  |
| 30       |                |                             |               |  |  |  |  |                    |  |                 |  |                       |  |
| 31       |                |                             |               |  |  |  |  |                    |  |                 |  |                       |  |
| Total    |                | 457 000                     |               |  |  |  |  |                    |  | 1               | NATER  | . QUALIT              | Y TESTILK FEB 2004   |
| Averag   | ge             | 16,000                      | 4             |  |  |  |  |                    |  | -               | TEMP   | PH                    | ' POY MOLL   |
| * D C    | ium            | 1 22 KK                     | ]             | ad don 1-4                                       |  |  | نه ري  |                    | 42   | 1               | سنشد   |                       | - 10   |
| кеје     | er to the i    | nstructions fo              | or this repoi | ri io determine                                  | wnich plants                                     | must pro   | vide th  | is informa         | tion. E-1  | 1-2-3-          | 24° .  | - 7.5                 | POYMOLL - 1.0 - 1.1  |
|          |                |                             |               |  |  |  |  |                    | D-1  | -2.3-           | 24° -  | - 7.6                 | - (.0  |
|          |                |                             |               |  |  |  |  | D 7                | 2.1  | 2-17-           | :7° -  | 7.5                   | - 1.1  |
|          |                |                             |               |  |  |  |  |                    | E-1-   | 2.7             | , c  | 7 5                   | 1 0  |



| See  | page 4 for instructions.   |   |                  |                   |  |             |                           |                                    |
|------|----------------------------|---|------------------|-------------------|--|-------------|---------------------------|------------------------------------|
| I.   | General Information        | for the Month/Year of: March 200                                      | 04               |                   |  |             |                           |                                    |
| A.   | Public Water System (F     | WS) Information   |                  |                   |  |             |                           |                                    |
|      | PWS Name: Park Ridg        | e   |                  |                   |  |             | PWS Identification        | Number: 3590993                    |
|      | PWS Type:                  | Community Non-Transient No  | n-Community      | Transier          | nt Non-Community   | ПС          | onsecutive                |                                    |
|      | Number of Service Co       | nnections at End of Month: /Ci  |                  |                   | Total Population S   | erved at I  | End of Month: 354         |                                    |
|      | 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   |             | State: Fl                 | Zip Code: 32714                    |
|      | Contact Person's Telep     | hone Number: 407-869-1919   |                  |                   | Contact Person's Fa  | ax Numb     | er: 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 Nu        | mber: 407-869-1919                 |
|      | Plant Address: 200 We      |   |                  |                   | City: Altamonte Sp   | orings      | State: Fl                 | Zip Code: 32714                    |
|      | Type of Water Treated      |   |                  | nased Finished V  | Vater  |             |                           |                                    |
|      |                            | Day Operating Capacity of Plant, gallo                                | ons per day: 24  | 16,000            |  |             |                           |                                    |
|      |                            | bsection 62-699.310(4), F.A.C.): IV                                   |                  |                   | management of the second secon | bsection    | 62-699.310(4), F.A.C.     | ): C                               |
|      | Licensed Operators         | Name  |                  | License Class     | License Number   |             | Day(s)/Sh                 | ift(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.N                | 1 4:30 P.M.                        |
|      |                            |   |                  |                   |  |             |                           |                                    |
|      |                            |   |                  |                   |  |             |                           |                                    |
|      |                            |   |                  |                   |  |             |                           |                                    |
|      |                            |   |                  |                   |  |             |                           |                                    |
|      |                            |   |                  |                   |  |             |                           |                                    |
|      |                            |   |                  |                   |  |             |                           |                                    |
|      |                            |   |                  |                   |  |             |                           |                                    |
|      |                            |   |                  | L                 | L. L   |             |                           |                                    |
|      | . Certification by Lead    |   |                  |                   |  |             |                           |                                    |
| l, t | he undersigned water tre   | eatment plant operator licensed in Flo                                | rida, am the le  | ad/chief operato  | or of the water treatn   | nent plan   | t identified in Part I of | this report. I certify that the    |
| inf  | ormation provided in the   | is report is true and accurate to the bes                             | st of my know    | ledge and belief  | . I certify that all dr  | inking w    | ater treatment chemica    | als used at this plant conform to  |
| NŞ   | F International Standard   | d 60 or other applicable standards refe                               | erenced in sub-  | section 62-555.3  | 20(3), F.A.C. I also   | certify t   | hat the following addi    | tional operations records for this |
| pia  | nt were prepared each d    | ay that a licensed operator staffed or                                | visited this pla | ant during the me | onth indicated above   | e: (1) reco | ords of amounts of che    | micals used and chemical feed      |
| ves  | es, and (2) ii applicable, | appropriate treatment process performailable for review upon request. | mance records    | . Furthermore,    | I agree to retain thes   | e addition  | nal operations records    | at the plant site for at least ten |
| yve  |                            |   |                  |                   |  |             |                           |                                    |
|      | mulal) 6                   | aval; 4/5/04  | Michael J.       | Gavaletz          |  |             | C5642                     |                                    |
|      | gnature and Date           |   | _                | Typed Name        |  |             | License 1                 | Number                             |
| •    | U                          |   |                  | - > p             |  |             | Electise i                |                                    |

Da ~ a 1

| PWS      | dentifica  | ation Numbe                           | r: 3590993   |                                   | P              | lant Name            | : Utilit   | tes, Inc. of                                     | Florida       |                     |                     |                         |  |  |
|----------|--|---------------------------------------|--------------|-----------------------------------|----------------|----------------------|--|--|---------------|---------------------|---------------------|-------------------------|--|--|
| шъ       | VS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida  Daily Data for the Month/Year of: March 2004  cans of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) |                                       |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
| Magne    | eans of Achieving Four-Log Virus Inactivation/Removal: *  Free Chlorine  |                                       |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
| Ult      | of Acmi<br>raviolet  | eving Four-L<br>Radiation             | og Virus in  | iactivation/Rem<br>(Describe):    | iovai: *       | Free Ci              | hiorine  |  | hlorine L     | Dioxide             | ∐ Oz                | cone 🔲 (                | Combined Chlorine (Chloramines)                    |  |
| Type o   | f Disinf   | ectant Residu                         | ual Maintair | ned in Distribut                  | ion System:    | ⊠F                   | ree Ch   | lorine   | Com           | bined Ch            | Morine (C           | hloramines)             | Chlorine Dioxide                                   |  |
|          |  |                                       | C            | l' Calculations, or l             | JV Dose, to De | monstrate Fo         | our-Log  | Virus Inactiv                                    | ation if An   | nlicable*           |                     |                         |  |  |
|          |  |                                       |              |                                   | CT Calcul      | ations               | 4,77,4236  |  |               |                     | Dose                |                         |  |  |
|          |  |                                       |              |                                   |                | Lowest CT            |  | 71.  | 477.44        |                     | 7.00                | Lowest                  |  |  |
|          |  |                                       |              | Lowest Residual                   | Disinfectant   | Provided             |  |  |               |                     |                     | Residual                |  |  |
|          |  | SOCIAL PART                           |              | Disinfectant                      | Contact Time   | Before or            |  |  |               |                     |                     | Disinfectant            |  |  |
|          |  | Net Quantity                          |              | Concentration<br>(C) Before or at | (T) at C       | at First<br>Customer | Temp.  |  | Minimum<br>CT |                     | Minimum<br>UV Dose  | Concentration at Remote |  |  |
| Day of   | Hours  | of Finished                           |              | First Customer                    | Point During   | During               | of   | pH of  |               |                     | Required,           | Point in                | Emergency or Abnormal Operating Conditions; Repair |  |
| the      | Plant in   | Water                                 | Peak Flow    | During Peak                       | Peak Flow,     | Peak Flow,           | Water,   |  | mg-           | mW-                 | mW-                 | Distribution            | or Maintenance Work that Involves Taking Water     |  |
|          |  | Produced, gal                         | Rate, gpd    | Flow, mg/L                        | minutes        | mg-min/L             | °C ·   | Applicable                                       |               | sec/cm <sup>2</sup> | sec/cm <sup>2</sup> | System, mg/L            | System Components Out of Operation                 |  |
| 1        | 24   | 20,000                                |              |                                   |                |                      |  |  |               |                     |                     | 1.0                     |  |  |
| 3        | 39   | 14,000                                |              |                                   |                |                      |  |  |               |                     |                     | 1.0                     |  |  |
|          |  |                                       |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
|          |  |                                       |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
|          | 5 24 (6,000 C) C) C) C) C) C) C) C) C) C) C) C) C)   |                                       |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
| 7        | 6 34 (6,000  |                                       |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
| 8        | 24   | 20,000                                |              |                                   |                |                      |  | <del>                                     </del> | <del> </del>  | <del></del>         |                     | 0,4                     |  |  |
| 9        | 75   | 19,000                                |              |                                   |                |                      | <del></del>                                      | <del> </del>                                     |               |                     |                     | 0.4                     |  |  |
| 10       | QY   | 18'000                                |              |                                   |                |                      |  | <del> </del>                                     |               |                     |                     | 0.3                     |  |  |
| 11       |  | ( <b>8</b> ,'000                      |              |                                   |                |                      |  |  |               |                     |                     | 1.3                     |  |  |
| 12       | 34   | 13,000                                |              |                                   |                |                      |  |  | <u> </u>      |                     |                     | 0.6                     |  |  |
| 13       |  | 14,000                                |              |                                   |                |                      |  |  |               |                     |                     | ್ಪ5                     |  |  |
| 14       | ્રુપ   | 26,000                                |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
| 15<br>16 | Ψ.   | 26,000                                |              |                                   |                |                      | L  |  |               |                     |                     | 0.8                     |  |  |
| 17       | 74   | 16,000                                |              |                                   |                |                      |  |  |               |                     |                     | 3.8                     |  |  |
| 18       | 24   | 14,000                                |              |                                   |                |                      | <u> </u>   |  |               |                     |                     | 0.8                     |  |  |
| 19       | 34   | 2(1000                                |              | <del> </del>                      |                |                      | <del> </del> -                                   | <del> </del>                                     | ļ             |                     |                     | (.0                     |  |  |
| 20       | <u>3.4</u>   | 13,000                                |              | <del></del>                       |                |                      |  | <del> </del>                                     | <del></del>   |                     |                     | 0.8                     |  |  |
| 21       | 24   | 25,000                                |              |                                   |                |                      |  | <del></del>                                      |               |                     |                     | 0.6                     |  |  |
| 22       | J4 .   | 25,000                                |              |                                   |                |                      | <del>                                     </del> | <del>                                     </del> |               |                     |                     | 1.0                     |  |  |
| 23       | £4   | 20,000                                |              |                                   |                |                      |  |  |               |                     | <b></b>             | (1)                     |  |  |
| 24       | 24   | 11,000                                |              |                                   |                |                      |  |  |               |                     |                     | 7.0                     |  |  |
| 25       | 24   | 17,000                                |              |                                   |                |                      |  |  |               |                     |                     | 1.3                     |  |  |
| 26<br>27 | 24   | - (1000)                              |              |                                   |                |                      |  |  |               |                     |                     | 1.5                     |  |  |
| 28       | 24   | 21,000                                |              | <b> </b>                          |                |                      |  |  |               |                     |                     | ტ. წ                    |  |  |
| 29       | 24   | 22,000                                |              |                                   |                |                      |  |  |               |                     |                     |                         |  |  |
| 30       | 24   | 16,000                                |              |                                   |                |                      | <del></del>                                      | ļ  |               | ·                   | ļ                   | 1.0                     |  |  |
| 31       | 24   | 32,000                                |              |                                   |                |                      |  |  |               |                     |                     | 1.0                     |  |  |
| Total    |  | 577,000                               |              |                                   |                |                      | L  | L  |               | L                   | 1100                | 20 GUA                  | 1711 = == (1/2 adda (1/2 2 2 2 2                   |  |
| Average  |  | 19,000                                |              |                                   |                |                      |  |  |               |                     | PUWAL               | TENTE DUNL              | TESTIUG - MARCH 2004                               |  |
| Maximu   |  | 26,000                                |              |                                   |                |                      |  |  |               | E-1-                | 7.5 -               | ER QUAL                 | 1.0  |  |
| * Refer  | to the ir  | istructions fo                        | r this repor | t to determine v                  | which plants   | must prov            | ide thi  | s informat                                       | ion           | 0-1-3               | ,5 -                | 260                     | il   |  |
| •        |  | , , , , , , , , , , , , , , , , , , , | -7           |                                   | p              | p. 07                |  | - ngormai  |               | F-1-                | 7.6                 | ವರೆೄ                    | 1.2  |  |
|          |  |                                       |              |                                   |                |                      |  | D 2  |               | 5.1-7               | 1.5 -               | 265                     | 1.1  |  |
|          |  |                                       |              |                                   |                |                      |  | Hana 7   |               | ٠                   | 7.5 -               | 27°                     | (.)  |  |
|          |  |                                       |              |                                   |                |                      |  |  |               |                     |                     | ^                       | •  |  |



| Sec  | page 4 for instructions.                              | •  |                        |                  |                        |              |  |  |
|------|---|--|------------------------|------------------|------------------------|--------------|--|--|
| I.   | General Information                                   | for the Month/Year of: April   | 2004                   |                  |                        |              | Way realize                            | The State of the S |
|      | Public Water System (F                                |  |                        |                  | ····                   |              | ······································ |  |
|      | PWS Name: Park Ridg                                   | <u>te</u>  |                        |                  |                        |              | PWS Identification                     | Number: 3590993  |
|      |   | Community Non-Transier   | t Non-Community        | Transier         | nt Non-Community       | ПСо          | nsecutive                              |  |
|      | Number of Service Co                                  | nnections at End of Month: 10  |                        |                  | Total Population S     |              | and of Month: 354                      |  |
|      | PWS Owner: Utilities,                                 | Inc. of Florida  |                        |                  |                        |              |  |  |
|      | Contact Person: Patric                                |  |                        |                  | Contact Person's T     | itle: Regio  | onal Director                          |  |
|      |   | ing Address: 200 Weathersfield A                                     | \ve.                   |                  | City: Altamonte S      | prings       | State: Fl                              | Zip Code: 32714  |
|      |   | hone Number: 407-869-1919  |                        |                  | Contact Person's F     | ax Numbe     | er: 407-869-6961                       |  |
| _    | Contact Person's E-Ma                                 | ail Address: p.c.flynn@utilitiesin                                   | c-usa.com              |                  |                        |              |  |  |
| В.   | Water Treatment Plant                                 |  |                        |                  |                        |              |  |  |
|      | Plant Name: Utilites, I                               |  |                        |                  |                        |              |  | mber: 407-869-1919   |
|      | Plant Address: 200 We                                 |  |                        |                  | City: Altamonte S      | prings       | State: Fl                              | Zip Code: 32714  |
|      | Type of Water Treated                                 |  |                        | sed Finished V   | Vater                  |              |  |  |
|      |   | Day Operating Capacity of Plant,                                     |                        | ,000             |                        |              |  |  |
|      |   | bsection 62-699.310(4), F.A.C.):                                     |                        |                  |                        | bsection 6   | 52-699.310(4), F.A.C.                  |  |
|      | Licensed Operators                                    |  |                        | License Class    | License Number         |              | Day(s)/Shi                             | ift(s) Worked  |
|      | Lead/Chief Operator:                                  |  |                        | <u>C</u>         | 5642                   |              | Mon - Fri 8                            | a.m 4:30 p.m.  |
|      | Other Operators:                                      | Terry Sillitoe   |                        | С                | 12749                  |              | Sat. 8 A.M                             | 1 4:30 P.M.  |
|      |   |  |                        |                  |                        |              | <del></del>                            |  |
|      |   |  |                        |                  |                        |              |  |  |
|      |   |  |                        |                  |                        |              |  |  |
|      |   |  |                        |                  |                        |              |  |  |
|      |   |  |                        |                  |                        |              |  |  |
|      |   | <u> </u>   |                        |                  |                        |              |  |  |
|      |   |  |                        |                  |                        | <del></del>  |  |  |
|      |   | <u> </u>   |                        |                  |                        |              |  |  |
| Ш    | . Certification by Lead                               | d/Chief Operator   |                        |                  |                        |              |  |  |
| I, t | he undersigned water tr                               | eatment plant operator licensed in                                   | n Florida, am the lea  | d/chief operato  | r of the water treatr  | nent plant   | identified in Part I of                | this report. I certify that the  |
| inf  | ormation provided in the                              | is report is true and accurate to the                                | ne best of my knowle   | edge and belief  | . I certify that all d | rinking wa   | iter treatment chemica                 | als used at this plant conform to  |
| NS   | F International Standard                              | d 60 or other applicable standard                                    | s referenced in subse  | ection 62-555.3  | 20(3), F.A.C. I also   | o certify th | nat the following addit                | tional operations records for this   |
| pia  | ant were prepared each of                             | lay that a licensed operator staffe                                  | d or visited this plan | it during the mo | onth indicated abov    | e: (1) reco  | rds of amounts of che                  | micals used and chemical feed  |
| Ves  | es, and (2) ii applicable,<br>ars and to make them av | , appropriate treatment process por ailable for review upon request. | eriormance records.    | rurmermore,      | agree to retain the    | se addition  | nai operations records                 | at the plant site for at least ten   |
| yu   | A   | <u> </u>   |                        |                  |                        |              |  |  |
|      | mulael 1 1  | ravala 5/5/04  | Michael J. (           | Gavaletz         |                        |              | C5642                                  |  |
| Sig  | nature and Date                                       |  | Printed or T           | vned Name        |                        |              | License 1                              | Number   |

| PWS          | dentifica   | ation Number           | r: 3590993             |  | P                       | lant Name             | : Utili      | tes, Inc. of                                     | Florida       |  |                    |                         |  |  |
|--------------|---|------------------------|------------------------|--|-------------------------|-----------------------|--------------|--|---------------|--|--------------------|-------------------------|--|--|
| III. D       | aily Dat  | ta for the Mo          | onth/Year c            | of: April 2004                                   | -                       |                       | ·            |  |               |  |                    |                         |  |  |
| Means        | of Achi   |                        | og Virus In            | activation/Rem<br>(Describe):                    | ioval: *                | Free Cl               | ılorine      | ПС   | hlorine D     | Dioxide  | Oz                 | cone 🔲                  | Combined Chlorine (Chloramines)                    |  |
|              |   |                        |                        | red in Distribut                                 | ion System:             | ⊠F                    | ree Ch       | lorine   | Com           | bined Ch   | lorine (C          | hloramines)             | Chlorine Dioxide                                   |  |
|              |   |                        | C                      | l' Calculations, or l                            | JV Dose, to De          | monstrate Fo          | ur-Log       | Virus Inactiv                                    | ation, if Ap  | plicable*  |                    |                         |  |  |
|              |   |                        |                        | 20 20 20 20 20 20 20 20 20 20 20 20 20 2         | CT Calcul               | ations                | 10 10 10     |  |               |  | Dose               |                         |  |  |
|              |   |                        |                        | Lowest Residual                                  | Disinfectant            | Lowest CT<br>Provided |              |  |               | 19772  |                    | Lowest<br>Residual      |  |  |
|              |   |                        |                        | Disinfectant                                     | Contact Time            | Before or             |              |  | , pr          |  |                    | Disinfectant            |  |  |
|              |   | Net Quantity           |                        | Concentration:<br>(C) Before or at               | (T) at C<br>Measurement | at First<br>Customer  | Temp.        |  | Minimum<br>CT |  | Minimum<br>UV Dose | Concentration at Remote |  |  |
| Day of       | Hours   | of Finished            |                        | First Customer                                   | Point During            | During                | of           | pH of  |               | UV Dosc,   |                    | Point in                | Emergency or Abnormal Operating Conditions; Repair |  |
| the<br>Month | Plant in<br>Operation   | Water<br>Produced, gai | Peak Flow<br>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  | 32,000                 | - come, Epis           | . 104, mg/L                                      | Hannes                  | mK-mm/F               | <b></b>      | wbbitesiote                                      | MINU          | secrem   | sec/cm*            |                         | System Components Out of Operation                 |  |
| 2            | 1 24 22,000 System Components Out of Operation 2 24 13,000 System Components Out of Operation 3 24 15,000 |                        |                        |  |                         |                       |              |  |               |  |                    |                         |  |  |
| 3 4          | 2 14 13,000<br>3 24 15,000  |                        |                        |  |                         |                       |              |  |               |  |                    |                         |  |  |
| 5            | 2V  | 16,000                 |                        | <del> </del>                                     | <u> </u>                |                       |              | <del> </del>                                     |               |  | <b> </b>           |                         |  |  |
| 6            | <u> </u>  | 28,000                 |                        | <del> </del>                                     |                         |                       | <del></del>  | <del> </del>                                     | <b> </b>      | <del>                                     </del> |                    | 0.8                     |  |  |
| 7            | 77  | 24,000                 |                        |  |                         |                       |              |  |               | <del>                                     </del> |                    | (.0                     |  |  |
|              | <u> </u>  | 14,000                 |                        |  |                         |                       |              |  |               |  |                    | 0.9                     |  |  |
| 9<br>10      | 2Y  | 32,000                 |                        | <del> </del>                                     |                         |                       | <u> </u>     | <u> </u>   |               |  |                    | 0.7                     |  |  |
| 11           | 34  | 25,000                 | <del></del>            | <del> </del>                                     |                         |                       |              | <del> </del>                                     | <b> </b>      | <b> </b>   |                    | 0,9                     |  |  |
| 12           | 24  | 26,000                 |                        |  |                         |                       |              | <del>                                     </del> |               | <b> </b>   | ļ                  | 7.7                     |  |  |
| 13           | 24  | 17,000                 |                        |  |                         |                       |              |  |               |  |                    | 1.0                     |  |  |
| 14           | <del>3</del> 4  | 14,000                 |                        |  |                         |                       |              |  |               |  |                    | (-0                     |  |  |
| 16           | 24<br>24  | 18,000                 |                        | <del> </del>                                     |                         |                       |              | <del> </del>                                     |               |  |                    | 0.0                     |  |  |
| 17           | 7.4   | 16,000                 |                        |  |                         |                       | <del> </del> |  | <b></b>       |  | <b></b>            | 6.9                     |  |  |
| 18           | 24  | 21,020                 |                        |  |                         |                       |              |  |               |  |                    |                         |  |  |
| 19<br>20     | 24<br>24  | 22,000                 |                        |  |                         |                       |              |  |               |  |                    | 1.0                     |  |  |
| 21           | 34  | 20,000<br>21,000       |                        | <del>                                     </del> |                         |                       |              | <b> </b>   |               |  |                    | 1.0                     |  |  |
| 22           | 24  | 18:000                 | <del></del>            |  |                         |                       |              | <del> </del>                                     |               | <del> </del>                                     | <del> </del>       | 1.1                     |  |  |
| 23           | 29  | 20,000                 |                        |  |                         |                       |              |  |               | <u> </u>   |                    | 1.0                     |  |  |
| 24<br>25     | 24  | 17,000                 |                        |  |                         |                       |              |  |               |  |                    | 0.8                     |  |  |
| 26           | <del>***</del>  | 37,000                 |                        | <del> </del>                                     |                         |                       | <del></del>  | ļ  |               |  |                    |                         |  |  |
| 27           | ΣŸ  | 3 8,000                | <del></del>            | <del> </del>                                     |                         | <del></del>           | <del> </del> | <del> </del>                                     |               | <del> </del>                                     | <del> </del>       | 1.0                     |  |  |
| 28           | 24  | 13,000                 |                        |  |                         |                       |              |  |               | <del> </del>                                     |                    | 1.0                     |  |  |
| 29<br>30     | 34  | 25,000                 |                        |  |                         |                       |              |  |               |  |                    | 1.0                     |  |  |
| 30           | - <b>3</b> Y  | 16,000                 |                        | <del> </del>                                     |                         |                       |              | ļ  | <del></del>   |  |                    | 0.9                     |  |  |
| Total        |   | 635,000                |                        | <del></del>                                      | ·                       | L                     | <u> </u>     | <b></b>  | L             | L  | L                  | TER PUA                 | LITY TESTING APRIC 2004                            |  |
| Average      |   | 5('000                 |                        |  |                         |                       |              |  |               |  | TEM                | AP AUTOM                | PH POY MOLL  |  |
| Maxim        |   | 32,000                 |                        | _  |                         |                       |              |  | F-1           | -418   | - 770              | _                       | 76 - 1   |  |
| * Kefer      | to the in   | nstructions fo         | or this repor          | t to determine                                   | which plants            | must prov             | ide thi      | s informai                                       | tion. D-1     | -418   | - 270              |                         | 7.6 - 1.2  |  |
|              |   |                        |                        |  |                         |                       |              |  | F-1.          | _4122  | - 28°              |                         | 7.5 - 1.2  |  |
|              |   | · <del>*</del> *       |                        |  |                         |                       |              | D 7  | D (           | -4122  | - 27"              | ***                     | 7.6  |  |





| See | page 4 for instructions.    |   |                           |                        |                |                            | The state of the s |
|-----|-----------------------------|---|---------------------------|------------------------|----------------|----------------------------|--|
| I.  | General Information f       | or the Month/Year of: May 2004            |                           |                        |                |                            |  |
|     | Public Water System (P      |   |                           |                        |                |                            |  |
| ı   | PWS Name: Park Ridg         | e   |                           |                        |                | PWS Identification         | Number: 3590993  |
|     | PWS Type: X C               | ommunity Non-Transient Non                | -Community Tra            | ansient Non-Commu      | ınity 🔲 🤇      | Consecutive                |  |
|     | Number of Service Cor       | nnections at End of Month:   101          |                           | Total Populat          | ion Served a   | End of Month: 354          |  |
|     | PWS Owner: Utilities,       |   |                           |                        |                |                            |  |
|     | Contact Person: Patrick     |   |                           | Contact Perso          | n's Title: Re  | gional Director            |  |
|     | Contact Person's Mailin     | ng Address: 200 Weathersfield Ave.        |                           | City: Altamor          | nte Springs    | State: Fl                  | Zip Code: 32714  |
|     | Contact Person's Telep      | hone Number: 407-869-1919                 |                           | Contact Perso          | on's Fax Num   | ber: 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                            |                           |                        |                |                            | ımber: 407-869-1919  |
|     | Plant Address: 200 We       |   |                           | City: Altamo           | nte Springs    | State: Fl                  | Zip Code: 32714  |
|     | Type of Water Treated       | by Plant: Raw Ground Water                | Purchased Finis           | shed Water             |                |                            |  |
|     |                             | Day Operating Capacity of Plant, gallon   | ns per day: 246,000       |                        |                |                            |  |
|     |                             | bsection 62-699.310(4), F.A.C.): IV       |                           |                        |                | n 62-699.310(4), F.A.C     |  |
|     | Licensed Operators          | Name **                                   | License                   | Class License Nun      | iber           | Day(s)/Sh                  | ift(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.1                 | M 4:30 P.M.  |
|     |                             |   |                           |                        |                |                            |  |
|     |                             |   |                           |                        |                |                            |  |
|     |                             |   |                           |                        |                |                            |  |
|     |                             |   |                           |                        |                |                            |  |
|     |                             |   |                           |                        |                |                            |  |
|     |                             |   |                           |                        |                |                            |  |
|     |                             |   |                           |                        |                |                            |  |
|     | Company of the second       |   |                           |                        |                |                            |  |
|     | l. Certification by Lea     | d/Chief Operator                          |                           |                        |                |                            |  |
|     |                             | eatment plant operator licensed in Flor   | rida am the lead/chief o  | nerator of the water   | treatment pla  | ant identified in Part I o | f this report. I certify that the  |
| inf | formation provided in th    | is report is true and accurate to the bes | st of my knowledge and    | belief. I certify that | all drinking   | water treatment chemic     | cals used at this plant conform to   |
|     |                             | d 60 or other applicable standards refe   |                           |                        |                |                            |  |
| pla | ant were prepared each d    | lay that a licensed operator staffed or v | visited this plant during | the month indicated    | above: (1) re  | ecords of amounts of ch    | emicals used and chemical feed   |
| rat | tes; and (2) if applicable. | , appropriate treatment process perform   | nance records. Furthern   | more, I agree to reta  | in these addit | tional operations record   | s at the plant site for at least ten   |
| ye  | ars and to make them av     | ailable for review upon request.          |                           |                        |                |                            |  |
|     | millar !                    | Carale 6/4/04                             | Michael J. Gavaletz       |                        |                | C5642                      |  |
| Si  | gnature and Date            |   | Printed or Typed Na       | nme                    |                | License                    | Number   |
|     | _                           | / )                                       |                           |                        |                |                            |  |

D--- 1

| PWS          | Identifica                                      | ation Numbe            | r: 3590993   |                              | P                        | lant Name                             | : Utilit   | es, Inc. of                                      | Florida  |                     |  |  |   |
|--------------|---|------------------------|--|------------------------------|--------------------------|---------------------------------------|--|--|--|---------------------|--|--|---|
| III. I       | III. Daily Data for the Month/Year of: May 2004 |                        |  |                              |                          |                                       |  |  |  |                     |  |  |   |
| Means        | of Achi   | eving Four-L           | og Virus In  | activation/Rem               | oval: *                  | Free C                                | hlorine  | ПС   | hlorine I  | Dioxide             | □ O:   | zone 🔲                                 | Combined Chlorine (Chloramines)   |
|              |   | Radiation              |  | (Describe):                  |                          |                                       |  |  |  |                     |  |  |   |
| Type         | of Disinf                                       | ectant Residu          | ual Maintair   | ned in Distribut             | ion System:              | <u></u> ⊠ F                           | ree Ch   | lorine   | Com  | bined Ch            | ilorine (C                                       | hloramines)                            | Chlorine Dioxide  |
|              |   |                        | C  | r Calculations, or l         | JV Dose, to De           | monstrate Fo                          | our-Log  | Virus Inactiv                                    | ation, if Ar                                     | oplicable*          |  |  |   |
|              | le effa   |                        | The state of the s | 1                            | C1 Calcu                 | Lowest CT                             |  | 7.00   |  | UW                  | LASC   | Lowest                                 |   |
|              |   |                        |  | Lowest Residual              | Disinfectant             | Provided                              |  |  |  | 4                   |  | Residual                               |   |
|              |   |                        |  | Disinfectant ' Concentration | Contact Time<br>(T) at C | Before or<br>at First                 |  |  |  | 149 (E.)            |  | Disinfectant<br>Concentration          |   |
|              | 300   | Net Quantity           |  | (C) Before or at             | Measurement              | Customer                              | Temp.  |  | CT :   | Lowest<br>Operating | UV Dose  | 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<br>Month | Plant in<br>Operation                           | Water<br>Produced, gal | Peak Flow<br>Rate, and   | During Peak<br>Flow, mg/L    | Peak Flow,<br>minutes    | Peak Flow,<br>mg-min/L                |  | Water, if<br>Applicable                          | mg.<br>min/L                                     | mW-<br>sec/cm²      | mW-<br>sec/cm²                                   | Distribution<br>System, mg/L           | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1            | 24  | 10,000                 | Tribital Plus  | 1                            | Hilliams                 | HIE AUTHER                            |  | Subhricanic                                      | mun'i  | SCOCIA              | accordin   | 0.7                                    | System Configurence Cort of Operation   |
| 2            | 29  | 21,000                 |  |                              |                          |                                       |  |  |  | t                   |  | 1 1/2 1                                |   |
| 3            | 38  | 23,000                 |  |                              |                          |                                       |  |  |  |                     |  | 0.8                                    |   |
| 5            | 24  | 15,000                 |  | <del> </del>                 |                          |                                       |  |  |  |                     |  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |   |
| 6            | 24  | 16,000                 |  |                              | ·······                  |                                       | <del> </del>                                     |  |  | <b> </b>            | <b>}</b>   | 7.0                                    |   |
| 7            | 29  | 15,000                 |  |                              |                          |                                       | <del>                                     </del> |  | <del>                                     </del> |                     | <del>                                     </del> | 0.8                                    |   |
| 8            | 24  | 13,000                 |  |                              |                          |                                       |  |  |  | <del></del>         | <del> </del>                                     | 1.0                                    |   |
| 9            | 24  | 26,000                 |  |                              |                          |                                       |  |  |  |                     |  |  |   |
| 10           | 24<br>24  | 27,000                 |  | ļ                            |                          |                                       | <u> </u>   |  |  |                     |  | 1.0                                    |   |
| 12           | 24  | 19,000                 | <del></del>  |                              | <u> </u>                 | <u> </u>                              | ├  | <del> </del>                                     | <b></b>  | <del> </del>        | <del> </del>                                     | 1.3                                    |   |
| 13           | 24  | 20,000                 |  |                              |                          |                                       | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>        | <del> </del>                                     | 0.9                                    |   |
| 14           | 24  | 23,000                 |  |                              |                          |                                       |  |  |  |                     |  | 1.0                                    |   |
| 15           | 24  | 16,000                 |  |                              |                          |                                       |  |  |  |                     |  | 1.0                                    |   |
| 16           | 24<br>24  | 30,000<br>30,000       |  | <del> </del>                 | <u> </u>                 |                                       | <del> </del>                                     |  |  |                     |  | -                                      |   |
| 18           | 27  | 18,000                 |  | <del> </del>                 |                          | <del> </del>                          | ┼  | <del> </del>                                     | ļ  | <del> </del> -      | <del> </del>                                     | 0,7                                    |   |
| 19           | 24  | 20,000                 |  |                              | <del></del>              |                                       | <del> </del>                                     |  | <del>                                     </del> | <del> </del>        | <del> </del>                                     | 1.0                                    |   |
| 20           | 24  | 30,000                 |  |                              |                          |                                       |  |  |  |                     |  | 1.2                                    |   |
| 21           | 24  | 16,000                 |  | ļ                            | ļ                        |                                       |  |  |  |                     |  | 1.0                                    |   |
| 23           | 24  | 29,000                 |  | <del> </del>                 |                          | <b> </b>                              | <del>├</del>                                     | <b></b>  |  | <del> </del> -      | <b>↓</b>   | 0.9                                    |   |
| 24           | 2.4   | 29,000                 |  | <del> </del>                 |                          | <b>-</b>                              | ┼──  | <del>                                     </del> |  | <del> </del>        | <del> </del>                                     | 10                                     | <del> </del>  |
| 25           | 24  | 23,000                 |  |                              |                          |                                       |  | <b></b> -  | <del> </del>                                     | <del> </del>        | <del> </del>                                     | 1 1:1                                  |   |
| 26           | 24  | 25,000                 |  |                              |                          |                                       |  |  |  |                     |  | 1.0                                    |   |
| 28           | 34  | 31,000                 |  | <del> </del>                 |                          |                                       |  |  |  |                     |  | (, 0                                   |   |
| 29           | इपे   | 20,000                 |  | <del> </del>                 | <b> </b>                 |                                       | ├  | <del> </del>                                     | ļ  |                     | ļ  | 0.9                                    |   |
| 30           | 2.7   | 28,000                 |  | <del> </del>                 | <del> </del>             |                                       | <del> </del>                                     | <del> </del>                                     |  | <del> </del>        | ļ  | 1.0                                    |   |
| 31           | ٧٤  | 29,000                 |  |                              |                          | · · · · · · · · · · · · · · · · · · · | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | <del> </del>        | <del> </del>                                     | 0.8                                    |   |
| Total        |   | 685,000                |  |                              |                          | <del></del>                           |  | ·  | <del></del>                                      | <u> </u>            | WATE   | ROUAL                                  | ITY TESTING MAY 2004  |
| Maxim        | C<br>Dni  | 27,000                 |  |                              |                          |                                       |  |  |  | •                   |  | 7 2                                    | 00 111  |
| * Refe       | r to the i                                      | nstructions 6          | l<br>or this rapes   | et to dataum≟                | ushi al- al-             |                                       |  |  |  | . 14                | LEME   | _                                      | PULM CIL  |
| neje         | io me n   | ion actions Jo         | n uns repor  | i io aeiermine               | wnicn plants             | must pro                              | viae thi   | s informai                                       | tion. E-   | -614 -              | 28,  |  | 7.6 - 1.2   |
|              |   |                        |  |                              |                          |                                       |  |  | D-1  | -614 -              | 29   |  | 7.6 - 1.2   |
|              |   |                        |  |                              |                          |                                       |  | D 1  | E-1-   | -6118-              | <b>ત્ર</b> ્યું                                  | - 7                                    | PH POYMOLL<br>7.6 - 1.2<br>7.6 - 1.2<br>1.5 - 1.2                                 |





See page 4 for instructions.

| 500  | page 4 for mistructions.   |                         |                              |                         |                         |            |  |                                 |
|------|----------------------------|-------------------------|------------------------------|-------------------------|-------------------------|------------|--|---------------------------------|
| ı.   | General Information        | for the Month/Year      | of: June 2004                |                         |                         |            |  |                                 |
| A.   | Public Water System (F     | WS) Information         |                              |                         |                         |            |  |                                 |
|      | PWS Name: Park Ridg        |                         |                              |                         |                         |            | PWS Identification Nu                  | mber: 3590993                   |
|      | PWS Type:                  | Community N             | Ion-Transient Non-Comm       | unity Transier          | t Non-Community         | Сс         | onsecutive                             |                                 |
|      | Number of Service Co       |                         |                              |                         | Total Population Se     | rved at E  | End of Month: 354                      |                                 |
|      | PWS Owner: Utilities,      | Inc. of Florida         |                              |                         |                         |            |  |                                 |
|      | Contact Person: Patricl    | k Flynn                 |                              |                         | Contact Person's Tit    | tle: Regi  | onal Director                          |                                 |
|      | Contact Person's Maili     | ng Address: 200 We      | athersfield Ave.             |                         | City: Altamonte Spr     | rings      | State: Fl                              | Zip Code: 32714                 |
|      | Contact Person's Telep     | hone Number: 407-8      | 869-1919                     |                         | Contact Person's Fa     | x Numb     | er: 407-869-6961                       |                                 |
|      | Contact Person's E-Ma      | il Address: p.c.flynn   | @utilitiesinc-usa.com        |                         |                         |            |  |                                 |
| В.   | Water Treatment Plant      | Information             |                              |                         |                         |            |  |                                 |
|      | Plant Name: Utilites, I    | nc. of Florida          |                              |                         |                         |            | Plant Telephone Numb                   | per: 407-869-1919               |
|      | Plant Address: 200 We      |                         |                              |                         | City: Altamonte Spi     | rings      | State: Fl                              | Zip Code: 32714                 |
|      | Type of Water Treated      |                         |                              | Purchased Finished V    | Vater                   |            |  |                                 |
|      | Permitted Maximum D        | Day Operating Capac     | ity of Plant, gallons per d  | ay: 246,000             |                         |            |  |                                 |
|      | Plant Category (per su     | bsection 62-699.310     | (4), F.A.C.): IV             |                         | Plant Class (per sub    | section (  | 62-699.310(4), F.A.C.): (              |                                 |
|      | Licensed Operators         |                         | Name                         | License Class           | License Number          |            | Day(s)/Shift(                          | s) Worked                       |
|      | Lead/Chief Operator:       | Mike Gavaletz           |                              | С                       | 5642                    |            | Mon-Fri8a.m                            | 4:30 p.m.                       |
|      | Other Operators:           | Terry Sillitoe          |                              | С                       | 12749                   |            | Sat. 8 A.M                             | 4:30 P.M.                       |
|      |                            |                         |                              |                         |                         |            |  |                                 |
|      |                            |                         |                              |                         |                         |            |  |                                 |
|      |                            |                         |                              |                         |                         |            |  |                                 |
|      |                            |                         |                              |                         |                         |            |  |                                 |
|      |                            |                         |                              |                         |                         |            |  |                                 |
|      |                            |                         |                              |                         |                         |            |  |                                 |
|      |                            |                         |                              |                         |                         |            |  |                                 |
|      |                            |                         |                              |                         |                         |            |  |                                 |
| 11   | . Certification by Lea     | d/Chief Operator        |                              |                         |                         |            | —————————————————————————————————————— |                                 |
| I. t | ne undersigned water tr    | eatment plant operate   | or licensed in Florida am    | the lead/shief anarote  | n of the sustant wester |            | identified in Deat Left                | s report. I certify that the    |
| inf  | ormation provided in the   | is report is true and a | or necessed in Piorida, and  | knowledge and belief    | I cortify that all dri  | ient piant | i identified in Part I of thi          | used at this plant conform to   |
| NS   | F International Standard   | d 60 or other applical  | ble standards referenced i   | n subsection 62-555 3   | 20(3) FAC Talso         | certify t  | hat the following addition             | nal operations records for this |
| pia  | iii were prepared each d   | lay that a licensed op  | erator staffed or visited th | ais plant during the mo | onth indicated above:   | : (1) reco | ords of amounts of chemi               | cals used and chemical feed     |
| iau  | es, and (2) ii applicable, | appropriate treatme     | nt process performance re    | cords. Furthermore.     | agree to retain these   | e addition | nal operations records at              | the plant site for at least ten |
| yea  | irs and to make them av    | ailable for review up   | on request.                  | ,                       |                         |            |  | production and total con-       |
|      | muhail                     | Gewale                  | 7/1/04 Mich                  | nael J. Gavaletz        |                         |            | C5642                                  |                                 |
| Sig  | nature and Date            |                         |                              | ed or Typed Name        | <del></del>             | ****       | License Nur                            | nher                            |
|      |                            | ′ /)                    | 1 1 1111                     | or Typou Hame           |                         |            | License Mui                            | iioci                           |

| PWS      |                                | ation Numbe                          |               | REPORT  |   | lant Name  |  |  |              | DIAD AA      | AILN   | OK FOR  | JINGLD     | IMOIL         | ~ 447/11 F1/          |
|----------|--------------------------------|--------------------------------------|---------------|---|---|--|--|--|--------------|--------------|--|---|------------|---------------|-----------------------|
| III. D   | aily Dat                       | a for the M                          | onth/Year o   | f: June 2004  |   |  |  |  |              |              |  |   |            |               |                       |
| Means    | of Achi                        | eving Four-I<br>Radiation            | og Virus In   | activation/Ren<br>(Describe):                             | noval: *                                      | Free Cl  | nlorine  | ПС   | hlorine I    | Dioxide      | ☐ Oz   | zone 🔲 (                                      | Combined C | nlorine (Chlo | ramines)              |
| Type     | of Disinf                      | ectant Resid                         |               | ed in Distribut   |   | ⊠F   | ree Ch   | lorine   | Com          | bined Ch     | lorine (C  | hloramines)                                   | Chlo       | rine Dioxide  |                       |
|          |                                |                                      | C             | Calculations, or  | JV Dose, to De                                | monstrate Fo                                     | ur-Log   | Virus Inactiv                                    | ation, if Ar | plicable*    |  | ar a  |            | a Name of the |                       |
|          |                                |                                      |               | Lowest Residual<br>Disinfectant                           | Disinfectant<br>Contact Time                  | Lowest CT<br>Provided<br>Before or               |  |  |              |              |  | Lowest<br>Rosidual<br>Disinfectant            |            |               |                       |
| Day of   | Hours<br>Plant in              | Net Quantity<br>of Finished<br>Water | Pçak Flow     | Concentration (C) Before or at Pirst Customer During Peak | (T) at C. Measurement Point During Peak Flow. | at First Customer During Peak Flow               | Temp.<br>of                                      | pH of<br>Water, if                               | CT           | Operating    | Minimum<br>LIV, Dose<br>Required,<br>mW-         | Concentration at Remote Point in Distribution |            |               | ating Conditions; Rep |
|          | Operation                      | Produced, gal                        | Rate, and     | Flow, mg/L  | minutes                                       | mg-min/L   | e<br>P   | Applicable                                       |              | sec/cm       | sec/cm   | System: mg/L                                  |            |               | Out of Operation      |
| 1 2      | 쑀                              | 26.000                               |               | ļ   |   |  |  |  |              |              |  | 0.7   |            |               |                       |
| 3        | 24                             | 20,000                               |               |   | <u> </u>                                      | <del> </del>                                     |  | <del></del>                                      | <b></b>      | <b></b>      |  | 0.8   |            |               |                       |
| 4        | 24                             | 20,000<br>20,000<br>22,000           |               | L   |   |  |  |  | <del> </del> |              | <del>                                     </del> | 1.0   |            |               |                       |
| 6        | 24                             | 1.15.000                             |               |   |   |  |  |  |              |              |  | 0.8   |            |               |                       |
| 7        | 24<br>24                       | 26,000<br>26,000                     |               | <del> </del>  | <u> </u>                                      |  |  |  | <b> </b>     |              |  |   |            | ·             |                       |
| 8        | 24                             | 118,000                              |               |   | <b></b>                                       |  | <del> </del>                                     | <del> </del>                                     |              |              | <del> </del>                                     | 3.9   |            |               |                       |
| 9        | 24                             | 17,000                               |               |   |   |  |  |  |              |              |  | 1.0   |            |               |                       |
| 10°      | 24<br>24                       | 17,000                               |               | ļ   |   |  |  |  |              |              |  | 0.8   |            |               |                       |
| 12       | 24                             | 19.000                               |               | <del> </del>  |   |  | <del> </del>                                     |  |              |              |  | 0.9   |            |               |                       |
| 13       | 24                             | 26.000                               |               |   |   |  | <b> </b>   |  |              |              |  | 0.7   |            |               |                       |
| 14       | 24                             | 76,000                               |               |   |   |  |  |  |              |              |  | 1.0   |            |               |                       |
| 16       | 24                             | 15.000                               |               | <del> </del>  |   | ļ  | <u> </u>   | <u> </u>   |              | ļ            | ļ  | 1.0   |            |               |                       |
| 17       | <del>24</del><br><del>24</del> | I K. MY                              |               |   |   |  | <del> </del>                                     |  |              |              | ├  | 0.8   |            |               |                       |
| 18       |                                | 24,000                               |               |   |   |  |  |  |              |              | <del>                                     </del> | 10  |            |               |                       |
| 19<br>20 | -34                            | 24,000<br>15,000<br>25,000<br>25,000 |               |   |   |  |  |  |              |              |  | 1.0   |            |               | ·····                 |
| 21       | र्यप                           | 25,000                               |               | <del> </del>  | <del> </del>                                  |  | <u> </u>   | <del> </del>                                     | <del> </del> |              |  | 1.5   |            |               |                       |
| 22       | 29                             | I re logo                            |               |   | <del></del>                                   | <del>                                     </del> | <del></del>                                      | <del> </del>                                     | -            |              | <del> </del>                                     | 0.6   |            |               |                       |
| 23<br>24 | 24                             | 181000                               |               |   |   |  |  |  |              |              |  | 1.0   |            |               |                       |
| 25       | 74                             | $\frac{21.000}{27.000}$              |               |   |   |  |  | L  |              |              |  | 1.0   |            |               |                       |
| 26       | - 24                           | 22/100                               |               | <del> </del>  | <del> </del>                                  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |              | <del> </del> | ļ  | 0.9   |            |               |                       |
| 27       | 24                             | 22.000                               |               |   |   | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> |              | <del> </del> | <del> </del>                                     | 0.7   |            |               |                       |
| 28<br>29 | 24                             | 123:000                              |               |   |   |  |  |  |              | <u> </u>     | <u> </u>   | 7.0   |            | <del></del>   |                       |
| 30       |                                | 16,000                               | ļ             | <b></b>   |   |  |  |  |              |              |  | 0.9   |            |               |                       |
| 31       |                                |                                      |               |   | <del></del>                                   | <del> </del>                                     |  | <del> </del>                                     | <del> </del> | <u></u>      | ļ  | 0.7   |            |               |                       |
| Total    |                                | 619,000                              |               |   | <u> </u>                                      | L  | Щ  | L  | l            | <u> </u>     | L  | I ATES  | OUNCETT!   | TESTING       | JUNE 2004             |
| Averag   |                                | 21,000                               |               |   |   |  |  |  |              |              |  | WATE  | QUALITY    |               | FOYMELL               |
| * Pafa   |                                | 26,800                               |               |   |   |  |  |  |              |              | i  |   | TEMPC      | 2.5           |                       |
| кеје     | to ine li                      | nsiructions fo                       | or this repor | t to determine  | which plants                                  | must prov  | ide thi  | s informa  | tion.        |              | استا   | -618104 -                                     | 25         | 1.5           | 0.8                   |
|          |                                |                                      |               |   |   |  |  |  |              |              |  | - 618/04 -                                    |            | 7.5           | 0.7                   |
|          |                                | •                                    |               |   |   |  |  | D-~- 1   |              |              | E-l  | - 6122/04 .                                   | -25        | 7.6           | 0.9                   |





See page 4 for instructions.

FILE COPY

| PWS Name: Park Ridge PWS Type: Accommunity Non-Transient Non-Community Transient Non-Community Total Population Served at End of Month: Joy PWS Type: Accommunity Non-Transient Non-Community Total Population Served at End of Month: Joy PWS Owner: Utilities, Inc. of Florida Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fi Zip Code: 32714 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fi Zip Code: 32714 Contact Person's Telephone Number: 407-869-1919 Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fi Zip Code: 32714 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: Saw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallous per day: 246,000 Plant Category (per subsection 62-699-310(4), F.A.C.): C Licensed Operators: Name: License Class Subsection 62-699-310(4), F.A.C.): C Licensed Operators: Name: City: Slitice C Soil Desprey Slitic |  |  |                    |                         |  |                              | ILL OUI I  |
|--|--|--|--------------------|-------------------------|--|------------------------------|--|
| PWS Name: Park Ridge PWS Type: A Community Non-Transient Non-Community Transient Non-Community Tousecutive Number of Service Connections at End of Month: / Of Total Population Served at End of Month: 35 Y PWS Owner. Utilities, Inc. of Florida Contact Person's Trile: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Contact Person's Intention Number: 407-869-1919 Contact Person's Intention Number: 407-869-1919 Contact Person's Intention Number: 407-869-1919 Contact Person's Intention Number: 407-869-1919 Contact Person's Intention Number: 407-869-1919 Contact Person's Intention Number: 407-869-1919 Contact Person's Intention Number: 407-869-1919 Contact Person's Intention Number: 407-869-1919 Contact Person's Main Address: 200 Weathersfield Ave. Water Treatment Plant Information Plant Address: 200 Weathersfield Ave. Type of Weat Treated by Plant: Raw Ground Water Permitted Maximum Day Operating: Capacity of Plant, gallons per day: 246,000 Plant Category (per subsection 62-699; 10(4), F.A.C.): V Plant Category (per subsection 62-699; 10(4), F.A.C.): V Plant Category (per subsection 62-699; 10(4), F.A.C.): V Plant Category (per subsection 62-699; 10(4), F.A.C.): V Plant Category (per subsection for 26-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.): V Plant Category (per subsection for 32-699; 10(4), F.A.C.):  |  |  | 004                |                         |  |                              |  |
| PNS Type:   Community   Non-Transient Non-Community   Transient Non-Community   Consecutive   Number of Service Connections at End of Month:   / O     Total Population Served at End of Month:   35 Y   |  |  |                    |                         |  |                              |  |
| PWS Type:   X  Community   Non-Transient Non-Community   Transient N   |  |  |                    |                         |  | PWS Identification N         | umber: 3590993   |
| Number of Service Connections a End of Month:   O     Total Population Served at End of Month:   35 \( \frac{7}{2} \)   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 Telephone Number: 407-869-1919   Contact Person's Fax Number: 407-869-6961   Contact Person's Endail Address: p.c. flynn@utilitiesinc-usa.com   Water Treatment Plant Information   Plant Information   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: 246,000   Plant Category (per subsection 62-699-310(4), F.A.C.): IV   Plant Category (per subsection 62-699-310(4), F.A.C.):   V   Plant Category (per subsection 62-699-310(4), F.A.C.):   V   Plant Category (per subsection 62-699-310(4), F.A.C.):   C   License Class   Lic   |  |  | Transie            | nt Non-Community        | ПС                                     |                              |  |
| PWS Owner: Utilities, Inc. of Florida   Contact Person's Title: Regional Director  | Number of Service C  | onnections at End of Month: / 0                        |                    |                         | erved at F                             | End of Month: 354            |  |
| Contact Person's Mailing Address: 200 Weathersfield Ave.  City: Altamonte Springs   State: F1   Zip Code: 32714   Contact Person's Fleehone Number: 407-869-6961   Contact Person's E-Mail Address: p.c.finn@utilitiesinc-usa.com   Water Treatment Plant Information   Plant Name: Utilities, inc. of Florida   Plant September   Purchased Finished Water   Plant Name: Utilities, inc. of Florida   Plant September   Purchased Finished Water   Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000   Plant Category (per subsection 62-699-310(4), F.A.C.): IV   Plant Class (per subsection 62-699-310(4), F.A.C.): V   Lead/Chief Operators   Name   License Class   License Class   License Number   Dev(p)/Shift(p) Worked   Lead/Chief Operators   Terry Silline   C   12749   Sat. 8.A.M430 p.m.    Other Operators:   Terry Silline   C   12749   Sat. 8.A.M430 p.m.    EAST (Including In this report is true and accurate to the best of my knowledge and bellet. 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 62-595.320(3), F.A.C. I also certify that the following additional operations records for this 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 attes; and (2) if applicable, appropriate treatment Plozes performance records. Furthermore, I agree to retain these additional operations records to this 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 attes; and (2) if applicable, appropriate treatment Plozess performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ears and symake them available for review upon request.  | PWS Owner: Utilities   | s, Inc. of Florida                                     |                    |                         |  |                              |  |
| Contact Person's Mailing Address: 200 Weathersfield Ave.   City: Altamonte Springs   State: Fl   Zip Code: 32714   | Contact Person: Patri  | ck Flynn   |                    | Contact Person's T      | itle: Regi                             | onal Director                |  |
| Contact Person's Fleehone Number; 407-869-1919   Contact Person's Fax Number: 407-869-6961   | Contact Person's Mai   | ling Address: 200 Weathersfield Ave.                   |                    |                         |  |                              | Zip Code: 32714  |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com   Water Treatment Plant Information   Plant Name: Utilites, Inc. of Florida  | Contact Person's Tele  | phone Number: 407-869-1919                             |                    |                         |  |                              |  |
| Plant Name: Utilites, Inc. of Florida  |  |  |                    |                         | <u> </u>                               | VI. 107 007-0701             | <del></del>  |
| Plant Address: 200 Weathersfield Ave.  Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000  Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Plant Class (per subsection 62-699.310(4), F.A.C.): IV  Plant Class (per subsection 62-699.310(4), F.A.C.): C  Licensed Operators  Lead/Chief Operator:  Mike Gavaletz  C 5642  Mon-Fri & a.m 4:30 p.m.  Other Operators:  Terry Sillice  C 12749  Sat & A.M 4:30 p.M.  Paymonic H Para II. S. II. Certification In Lend. 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 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 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 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 plocess performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ears and to make them available for review upon request.  Michael J. Gavaletz  C5642  | . Water Treatment Plan   | t Information  |                    |                         |  | <del></del>                  | <del></del>  |
| Plant Address: 200 Weathersfield Ave.  Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000  Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Plant Class (per subsection 62-699.310(4), F.A.C.): IV  Plant Class (per subsection 62-699.310(4), F.A.C.): C  Licensed Operators  Lead/Chief Operator:  Mike Gavaletz  C 5642  Mon-Fri & a.m 4:30 p.m.  Other Operators:  Terry Sillice  C 12749  Sat & A.M 4:30 p.M.  Paymonic H Para II. S. II. Certification In Lend. 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 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 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 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 plocess performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ears and to make them available for review upon request.  Michael J. Gavaletz  C5642  | Plant Name: Utilites,  | Inc. of Florida  |                    |                         |  | Plant Telephone Num          | ber: 407-869-1919  |
| Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Licensed Operators Lead/Chief Operators Mike Gavaletz  Other Operators: Mike Gavaletz  Other Operators: Terry Sillitoc  C 12749  Sat. 8 A.M 4:30 P.M.  Permitted Maximum Day Operators Name  License Class License Number  Terry Sillitoc  C 5642  Mon-Fri 8 a.m 4:30 P.M.  Part Of the Operators: Terry Sillitoc  C 12740  Iterry Sillitoc  Raymond H Marris S.f.  C 12740  Iterry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Terry Sillitoc  Raymond H Marris S.f.  Terry Sillitoc  Te       |  |  |                    | City: Altamonte S       | prings                                 |                              |  |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000  Plant Category (per subsection 62-699.310(4), F.A.C.): IV  License Operators  Lead/Chief Operator:    Devico/Shiftig) Worked  | Type of Water Treate   | ed by Plant: 🛛 Raw Ground Water 🗀 Purcl                | hased Finished     |                         | FB-                                    | 12000                        | 2.1p Code: 32714   |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Licensed Operators  Lead/Chief Operator:  Mike Gavaletz  Other Operators:  Terry Sillitoc  RAYMONIC II Plant I) Sat. 8 A.M 4.30 p.m.  Other Operators:  Terry Sillitoc  RAYMONIC II Plant I) Sat. 8 A.M 4.30 p.m.  Terry Sillitoc  RAYMONIC II Plant I) Sat. 8 A.M 4.30 p.m.  Terry Sillitoc  RAYMONIC II Plant I) Sat. 8 A.M 4.30 p.m.  Terry Sillitoc  RAYMONIC II Plant I) Sat. 8 A.M 4.30 p.m.  Terry Sillitoc  RAYMONIC II Plant I) Sat. 8 A.M 4.30 p.m.  Terry Sillitoc  RAYMONIC II Plant I of this report. I certify that 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 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 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 plocess performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least tenears and to make them available for review upon request.  Mathematical Reports of the plant site for at least tenears and to make them available for review upon request.  Mathematical Reports of the plant site for at least tenears and to make them available for review upon request.  | Permitted Maximum  |  | 16,000             |                         | ····                                   |                              |  |
| 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 12749  Sat. 8 A.M 4:30 p.m.  Terry Sillitoe  RAYMONIC H PARBLISH  C 12740  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 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 plocess performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ears and to make them available for review upor request.  Michael J. Gavaletz  C 5642   |  |  | <del></del>        | Plant Class (per su     | bsection (                             | 62-699.310(4) FAC):          | C  |
| Other Operators:    Mike Gavaletz   C   5642   Mon-Fri 8 a.m4:30 p.m.  |  |  | License Clase      | License Number          | ************************************** |                              |  |
| Other Operators:  Terry Sillitoe  C  12749  Sat. 8 A.M 4:30 P.M.  PAYMONIC H PARRISH  C  12740  11. Certification by Lead 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 nformation 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 Standards of 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 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 attes; 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 ears and to make them available for review upon request.  C5642  | Lead/Chief Operator:   | Mike Gavaletz  |                    |                         |  |                              | والمتها والمتالي والمراجع والمتالين والمتالي والمتالي والمتالي والمتالي والمتالي والمتالي والمتالي والمتالي والمتالي |
| RAYMONOL A PARB, St. C. 12740  II. Certification by Lead 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 nformation 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 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 attes; and (2) if applicable, appropriate treatment placess performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten ears and to make them available for review upon request.  **Confidence of the water treatment plant identified in Part I of this report. I certify that the following additional operations records for this plant conformation provided in the plant site for at least ten ears and to make them available for review upon request.  **Confidence of the water treatment plant identified in Part I of this report. I certify that the following additional operations records for this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed attes; and (2) if applicable, appropriate treatment plant site for at least ten ears and to make them available for review upon request.  **Confidence of the water treatment plant identified in Part I of this report. I certify that the following additional operations records at the plant site for at least ten ears and to make the make additional operations records at the plant site for at least ten ears and to make the make additional operations records at the plant site for at least ten ears and  |  |  | <del></del>        | <del>}</del>            |  |                              |  |
| 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 its 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 the 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 ears and to make them available for review upon request.  C5642  |  | RAYMONIC A PARRISH                                     |                    |                         |  | Sat. 671.34,                 | 4.301,101,   |
| 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 its 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 the 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 least and to make them available for review upon request.  C5642   |  |  |                    | 1 1 1 1                 |  |                              |  |
| 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 its 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 the 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 least and to make them available for review upon request.  C5642   |  |  |                    |                         |  |                              |  |
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| 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 its 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 the 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 least and to make them available for review upon request.  C5642   |  | · · · · · · · · · · · · · · · · · · ·                  | †                  |                         |  |                              |  |
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| 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 its 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 the 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 least and to make them available for review upon request.  C5642   |  |  | †                  |                         |  | <del></del>                  |  |
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| 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 ears and to make them available for review upon request.    Compared 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 ears and to make them available for review upon request.    Compared 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 ears and to make them available for review upon request.    Compared 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 each site.   | itermation provided in t   | his report is true and accurate to the best of my know | ledge and belie    | f. I certify that all d | rinking w                              | ater treatment chemicals     | s used at this plant conform to  |
| 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 ears and to make them available for review upon request.  C5642  | NSF International Standa   | and 60 or other applicable standards referenced in sub | section 62-555.    | 320(3), F.A.C. I als    | o certify t                            | hat the following addition   | onal operations records for this   |
| ears and to make them available for review upon request.    Company  | ates: and (2) if applicabl   | e appropriate treatment process performance records    | ant during the m   | lonun indicated abov    | e: (1) reco                            | ords of amounts of chem      | icals used and chemical feed   |
| Kalenne At from 8-2-Michael J. Gavaletz C5642  | vears and termake them a   | vailable for review upon request                       | s. ruittieililoie, | i agree to retain the   | se additio                             | nai operations records a     | the plant site for at least ten  |
|  | tare and to make mem t   |  |                    |                         |  |                              |  |
|  | Krilanne   | A A Michael J  | . Gavaletz         |                         |  | C5642                        |  |
| First of Typed Name Diceise Mullioti   | Signature and Date   |  |                    |                         |  |                              | ımher  |
|  | J.G. M. C. M | for Trined of  | Typou rausic       |                         |  | Diceige 14                   |  |

| PWS           | dentifica                            | ation Numbe            | r: 3590993                            |  | P  | lant Name  | : Utilit   | es, Inc. of         | Florida  | - FAR               | K RING   | £  |  |
|---------------|--------------------------------------|------------------------|---------------------------------------|--|--|--|--|---------------------|--|---------------------|--|--|--|
| III. <u>D</u> | H. Daily Data for the Month/Year of: |                        |                                       |  |  |  |  |                     |  |                     |  |  |  |
| Means         | of Achi                              | eving Four-L           | og Virus In                           | activation/Rem                                   | oval: *  | Free Cl  | nlorine  | Пс                  | hlorine D  | Dioxide             | [] O <sub>2</sub>                                | one T  | Combined Chlorine (Chloramines)                    |
| Ult           | raviolet                             | Radiation              | Other                                 | (Describe):                                      |  |  |  | _                   |  |                     | ٠, ٥٠  |  | Chotanines)  |
| Type o        | of Disinfo                           | ectant Residu          | ıal Maintair                          | ned in Distribut                                 | ion System:                                      | ⊠F   | ree Ch   | lorine              | Com  | bined Ch            | lorine (C  | hloramines)                                      | Chlorine Dioxide                                   |
|               |                                      |                        | C                                     | T Calculations; or                               | N West to De                                     | esianete Fo                                      |  |                     | CITALAT  | plicable            | No. of Addition                                  |  |  |
| 1             |                                      |                        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <b>1</b>   | CT Caleu   | Lowest CT  |  | 10 E-10             |  | UV                  | Dose   |  |  |
| 1 1           | tari la di<br>Gari                   |                        |                                       | Lowest Residual                                  | Dizinfectant                                     | Provided   |  | 4                   |  | 3.43                |  | Lowest Residual                                  |  |
|               |                                      |                        |                                       | Disinfectant                                     | Contact Time                                     | Before or  |  |                     |  | 33.24               | 19575  | Disinfectant                                     |  |
|               |                                      | Not Quantity           | 4. 4.                                 | Concentration (C) Before or at                   | (T) at C<br>Measurement                          | at First<br>Customer                             | Temp.  | . 5. 60             | Mithitian<br>CT                                  | Lowest<br>Operating | Minimum  | Concentration at Remote                          |  |
| Day of        |                                      | of Finished            |                                       | First Customer                                   | Point Ducing                                     | During   | of   | pli of<br>Water, if | Remired  | UV Dose,            | Required   | Point in   | Emergency or Absormal Operating Conditions; Repair |
| the           | Plant in<br>Operation                | Water<br>Produced, gai | Peak Flow                             | During Peak                                      | Peak Flow,                                       | Pent Flow,                                       | West,  | Water, if           | mg-  | mW-                 | mW-  | Distribution                                     | or Maintenance Work that Involves Taking Water     |
| ividiai       | 24                                   | 17,000                 | Rate, gpd                             | Flow, mg/L                                       | minutes  | mg-min/L   | °C   | Applicable          | min/C  | soc/cm²             | sec/cm*  | System, mg/L                                     | System Components Out of Operation                 |
| 2             | 1                                    | 18.000                 |                                       | <del>                                     </del> |  |  |  | <del> </del>        |  |                     | <del> </del>                                     | 0,9  |  |
| 3             |                                      | 12,000                 |                                       |  |  |  |  |                     |  |                     |  | 0.8  |  |
| 4             |                                      | 17.000                 |                                       |  |  |  |  |                     |  |                     |  |  |  |
| 5             |                                      | 18,000                 |                                       |  |  |  |  |                     |  |                     |  | 1,2  |  |
| 6 7           |                                      | 17,000                 |                                       | <del> </del>                                     |  |  | ļ  |                     |  |                     |  | 1.0  |  |
| 8             |                                      | 16,000                 |                                       | <del> </del>                                     | ļ  |  |  | ļ                   |  |                     |  | 40   |  |
| 9             |                                      | 21.000                 |                                       | <del> </del>                                     | <u> </u>   |  |  | <del> </del>        |  | <del> </del>        | <del> </del>                                     | 1.0  |  |
| 10            |                                      | 10,000                 | <del></del>                           | <del> </del>                                     |  |  | <del>                                     </del> | <del> </del>        | <del> </del>                                     | <del> </del>        |  | 1,2  |  |
| 11            |                                      | 31.000                 |                                       |  |  |  |  | <u> </u>            |  | <b>-</b>            |  | 112  |  |
| 12            |                                      | 31,000                 |                                       |  |  |  |  |                     |  |                     |  | 1.1  |  |
| 13            | 14                                   | 18,000                 | ļ                                     | <del> </del>                                     | <b></b>  |  |  |                     |  |                     |  | 1,0  |  |
| 14            | 74                                   | 18.000                 |                                       | <del> </del>                                     | ļ  | ļ  | <del> </del>                                     | <b></b>             |  | <b> </b>            | <u> </u>   | 1.0  |  |
| 16            | _                                    | 14,000                 |                                       |  | <del>                                     </del> | <del> </del>                                     |  |                     | <b></b>  |                     | <b></b> -  | 9.8  |  |
| 17            |                                      | 11.000                 |                                       |  | <del> </del>                                     | <del></del>                                      |  |                     | <del> </del>                                     | <del> </del>        | <del></del>                                      | 1,0  |  |
| 18            |                                      | 20,000                 |                                       | 1  |  |  |  |                     | ļ —  |                     |  | <del>                                     </del> |  |
| 19            |                                      | 21,000                 |                                       |  |  |  |  |                     |  |                     |  | 1.0  |  |
| 20            |                                      | 14,000                 |                                       | <del> </del>                                     | <u> </u>   |  |  |                     |  |                     |  | 1.0  |  |
| 21<br>22      |                                      | 18,000                 |                                       | <del> </del>                                     | <del> </del>                                     |  | <b></b>  | ļ                   | ļ  |                     | <b> </b>   | 0.8  |  |
| 23            |                                      | 201000                 |                                       | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     |  |                     |  |                     | <del> </del>                                     | 1.0  |  |
| 24            |                                      | 15,000                 |                                       |  | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>        | <del> </del>                                     | <del> </del>        | <del> </del>                                     | 1.0  |  |
| 25            |                                      | 25,000                 |                                       | 1  |  |  |  | 1                   | <del>                                     </del> |                     | <del>                                     </del> | <del>                                     </del> |  |
| 26            |                                      | 26,000                 |                                       |  |  |  |  |                     |  |                     |  | 1,0  |  |
| 27            |                                      | 12,000                 |                                       | <b></b>  |  |  |  |                     |  |                     |  | 1,0  |  |
| 28<br>29      |                                      | 13.000                 | <del></del>                           | ļ  | <del> </del>                                     | <u> </u>   | <u> </u>   | ļ                   | ļ  |                     |  | 0.8  |  |
| 30            | \ <u>/</u>                           | 28,000                 |                                       | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | ├  | <del> </del>        | <del> </del>                                     | <del> </del>        | <del> </del>                                     | 0,9  |  |
| 31            | 74                                   | 30,000                 | <del></del>                           | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 1  | <del> </del>        | <del> </del>                                     | <del> </del>        | <del> </del>                                     | 0.6  |  |
| Total         | 3-6-14-4-14-17                       | 657,000                |                                       |  | ·  | <b>.</b>   | Щ  | <del></del>         | <del></del>                                      | <del></del>         | L  | 1017   |  |
| Averag        | 8                                    | 21,000                 | 1                                     |  |  |  |  |                     |  |                     |  |  |  |

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



| See | page 4 for instructions.  |   |              |                   |                           |               |                         |                                    |
|-----|---------------------------|---|--------------|-------------------|---------------------------|---------------|-------------------------|------------------------------------|
| ١,  | General Information f     | or the Month/Year of: August 20               | 00¥          |                   |                           |               |                         |                                    |
| A.  | Public Water System (P    | WS) Information                               |              |                   |                           |               |                         |                                    |
|     | PWS Name: Park Ridg       | е   |              |                   |                           |               | PWS Identification N    | lumber: 3590993                    |
|     | PWS Type:                 | ommunity Non-Transient Non-Co                 | mmunity      | ☐ Transien        | t Non-Community           |               | secutive                |                                    |
|     | Number of Service Cor     | nnections at End of Month: [0]                |              |                   | <b>Total Population S</b> | erved at En   | d of Month: 35字         |                                    |
|     | PWS Owner: Utilities,     | Inc. of Florida                               |              |                   |                           |               |                         |                                    |
|     | Contact Person: Patrick   | (Flynn  |              |                   | Contact Person's T        | itle: Region  |                         |                                    |
|     | Contact Person's Maili    | ng Address: 200 Weathersfield Ave.            |              |                   | City: Altamonte Sp        | prings        | State: Fl               | Zip Code: 32714                    |
|     | Contact Person's Telep    | hone Number: 407-869-1919                     |              |                   | Contact Person's F        | ax Number     | : 407-869-6961          |                                    |
|     | Contact Person's E-Ma     | il Address: p.c.flynn@utilitiesinc-usa.com    | 0            |                   |                           |               |                         |                                    |
| В.  | Water Treatment Plant     | Information                                   |              |                   |                           |               |                         |                                    |
|     | Plant Name: Utilites, I   |   |              |                   |                           |               | Plant Telephone Nur     |                                    |
|     | Plant Address: 200 We     | eathersfield Ave.                             |              |                   | City: Altamonte S         | prings        | State: Fl               | Zip Code: 32714                    |
|     | Type of Water Treated     | by Plant: Raw Ground Water                    | Purch        | nased Finished W  | /ater                     |               |                         |                                    |
|     |                           | Day Operating Capacity of Plant, gallons p    | er day: 24   | 6,000             |                           |               |                         |                                    |
|     | Plant Category (per su    | bsection 62-699.310(4), F.A.C.): IV           |              |                   |                           |               | 2-699.310(4), F.A.C.)   |                                    |
|     | Licensed Operators        | Name  |              | License Class     | License Number            |               | Day(s)/Shi              | t(s) Worked                        |
|     | 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.                        |
|     |                           |   |              |                   |                           |               |                         |                                    |
|     |                           |   |              |                   |                           |               |                         |                                    |
|     |                           |   |              |                   |                           |               |                         |                                    |
|     |                           |   |              |                   |                           |               |                         |                                    |
|     |                           |   |              |                   |                           |               |                         |                                    |
|     |                           |   |              |                   |                           |               |                         |                                    |
|     |                           |   |              |                   |                           |               |                         |                                    |
|     |                           |   |              |                   |                           | <u> </u>      |                         |                                    |
| n   | . Certification by Lea    | d/Chief Operator                              |              |                   |                           |               |                         |                                    |
|     |                           | eatment plant operator licensed in Florida    | am the le    | ead/chief operato | or of the water treat     | ment plant i  | identified in Part I of | this report. I certify that the    |
|     |                           | is report is true and accurate to the best of |              |                   |                           |               |                         |                                    |
| N:  | SF International Standar  | d 60 or other applicable standards reference  | ced in sub   | section 62-555.3  | 20(3), F.A.C. I als       | o certify the | at the following addit  | ional operations records for this  |
| pla | ant were prepared each of | lay that a licensed operator staffed or visit | ted this pla | ant during the me | onth indicated abov       | e: (1) recor  | ds of amounts of cher   | micals used and chemical feed      |
|     |                           | , appropriate treatment process performan     | ce record    | s. Furthermore,   | I agree to retain the     | se additiona  | al operations records   | at the plant site for at least ten |
| ye  | ars and to make them av   | vailable for review upon request.             |              |                   |                           |               |                         |                                    |
|     | mulial 1                  | ravates 8/3/04                                | Michael I    | . Gavaletz        |                           |               | C5642                   |                                    |
| Si  | gnature and Date          |   |              | Typed Name        |                           |               | License N               | Jumher                             |
| 91  | 5.1a.a.c and Date         |   | . I milea of | Lypou maile       |                           |               | Liceise i               | 14111741                           |

| PWS                    | dentifica           | ation Number  | r: 3590993                                       |  | P   | lant Name  | : Utilit   | es, Inc. of                                      | Florida      |                                |  |                                    |                     |  |
|------------------------|---------------------|---|--|--|---|--|------------|--|--------------|--------------------------------|--|------------------------------------|---------------------|--|
| Means                  | of Achi<br>raviolet | eving Four-L<br>Radiation                             | og Virus In                                      |  | oval: • [   | Free Ch  |            |  | hlorine D    |                                | Oz   |                                    | Combined Chlorine ( |  |
| Type o                 | of Disinf           | ectant Residu   | ual Maintain                                     | ed in Distribut  | ion System:   | ⊠ Fı   | ree Chl    | orine  | Com          | bined Ch                       | lorine (C  | hloramines)                        | Chlorine Dio        | xide   |
| Day of<br>the<br>Month | Plant in            | Net Quantity<br>of Finished<br>Water<br>Produced, gal | Peak Flow<br>Rate, and                           | Calculations, or L Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinferent Contact Time (I) at C Measurement Point During Peak Flow, minutes | monstrate Fo<br>ations  Lowest CT<br>Provided  Before or<br>at First<br>Customer  During | ur-Log \   | irus Inactiv                                     | Mion, I Ap   | plicable*                      |  | Lowest<br>Residual<br>Disinfectant | or Maintenance Work | t Operating Conditions; Repair<br>that Involves Taking Water<br>nents Out of Operation |
| 1                      | 24                  | 22,000  |  |  |   | Marie Abriconomic Ca   |            | Briller of oferebatomestanol                     | 20,          | Million Committee of the Pills | Maria de la America de Par                       | L. J. A. Santa and B. A. A. A. S.  |                     | MINISTER AND AND AND AND AND AND AND AND AND AND                                       |
| 2                      | 24                  | 22,000  |  |  |   |  |            |  |              |                                |  | 1.0                                |                     |  |
| 3                      | <del>-3</del> 4-    | 8,00  |  |  |   |  |            |  |              |                                |  |                                    |                     |  |
| 5                      | 24                  | 13,000  |  |  |   |  |            |  |              |                                |  | (w)                                |                     |  |
| 6                      | 34                  | 23,000  |  | <del>                                     </del>   |   |  |            |  | ļ            |                                |  |                                    |                     |  |
| 7                      | 24                  | 7,000   | <del>}</del>                                     |  |   |  |            |  | <del> </del> |                                | <del> </del>                                     | 1.5                                |                     |  |
| _ 8                    | 29                  | 19,000  | <u> </u>   |  |   |  |            |  | <del> </del> | -                              | <b> </b>   | -2-                                |                     |  |
| 9                      | 27                  | 20,000  |  |  |   |  |            |  | <u> </u>     |                                | <del> </del>                                     | 1,0                                |                     |  |
| 10                     | 29                  | 16,000  |  |  |   |  |            |  |              |                                |  | 0,9                                | <u> </u>            |  |
| 11                     | 24                  | 12,000  | ļ  |  |   |  |            |  |              |                                |  | 1.0                                |                     |  |
| 12                     | <del>3</del> ¥      | 16,000<br>16,000                                      | <b> </b>   |  |   |  |            |  |              |                                |  | 1.1                                |                     |  |
| 14                     | 24                  | 12,000  | }  | <del>                                     </del>   |   |  |            |  |              |                                | ļ  | 10                                 |                     |  |
| 15                     | 34                  | 21,000  |  | <del> </del>   |   |  |            |  |              | <del> </del>                   | <b> </b>   | 0,3                                |                     |  |
| 16                     | 24                  | 26,000  |  |  |   | <b></b>  |            |  | <del> </del> | <del> </del>                   |  | 0,8                                |                     |  |
| 17                     | 24                  | 24,000  |  |  |   |  |            |  | <del> </del> | <del></del>                    | <del>                                     </del> | (,0                                |                     |  |
| 18                     | 24                  | Vaco  |  |  |   |  |            |  |              |                                |  | 0,8                                | <del></del>         | <del></del>  |
| 19                     | 24                  | 18,000  |  |  |   |  |            |  |              |                                |  | 1.0                                |                     |  |
| 20<br>21               | त्र<br>द्र          | 17,000  | <b></b>  | <u> </u>   |   |  |            |  |              |                                |  | 1.0                                |                     |  |
| 22                     | 50                  | 21,000  | <del> </del>                                     | <del> </del>   |   |  |            |  | <u> </u>     |                                |  | 1./                                |                     |  |
| 23                     | 24                  | 25,000  | <del> </del>                                     | <del> </del>   |   |  |            |  |              |                                | <b></b>  | 1.0                                |                     |  |
| 24                     | 24                  | 11.000  | <del>                                     </del> | <del>                                     </del>   |   | <del></del>  |            | <del> </del>                                     | <del> </del> | <del> </del>                   | <del> </del>                                     | 0.8                                |                     |  |
| 25                     | 27<br>27            | 12,000  |  |  |   |  |            | <del>                                     </del> | <del> </del> | <del> </del>                   | <del> </del>                                     | 1.0                                |                     |  |
| 26                     | 24                  | 15,000  |  |  |   |  |            |  |              |                                | <del> </del>                                     | 1.0                                |                     |  |
| 27                     | 24                  | 16,000  |  |  |   |  |            |  |              |                                |  | 0,8                                |                     |  |
| 28<br>29               | 24<br>24            | 1600  | <b> </b>   | <b></b>  |   |  |            |  |              |                                |  | 0.9                                |                     |  |
| 30                     | चेंप्रे             | 20,000  | <del> </del> -                                   | <del> </del>   | <b></b>   | ļ  | <u> </u>   | ļ  |              |                                |  |                                    |                     |  |
| 31                     | <del>1</del>        | 14:000  | <del> </del>                                     | <del> </del>   | <del> </del>  | <del> </del>   | <b> </b> - |  | <del> </del> | ļ                              | <b> </b>   | 1.0                                |                     |  |
| Total                  | <del></del>         | 524,000   | <del>                                     </del> | <del></del>  | L   | <u> </u>   |            | ــــــــــــــــــــــــــــــــــــــ           | <del>1</del> | <u> </u>                       | <u> </u>   | 1.0                                | <u> </u>            |  |
| Averag                 | 6                   | 17,000  | 1  |  |   |  |            |  |              | W                              | ATER PU  | MUITY T                            | ESTING ACCOU        | 51 2004  |
| Maxim                  |                     | 24,000  | 1  |  |   |  |            |  |              | TEA                            | ve.  | ' <u>e</u>                         | 4                   | poy mall   |
| * Refe                 | r to the i          | nstructions f   | or this repoi                                    | rt to determine  | which plants  | must prov  | vide thi   | s informa  |              | - 24°                          |  | 7.5<br>7.5                         | ESTING AUGUS        | 1.0<br>0.8<br>0.6<br>0.8   |



| See | page 4 for instructions. |  |                                |                             |                                  |                                    |
|-----|--------------------------|--|--------------------------------|-----------------------------|----------------------------------|------------------------------------|
| ١.  | General Information      | for the Month/Year of: Sect 2              | 004                            |                             |                                  |                                    |
| ١.  | Public Water System (P   | WS) Information                            |                                |                             |                                  |                                    |
|     | PWS Name: Park Ridg      | e  |                                |                             | PWS Identification               | Number: 3590993                    |
|     |                          | Community Non-Transient Non-               | Community Transie              | nt Non-Community            | Consecutive                      |                                    |
|     |                          | nnections at End of Month: 101             |                                | Total Population Serv       | red at End of Month: 35Y         |                                    |
|     | PWS Owner: Utilities,    | Inc. of Florida                            |                                |                             |                                  |                                    |
|     | Contact Person: Patric   | k Flynn                                    |                                | Contact Person's Title      |                                  |                                    |
|     | Contact Person's Maili   | ng Address: 200 Weathersfield Ave.         |                                | City: Altamonte Sprin       | ngs 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-Ma    | ail Address: p.c.flynn@utilitiesinc-usa.c  | om                             |                             |                                  |                                    |
| В.  | Water Treatment Plant    |  |                                |                             |                                  |                                    |
|     | Plant Name: Utilites, I  |  |                                |                             |                                  | mber: 407-869-1919                 |
|     | Plant Address: 200 Wo    |  |                                | City: Altamonte Sprin       | ngs State: Fl                    | Zip Code: 32714                    |
|     | Type of Water Treated    |  | Purchased Finished             | Water                       |                                  |                                    |
|     |                          | Day Operating Capacity of Plant, gallons   | s per day: 246,000             |                             |                                  |                                    |
|     | Plant Category (per su   | bsection 62-699.310(4), F.A.C.): IV        |                                |                             | ection 62-699.310(4), F.A.C.     |                                    |
|     |                          | Name                                       | License Clas                   | Periodyninier               |                                  | ft(s) Worked                       |
|     | Lead/Chief Operator:     | Mike Gavaletz                              | C                              | 5642                        |                                  | a.m 4:30 p.m.                      |
|     | Other Operators:         | Terry Sillitoe                             | С                              | 12749                       | Sat. 8 A.M                       | 1 4:30 P.M                         |
|     |                          |  |                                |                             |                                  |                                    |
|     |                          |  |                                | <del> </del>                |                                  |                                    |
|     |                          |  |                                |                             |                                  |                                    |
|     |                          |  |                                |                             |                                  |                                    |
|     |                          |  |                                |                             |                                  |                                    |
|     |                          |  |                                |                             |                                  |                                    |
|     |                          |  |                                |                             |                                  |                                    |
|     |                          |  |                                | <u> </u>                    |                                  |                                    |
| Ĭ   | I. Certification by Lea  | d/Chief Operator                           |                                |                             |                                  |                                    |
| I,  | the undersigned water to | reatment plant operator licensed in Flori  | da, am the lead/chief opera    | tor of the water treatme    | nt plant identified in Part I of | this report. I certify that the    |
| in  | formation provided in th | is report is true and accurate to the best | of my knowledge and believed   | ef. I certify that all drin | king water treatment chemic      | als used at this plant conform to  |
| N:  | SF International Standar | rd 60 or other applicable standards refer  | enced in subsection 62-555     | .320(3), F.A.C. I also c    | certify that the following addi  | tional operations records for this |
| pla | ant were prepared each   | day that a licensed operator staffed or vi | isited this plant during the r | nonth indicated above:      | (1) records of amounts of che    | emicals used and chemical feed     |
|     |                          | e, appropriate treatment process perform   | ance records. Furthermore      | , I agree to retain these   | additional operations records    | at the plant site for at least ten |
| ye  | ears and to make them a  | vailable for review upon request.          |                                |                             |                                  |                                    |
|     | mil                      | 10/5/04 10/5/04                            | Michael I Country              |                             | C5642                            |                                    |
|     |                          | all baral 10/5/04                          | Michael J. Gavaletz            |                             |                                  | Number                             |
| Si  | ignature and Date        | (1 / 1)                                    | Printed or Typed Name          |                             | License                          | Number                             |

| PWS         | ldentifica   | tion Number               | r: 3590993   |  | P  | lant Name             | : Utilit       | es, Inc. of                                      | Florida  | - Prot        | C RION       | (   |   |
|-------------|--------------|---------------------------|--------------|--|--|-----------------------|----------------|--|--|---------------|--------------|---|---|
|             |              | a for the Mo              |              |  | ΔY   |                       |                |  |  |               |              |   |   |
| Means       | of Achie     | eving Four-L<br>Radiation | og Virus In  | activation/Rem<br>(Describe):  | ioval: *   | Free Cl               | lorine         | ∐c   | hlorine D  | ioxide        | Oz           | one 🔲 🤇   | Combined Chlorine (Chloramines)   |
|             |              |                           | al Maintain  | ed in Distribut  | ion System:                                      | ⊠F                    | ree Chl        | orine  | Com  | bined Ch      | lorine (C    | hloramines)                                       | Chlorine Dioxide  |
|             |              |                           | C            | Calculations, or   | Valento D  | artematica (c         | ar-Log         | Victor (Fredio                                   | The state of the                                 | No. of Lot    | 100          |   |   |
|             |              |                           | 200 Jan 1974 |  | C C C C  |                       |                |  |  | UV.           |              | Larmes  |   |
| \$ .        |              |                           | 中海领          | Lowest Residual Disinfectant   | District   | Provided<br>Before or |                |  |  | <b>V</b>      | 4            | Residuel<br>Dissolvation                          |   |
| 100         |              |                           |              | Concentration  | Contact Time<br>(T) & C                          | at First              | 12.00          | 1164   | Minimum  | المحما        |              | <u> 2</u> ± 2 ± 2 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 |   |
| Day of      | Hours        | Net Quantity of Finished  |              | (C) Before grat.<br>First Gustomer   | Mount During                                     | Customer<br>During    |                |  | , <b>9</b>                                       |               |              | Sept.   | Buergenny or Abparmal Operating Conditions; Repair                                |
| the         | Plant in     | Water                     | Peak Plow    | During Peak<br>Riow ma/L   | Pack Flow.                                       | Peak Plow.            | į.             | ot of<br>Marie                                   |  |               |              | Danisa  | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1           | Operation 24 | Produced, gal             | Rate, and    | ESTANDARY TO A STATE OF THE STA | minutes  | ips-min/L             | . C            | Applicable                                       | Smin/C   | ele konta     | ABOVED S     | System, mg/L                                      | System Components Out of Operation  |
| 2           | 24           | 15,000                    |              |  |  |                       |                |  |  |               |              | 1.0   |   |
| 3           | 24<br>14     | 17,000                    |              |  |  |                       |                |  |  |               |              | 0.8   |   |
| 3           | 24           | 19,000                    |              | <del> </del>   |  | <del></del>           | <b>-</b>       |  | <del> </del>                                     |               |              | 1.0   |   |
| 6           | 24           | 19,000                    |              |  |  |                       |                |  |  |               |              |   |   |
| 8           | <u> 1</u> 9  | 14,000                    |              |  |  |                       |                |  |  |               |              | (.0   |   |
| 9           | 24           | 19,100                    |              | <del> </del>   |  | <del> </del>          | <del></del>    |  |  |               |              | 1.0   |   |
| 10          | 24           | 13,000                    |              |  |  |                       |                |  |  |               |              | <del>- 7.7 -</del>                                |   |
| 11          |              | 17,000                    |              |  |  |                       |                |  |  |               |              | 110   |   |
| 13          | 24           | 20,000                    | <u> </u>     | <del> </del>   | <del>                                     </del> | <del> </del>          |                |  |  |               |              | [.0   |   |
| 14          | 24           | 11,000                    |              |  |  |                       |                | L  |  |               |              | 6.8   |   |
| 15<br>16    | ₹4           | 13:000                    |              |  |  |                       |                |  |  |               |              | (0  |   |
| 17          | 24           | 16,000                    |              | <del> </del>   |  |                       | <del> </del>   | ļ  | <del> </del>                                     |               |              | 0.8   |   |
| 18          | 24           | llinoo                    |              |  |  |                       |                |  |  | <del></del> - |              | 0.8   |   |
| 19          | 34<br>34     | 18,000                    |              |  |  |                       |                |  |  |               |              |   |   |
| 21          | 24           | (4, 000                   |              | <del> </del>   |  | <del> </del>          |                | <del> </del>                                     |  |               | <del> </del> | 7.0   |   |
| 22          | 24           | 141100                    |              |  |  |                       |                |  |  |               |              | 0.8   |   |
| 23<br>24    | 14<br>14     | 14,000                    | <del></del>  |  |  |                       |                |  |  |               |              | 1.5   |   |
| 25          | 24           | 1 000                     | <del></del>  | <del> </del>   |  |                       | <del> </del> - | <b></b>  | <del> </del>                                     |               |              | 1.2   |   |
| 26          | 29           | 14,000                    |              |  |  |                       |                |  |  |               |              | 1:4   |   |
| 27          | 24<br>24     | 19,000                    |              |  |  |                       |                |  |  |               |              | <b>್ರ</b> ಿತ                                      |   |
| 29          | 24           | 17,000                    |              |  | <del> </del>                                     |                       | ├              |  |  |               | <del></del>  | 1.0   |   |
| 30          | 24           | 11,000                    |              |  |  |                       |                | <del>                                     </del> | <del>                                     </del> | <del></del>   | <del> </del> | 1:3   |   |
| 31<br>Total |              | 475, 1005                 |              |  | <u> </u>   |                       |                |  |  |               |              |   |   |
| Averag      | <u>.c</u>    | 16,000                    | 1            |  |  |                       |                |  |  |               |              |   | LITY TESTING SEPT DOUY  |
| Maxim       | um           | 30 800                    | 1            |  |  |                       |                |  |  |               | TEL          | re  | PH POY MELL   |
| * Refe      | r to the i   | nstructions f             | or this repo | rt to determine  | which plants                                     | must pro              | vide thi       | s informa  | tion.  | E-1<br>D-1    | - 25°        | , _   | $\frac{7.6}{2.6} - \frac{0.6}{0.7}$   |
|             |              |                           |              |  |  |                       |                | Dags 2   |  | ر.<br>ا ۲     | 43<br>       |   | 7.5 - 0.7   |
|             |              |                           |              |  |  |                       |                | 7  |  | اح            | - 250        |   | 1.3 - 0.1   |





FILE COPY See page 4 for instructions. 1. General Information for the Month/Year of: 2004 A. Public Water System (PWS) Information PWS Name: Park Ridge PWS Identification Number: 3590993 PWS Type: **◯** Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 10\ Total Population Served at End of Month: 354 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.flvnn@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: 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: 246,000 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 5642 Mon - Fri 8 a.m. - 4:30 p.m. C Terry Sillitoe C Sat. 8 A.M. - 4:30 P.M. Other Operators: 12749 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 years and to make them available for review upon request. Michael J. Gavaletz C5642 Printed or Typed Name License Number

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| PWS I           | dentifica      | ition Number                | r: 3590993                                       |  | P.   | lant Name  | : Utilit   | es, Inc. of                                      | Florida  |  |  |                       |   |  |
|-----------------|----------------|-----------------------------|--|--|--|--|--|--|--|--|--|-----------------------|---|--|
|                 | nik Dat        | a for the Mc                | nth/Year o                                       | of act a   | 204  |  |  |  |  |  |  |                       |   |  |
| Means           | of Achie       | eving Four-L                | og Virus In                                      | activation/Rem                                   | oval: * [  | Free Ch  | lorine   |  | hlorine D  | ioxide   | Oz   | zone 🔲 (              | Combined Chlorine (   | Chloramines)   |
|                 |                | Radiation                   |  | (Describe):                                      |  |  |  |  | -  |  |  |                       |   |  |
| Туре с          | f Disinfo      | ectant Residu               | ıal Maintain                                     | ned in Distributi                                | on System:                                       | ⊠ Fı   | ree Chl  | orine  | Com  | bined Ch   | lorine (C  | Chloramines)          | Chlorine Diox   | xide   |
|                 |                |                             | C  | T Calculations, or L                             | IV Dose, to Do                                   | monstrate Po                                     | ur-Log   | Virus Inactiv                                    | ation, if Ap                                     | plicable*  | Water Service                                    |                       |   |  |
|                 |                |                             |  |  | OI CHOI  |  |  | A Company  | **************************************           | ŲV   | JOSE .   |                       |   |  |
| }               |                |                             |  | Lowest Residual                                  | Disinfectant                                     | Lowest CT<br>Provided                            | Ve.  |  |  |  | 14.7   | Lowest Residual       | ■ CONTRACTOR With COLD TO THE TOTAL CONTRACTOR COLD TO THE COLD |  |
| .               |                |                             |  | Disinfectant                                     | Contact Time                                     | Before or  |  | (  | 1,325  |  | 1000   | Disinfectant          |   |  |
|                 |                |                             |  | Concentration                                    | ‴m ⇔C  | at First   |  |  | Minimum  | Lowest   | Minimum  | Concentration         |   |  |
| Day of          | Hours          | Net Quantity<br>of Finished |  | (C) Before or at<br>First Customer               | Measurement<br>Point During                      | Customer   | Temp.  | The Control of the Control                       | , CT   | Operating  | UY Dose  | at Remote             | . ■ V. 300900 NOTES (1)   |  |
| the             | Plant in       | Water                       | Peak Flow  | During Peak                                      | Peak Flow.                                       | During<br>Peak Flow,                             | of<br>Water                                      | pH of<br>Water, if                               | Keguired,<br>mg-                                 | UV Dose,<br>mW-                                  | Required,<br>mWe                                 | Point in Distribution | or Maintenance Wark   | Operating Conditions; Repair<br>that Involves Taking Water |
|                 | Operation      | Produced, gai               |  | Flow, mg/L                                       | minutes  | mg-min/L   | °C   | Applicable                                       |  | sec/cm   | sec/can  | System, mg/L          | System Compon   | ents Out of Operation                                      |
|                 |                | 000,61                      |  |  |  |  |  |  |  |  |  | 1.0                   |   |  |
| 2 3             |                | 10,000                      | ļ  | -  |  |  | <u> </u>   |  | <b></b>  |  |  | 0.8                   |   |  |
| 4               |                | 20,000<br>22,000            | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <b> </b>   | <b> </b>   | <b> </b>   | ļ  | <b>}</b>   | <del> </del>                                     | +                     | <del></del>   |  |
| 5               |                | 17,000                      | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 0.8                   | <del> </del>  | <del></del>  |
| 6               | <b>2</b> 4     | 7:000                       |  | †  | ·  |  | <del>                                     </del> | <del></del>                                      | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | 1.0                   | <del> </del>  |  |
| 7               | 24             | 20,000                      |  |  |  |  |  |  |  |  | <del>                                     </del> | 1.2                   | <del>                                     </del>  | <u> </u>   |
| 8               | 24             | 13,000                      |  |  |  |  |  |  |  |  | L  | 1.0                   |   |  |
| 9               | 24             | 10,000                      | ļ  |  |  |  |  |  |  |  |  | 0.9                   |   |  |
| 10              | 24             | 24,000                      | <del> </del>                                     | 1  |  |  |  |  |  |  |  |                       |   |  |
| 12              | <del>1</del> 4 | 25,000<br>35,000            | <del>                                     </del> | <del> </del>                                     | ļ  | <b> </b>   | <b></b>  | <del> </del>                                     | <del> </del>                                     | ļ  | ļ  | 1.0                   | <u> </u>  |  |
| 13              | <del>2</del> 4 | 35,000                      | <del> </del>                                     | <del> </del>                                     | <del></del>                                      | <b></b>  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | -  | <del> </del>                                     | 0.8                   | <del> </del>  |  |
| 14              | 24             | 37,000                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 7.8                   |   |  |
| 15              | 34             | 26,016                      |  |  |  | <del>                                     </del> | <del>                                     </del> |  | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> | 1.0                   | <del> </del>  |  |
| 16              | 24             | 12,002                      |  |  |  |  |  |  |  |  |  | 0.8                   |   |  |
| 17              | 24             | 24000                       |  |  |  |  |  |  |  |  |  |                       |   |  |
| 18              | 24<br>24       | 18,000                      |  | +  | <del> </del>                                     | <del> </del>                                     | <u> </u>   | <del>                                     </del> | <u> </u>   | 1  | <del></del>                                      | (.0                   | <b></b>   |  |
| 20              | 24             | 13,000                      | <del> </del>                                     | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | 0.9                   |   |  |
| 21              | 24             | 15,000                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | +  | <del> </del>                                     | <del> </del>                                     | 1.0                   | <del> </del>  |  |
| 22              | 24             | 14,000                      |  |  |  | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> | <b>†</b>   | 1  | <del>                                     </del> | 0.8                   | <del> </del>  |  |
| 23              | 24             | 8,000                       |  |  |  |  |  |  |  |  |  | <u></u>               | <u> </u>  |  |
| 24              | <u> 24</u>     | 5/100                       | ļ  |  |  |  | $\Box$   |  |  |  |  |                       |   |  |
| 25<br>26        | 24             | 33, 000                     | <del> </del>                                     | 4  |  |  | <u> </u>   |  | <u> </u>   | <b></b>  | <del></del>                                      | 1.0                   |   |  |
| 27              | 24             | 18,000                      | <del> </del>                                     | <del></del>                                      | <del></del>                                      |  |  | -  | <del> </del>                                     | <del> </del>                                     | 1  | 1.0                   | <del></del>   |  |
| 28              | 24             | 7,000                       | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | +  | 0.8                   | <del> </del>  |  |
| 29              | 24             | 12,000                      | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | +  | <del> </del>                                     | +  | +  | +  | 1.0                   | <del> </del>  |  |
| 30              | 24             | 12,000                      |  |  | L  |  | t  |  |  | <del>                                     </del> | <del>                                     </del> | 0.8                   | <del> </del>  |  |
| 31              | 24             | 201/100                     |  |  |  |  |  |  |  |  |  | L                     |   |  |
| Total           |                | 564,000                     | 4  |  |  |  |  |  |  |  | j  | WATER O               | WALITY TESTIMI  | S OCT 2004   |
| Averag<br>Maxim |                | 18,000                      | 4  |  |  |  |  |  |  |  |  | DATE                  | TEMP PH   | 1 paymole  |
|                 |                | 35 000                      | J<br>Som #4:22                                   | ا داد سفید                                       |  |  |  |  |  | <u>,-</u>  |  | 0112                  | 25" 7.6   | <u>v. 2</u>  |
| кеје            | , io ine i     | usiructions f               | or inis repo.                                    | rt to determine                                  | wnich plant.                                     | s must pro                                       | vide th  | is informa                                       | tion.  |  |  | 0112                  | 25° 7.6   |  |
|                 |                |                             |  |  |  |  |  |  |  | _  | •  | 196                   | 25° 7.6   |  |
|                 |                | -                           |  |  |  |  |  | n 1  |  |  |  | •                     | 25° 7.6<br>25° 7.5  | 0.6  |
|                 |                |                             |  |  |  |  |  |  |  | C  | 2-1 10   | 126                   | 40 1.0  | , (j. <b>G</b>   |



See page 4 for instructions.

|     | · · · · · · · · · · · · · · · · · · ·  |                         |                               |                        |                      |             |                             |                                   |
|-----|--|-------------------------|-------------------------------|------------------------|----------------------|-------------|-----------------------------|-----------------------------------|
|     | General Information t  |                         | 11 Nov 2004                   |                        |                      |             |                             |                                   |
| ۹.  | Public Water System (P   | WS) Information         |                               |                        |                      |             |                             |                                   |
|     | PWS Name: Park Ridg  | e                       |                               |                        |                      |             | PWS Identification No       | ımber: 3590993                    |
|     | PWS Type: 🔀 C  | ommunity No             | n-Transient Non-Comm          | unity Transien         | t Non-Community      |             | nsecutive                   |                                   |
|     | Number of Service Cor  | nnections at End of Mo  | onth: 101                     |                        | Total Population     | Served at E | and of Month: 354           |                                   |
|     | PWS Owner: Utilities,  | Inc. of Florida         |                               |                        |                      |             |                             |                                   |
|     | Contact Person: Patrick  | K Flynn                 |                               |                        | Contact Person's     |             |                             |                                   |
|     | Contact Person's Maili   | ng Address: 200 Weat    | thersfield Ave.               |                        | City: Altamonte S    |             | State: Fl                   | Zip Code: 32714                   |
|     | Contact Person's Telep   | hone Number: 407-86     | 69-1919                       |                        | Contact Person's     | Fax Number  | er: 407-869-6961            |                                   |
|     | Contact Person's E-Ma  |                         | Qutilitiesinc-usa.com         |                        |                      |             |                             | 1                                 |
| В.  | Water Treatment Plant  |                         |                               |                        |                      |             |                             |                                   |
|     | Plant Name: Utilites, In   |                         |                               |                        |                      |             | Plant Telephone Num         |                                   |
|     | Plant Address: 200 We  |                         |                               |                        | City: Altamonte S    | Springs     | State: Fl                   | Zip Code: 32714                   |
|     | Type of Water Treated  |                         |                               | Purchased Finished V   | Vater                |             |                             |                                   |
|     |  |                         | y of Plant, gallons per da    | ay: 246,000            |                      |             |                             |                                   |
|     | Plant Category (per su   | bsection 62-699.310(4   |                               |                        |                      |             | 62-699.310(4), F.A.C.):     |                                   |
|     | Licensed Operators   |                         | Name                          | License Class          | License Number       | and the     | Day(s)/Shift                | (s) Worked                        |
|     | Lead/Chief Operator:   | Mike Gavaletz           |                               | С                      | 5642                 |             | Mon - Fri 8 a.              | n 4:30 p.m.                       |
|     | Other Operators:   | Terry Sillitoe          |                               | С                      | 12749                |             | Sat. 8 A.M.                 | - 4:30 P.M.                       |
|     |  |                         |                               |                        |                      |             |                             |                                   |
|     |  |                         |                               |                        |                      |             |                             |                                   |
|     |  |                         |                               |                        |                      |             |                             |                                   |
|     |  |                         |                               |                        |                      |             |                             |                                   |
|     |  |                         |                               |                        |                      |             |                             |                                   |
|     |  |                         |                               |                        |                      |             |                             |                                   |
|     | The state of the s |                         |                               |                        |                      |             |                             |                                   |
|     |  |                         |                               |                        |                      |             |                             |                                   |
|     | . Certification by Lea   | A.Chiaf Operator        |                               |                        |                      |             |                             |                                   |
|     |  |                         | r licenced in Florida am      | the lead/chief operate | or of the water tree | tment plan  | t identified in Part I of t | his report. I certify that the    |
|     |  |                         |                               |                        |                      |             |                             | s used at this plant conform to   |
|     |  |                         |                               |                        |                      |             |                             | onal operations records for this  |
| pla | ant were prepared each of  | day that a licensed ope | erator staffed or visited the | his plant during the m | onth indicated abo   | ve: (1) rec | ords of amounts of chen     | nicals used and chemical feed     |
|     |  |                         |                               |                        |                      |             |                             | t the plant site for at least ten |
| ye  | ars and to make them av  | vailable for review upo | on request.                   | ·                      | ·                    |             | •                           |                                   |
|     |  | 01/ 4                   |                               |                        |                      |             |                             |                                   |
| _   | mula   | of Gavata               |                               | hael J. Gavaletz       |                      |             | C5642                       |                                   |
| Si  | gnature and Date   |                         | Prin                          | ted or Typed Name      |                      |             | License N                   | umber                             |

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## MONTER OR PREPARED FINISHED RANGE MAN GROUND WATER OR PRICHASED FINISHED WATER

|   | 2; —<br>%;<br>%; —<br>%;<br>%; —<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;<br>%;  | ; —<br>; —   | P)11-1-<br>P)11-1-<br>P)11-1-                                  | 0  | omrofni si   | ıdı əbiy   | ond isum s              | einolą ńoińw   | əuimrətəb ot 1:  | noqər zihi rö                               |  |   |               |
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| 110 - 4.5 - | 2 gm3   |  | IAO  |  |  |  |                         |  |  |   | 000,55                                     |   | mixeM         |
| HOOT NON -SHIESEL A   | TIDAUR 8  | <b>WATE</b>  |  |  |  |  |                         |  |  | - / - <b>\</b>                              | COO P 2                                    |   | Total         |
| 100000000000000000000000000000000000000   | - 1   |  | 1  |  | 1  |  | 1                       | 1  | 1  |   | 1/40 P12                                   |   | IE            |
|   | 9,0   |  |  |  |  |  |                         | ·  |  |   | 19,000                                     | 77  | 30            |
|   | 0.1   |  |  |  |  |  |                         |  |  |   | majec                                      | 77  | . 57          |
|   |   |  |  |  |  |  |                         |  |  |   | 73°000                                     | 37  | 78            |
|   | ),  |  |  |  |  |  |                         |  |  |   | 000751                                     | 7.0   | LT            |
|   | 0.1   |  |  |  |  |  |                         |  |  |   | 23,000                                     | ht  | . 97          |
|   | 6,0   |  |  |  |  |  |                         |  |  |   | 000/h!                                     | $\gamma_{\mathcal{L}}$                            | 52            |
|   | 0'1   |  |  |  |  |  |                         |  |  |   | (00)                                       | )TC   | 74            |
|   | g'0   |  |  |  |  |  |                         |  |  |   | C00 '91                                    | ΛŢ  | 73            |
| <u> </u>  | <u> </u>  |  |  |  |  |  |                         |  |  |   | CO10 C                                     | 74<br>75  | 77            |
|   | 8,0   |  |  |  |  |  |                         |  |  |   | C00 701                                    | िहि   | 71<br>70      |
|   | 61  |  |  |  |  | -  |                         |  |  |   | 76,000                                     | <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del> | 61            |
|   | 0.1   |  |  |  |  |  |                         |  |  |   | 000'51                                     | λ <del>č</del>                                    | 81            |
|   | 7.1   |  |  |  |  |  |                         |  |  |   | 600.81                                     | hc  | LI            |
| =   | 51  |  |  |  |  |  |                         |  |  |   | C\$0.68                                    | ) K   | 91            |
|   | 0.1   |  |  |  |  |  |                         |  |  |   | 000,51                                     | ht  | SI.           |
|   |   |  |  |  |  |  |                         |  |  |   | oc0,'b(                                    | 7.5   | pl .          |
|   | 7.1   |  |  |  |  |  |                         |  |  |   | 70,000                                     | ht.   | 13            |
|   | 9 Q   |  |  |  |  |  |                         |  |  |   | 000 K                                      | 77  | - 21          |
|   | 6.9   |  |  |  |  |  |                         |  |  |   | 000,51                                     | トて<br><b>A</b> で                                  | 11<br>10      |
|   | 01  |  | <u> </u>   |  |  |  |                         |  |  |   | 000,81                                     | 76  | 6             |
|   | 01  |  | <b></b>  |  |  |  |                         |  |  |   | Ono ee                                     | K<br>K  | 8             |
|   |   |  |  |  |  |  |                         |  |  |   | 000,55                                     | Kt  |               |
|   |   |  |  |  |  |  |                         |  |  |   | 0051                                       | λτ  | 9             |
|   | 0.1   |  |  |  |  |  |                         |  |  |   | 000.14.1                                   | λŤ  | ç             |
|   | 50  | ļ  |  |  |  |  |                         |  |  |   | 000 81                                     | K   | b             |
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|   |   |  | <del> </del>   |  |  | <del> </del>   | <b></b>                 | <del> </del>   |  |   | 000,1C                                     | 74  | <u>5</u><br>ا |
| noting O to MO manage of many &   | TAND WORKS  | 1000   | AUS/001  | T/mul.   | objections   | . J.   | 170101-001              | Takoutar .   | J'sm, wo H   | Rate, god                                   |  | Operation   |               |
| Barer gegoy or Abgorand Operating Conditions; Repair  | Ameidale<br>Instructional<br>Constructional<br>Instructional<br>Instructional<br>Instructional<br>Instructional | AND CONTRACTOR OF THE PERSON O | Tevens<br>Sector (1)<br>Sector (1)<br>Sector (1)<br>Sector (1) | American<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Correction<br>Co | PH of the transfer of the tran | 700 de 10 | During                  | Contact Time (T) = (C) Mognitement Polist Ducking Polist Flow, | Concentration<br>(C) Belore or at<br>First Customer<br>During Peak | Post  | Met Quantity<br>Of Finished                | ni inal9  | Day of        |
|   | 7   | # 040X   | Poklasik<br>IVII   | de Il noth   | Viscal and   | V ROLLS  | io) algunación<br>agoli | Medical and W  | Celoulations, or   | D .   |  |   | 2000          |
| Chlorine Dioxide  | (sənimsrolı   | الكا عونيو   | Id'S banic   | ا رسه  | aning  | ее Срр   | -a [V]                  | ·metsv2 no   | od in Distributi   |   |  |   |               |
| combined Chlorine (Chloramines)   | oue 🔲 C   | zo 🗌   | əbixoi   | O əninoln  | <u> </u>   | lorine   | Ттее Сћ                 | oval: *  | ctivation/Rem  | nth/) ear of<br>og Virus Ins<br>[] Other (I | n for the Mo<br>eving Four-Le<br>Radiation | oidoA 10  | Means         |
|   |   |  |  | י זמו ומע  | 10 :2111 (6)   | 211112   | ant radille.            | T. I   |  | CKKN4CC .                                   | tion Number                                | BOILING   | ICMI          |
| 2071  | 210 1 210   | Mark   | AA CINI  |  |  |  | ant Name:               |  | אברטעו ו   |   |  |   |               |



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| ee page 4 for instructions  |   |                     |                  |                       |  |                           |  |  |  |
|---|---|---------------------|------------------|-----------------------|--|---------------------------|--|--|--|
| . General Information   | for the Month/Year of: Dec-                   | 2004                |                  | ····                  |  |                           |  |  |  |
| . Public Water System (F  | WS) Information                               |                     |                  |                       |  |                           |  |  |  |
| PWS Name: Park Ridge  | <u>te</u>                                     |                     |                  |                       |  | PWS Identification N      | Number: 3590993  |  |  |
| PWS Type:   | Community Non-Transient Non-C                 | Community           | Transie          | nt Non-Community      | ПС                                       | onsecutive                |  |  |  |
| Number of Service Co  | nnections at End of Month: / 0                |                     |                  | Total Population S    |  |                           |  |  |  |
| PWS Owner: Utilities,   | Inc. of Florida                               |                     |                  |                       |  |                           |  |  |  |
| Contact Person: Patric  | k Flynn                                       |                     |                  | Contact Person's T    | itle: Regi                               | onal Director             |  |  |  |
| Contact Person's Maili  | ing Address: 200 Weathersfield Ave.           |                     |                  | City: Altamonte S     |  | State: Fl                 | Zip Code: 32714  |  |  |
| Contact Person's Telep  | phone Number: 407-869-1919                    |                     |                  | Contact Person's F    | ax Numbe                                 | er: 407-869-6961          |  |  |  |
| Contact Person's E-Ma   | ail Address: p.c.flynn@utilitiesinc-usa.co    | m                   |                  |                       |  |                           |  |  |  |
| . Water Treatment Plant   | Information                                   |                     |                  |                       |  |                           |  |  |  |
| Plant Name: Utilites, I   | nc, of Florida                                |                     |                  |                       |  | Plant Telephone Nur       | nber: 407-869-1919   |  |  |
| Plant Address: 200 We   |   |                     |                  | City: Altamonte S     | prings                                   | State: Fl                 | Zip Code: 32714  |  |  |
| Type of Water Treated   |   |                     | hased Finished V | Vater                 |  |                           |  |  |  |
|   | Day Operating Capacity of Plant, gallons      | per day: 24         | 16,000           |                       | w  |                           |  |  |  |
|   | bsection 62-699.310(4), F.A.C.): IV           |                     | ·                |                       | bsection 6                               | 62-699.310(4), F.A.C.)    | : C  |  |  |
| Licensed Operators  | Name  | \$400 all interests | License Class    | License Number        | 37 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Day(s)/Shif               | t(s) Worked  |  |  |
| Lead/Chief Operator:  |   |                     | 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.  |  |  |
| And the second second   |   |                     |                  |                       |  |                           |  |  |  |
|   |   |                     | ļ                |                       |  |                           |  |  |  |
|   |   | -                   |                  |                       |  |                           |  |  |  |
|   |   | <del> </del>        | ļ                |                       |  |                           | The state of the s |  |  |
|   |   | ·                   | <b> </b>         |                       |  |                           |  |  |  |
|   |   |                     |                  |                       |  | <del></del>               |  |  |  |
|   |   |                     |                  |                       | <del></del>                              |                           |  |  |  |
| A TO SECOND AND AND ASSESSMENT OF THE PARTY |   |                     | l                |                       |  | ···                       |  |  |  |
| I. Certification by Lead  | /Chief Operator                               |                     |                  |                       |  |                           |  |  |  |
|   | eatment plant operator licensed in Florida    | am the le           | ad/chief operato | r of the water treatr | nent plant                               | identified in Part I of t | his report. I certify that the   |  |  |
|   | is report is true and accurate to the best of |                     |                  |                       |  |                           |  |  |  |
|   | d 60 or other applicable standards referen    |                     |                  |                       |  |                           |  |  |  |
|   | lay that a licensed operator staffed or visit |                     |                  |                       |  |                           |  |  |  |
|   | , appropriate treatment process performan     |                     |                  |                       | se addition                              | nal operations records a  | it the plant site for at least ten   |  |  |
| ears and to make them ay  | ailable for review upon request.              | Daym                | NA ALANI         | PARRISH               |  | . C-12                    | 740  |  |  |
| Considered the  |   | Michael J.          |                  | 177777                |  | C5642                     | •  |  |  |
| ignature and Date   |   |                     | Typed Name       |                       | ·-·                                      | License N                 | umber  |  |  |
| 7   |   |                     | - , poo          |                       |  | 2.00.00 11                |  |  |  |

| FWS                | identific              | ation Numbe                 | r: 3390993    |                            | <u>                                </u> | lant Name            | : Utilii   | tes, Inc. of            | Florida  | - Pas                      | K RIO                      | 65            |   |
|--------------------|------------------------|-----------------------------|---------------|----------------------------|---|----------------------|--|-------------------------|--|----------------------------|----------------------------|---------------|---|
|                    | aily Dai               | ta for the Mo               | onth/Year o   | n Dec                      | - 2004                                  |                      |  |                         |  |                            |                            |               |   |
|                    |                        |                             |               | activation/Rem             | noval: *                                | Free Cl              | lorina   | ПС                      | hlorine D  | )iovida                    | Oz                         | one 1         | Combined Chloring (Chl.   |
|                    | raviolet               | Radiation                   | Other         | (Describe):                | iovai.                                  | rree Ci              | HOLHIC   |                         | morme L  | MOXIGE                     | O2                         | one           | Combined Chlorine (Chloramines)   |
|                    |                        |                             |               | ed in Distribut            | ion Cyata                               | Mr                   | ree Ch   | lauina                  | D.C.   | 1 1 C'                     | 1. 1. 70                   | 11            |   |
| Type C             | וווצוע ונ              | Ctant Residi                | Jai Wallitain | Calculations, or l         | IV Dose to De                           | 1 [X]                | ree Cn   | iorine                  | Com  | bined Ch                   | lorine (C                  | hloramines)   | Chlorine Dioxide  |
|                    |                        |                             | <u> </u>      | Calculations, or C         | CT Calcul                               | nionstrate re        | ur-Log   | virus inactiv           | ation, if Ap                                     |                            | Dose                       |               |   |
| }                  |                        |                             | <del></del>   | T                          | C1 Calcu                                | Lowest CT            |  | <del></del>             |  | UV                         | Dose                       | Lowest        |   |
|                    |                        |                             |               | Lowest Residual            | Disinfectant                            | Provided             |  | 1                       |  |                            |                            | Residual      |   |
|                    |                        | ļ :                         |               | Disinfectant               | Contact Time                            | Before or            |  | <u>'</u>                |  |                            |                            | Disinfectant  |   |
| ]                  |                        | 1                           |               | Concentration              | (T) at C                                | at First             |  | ·                       | Minimum  |                            | Minimum                    | Concentration |   |
| Day of             | Hours                  | Net Quantity<br>of Finished |               | (C) Before or at           |   | Customer             | Temp.  |                         | CT   | Operating                  | UV Dose                    | at Remote     |   |
| the                | Plant in               | Water                       | Peak Flow     | First Customer During Peak | Point During<br>Peak Flow,              | During<br>Peak Flow. | of<br>Water,                                       | pH of                   |  | UV Dose,                   |                            | Point in      | Emergency or Abnormal Operating Conditions, Repair                                |
| 1 1                | Operation              |                             | Rate, gpd     | Flow, mg/L                 | minutes.                                | mg-min/L             | °C   | Water, if<br>Applicable | mg-<br>min/L                                     | mW-<br>sec/cm <sup>2</sup> | mW-<br>sec/cm <sup>2</sup> | Distribution  | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| \$515              | 24                     | 15,000                      |               | 1.0.,                      |   | ting strap D         | <del>                                       </del> | 7 Applicable            | a titule D. et                                   | . scociii.                 | : SCC/CIII                 | /,O           | 200. 100 System Components Out of Operation                                       |
| 2.2                |                        | 14,000                      |               |                            | <b> </b>                                |                      | ·  |                         |  | <del></del>                |                            | 1,0           |   |
| *3                 |                        | 14,000                      |               |                            |   |                      |  |                         | -  |                            | <del> </del>               | 1.1           |   |
| W. Alic            |                        | 15,000                      |               |                            |   |                      |  |                         | -  |                            |                            | 0.8           |   |
| 135                |                        | 18,000                      |               |                            |   | <del></del>          |  |                         |  |                            |                            | <u> </u>      |   |
| X-63:              |                        | 18.000                      |               |                            |   |                      |  |                         |  |                            |                            | 1,0           |   |
| 至7克                |                        | 15,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0.8           |   |
| ₹8                 |                        | 14,000                      |               |                            |   |                      |  |                         |  |                            |                            | 1.0           |   |
| 9                  |                        | 20,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0.9           |   |
| 10                 |                        | 14,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0.8           |   |
| ≈14点<br>≈12€       |                        | 21,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0.7           |   |
| 3130               | <del></del>            | 14,000                      |               |                            |   | ·                    |  |                         |  |                            |                            |               |   |
| 28145              | 24                     | 15,000                      |               |                            |   |                      |  |                         |  | <del> </del>               |                            | 1.0           |   |
| -15:0              | ~ 7                    | 18,000                      |               |                            |   |                      |  |                         | ļ  | ļ                          |                            | 0.8           |   |
| <b>जा</b> 6र       |                        | 18,000                      |               |                            |   |                      |  | <del> </del>            |  | <del> </del>               |                            | 1.0           |   |
| <b>2175</b>        |                        | 14,000                      |               |                            |   |                      |  |                         | <del>                                     </del> |                            |                            | 9.8           |   |
| \$518 <del>7</del> |                        | 12,000                      |               |                            |   |                      |  |                         | <del>                                     </del> |                            |                            | 0.7           |   |
| ≥19 k              |                        | 23,000                      |               |                            |   |                      |  |                         |  | ·                          |                            | 011           |   |
| ₹ 20:              |                        | 24,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0.8           |   |
| #21%               |                        | 18,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0.7           |   |
| -,723              | 1                      | 18,000                      |               |                            |   |                      |  | L                       |  |                            |                            | 0.6           |   |
| :: 23              |                        | 18,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0,9           |   |
| 24                 |                        | 20:00                       |               |                            |   |                      |  |                         |  |                            |                            | 1,0           |   |
| 25                 |                        | 20,000                      |               |                            |   |                      |  |                         |  |                            |                            | 0.8           |   |
| ∜.26               |                        | 13,500                      |               |                            |   |                      |  | ļ                       |  |                            |                            |               |   |
| ₹27¥               |                        | 13,500                      | <del></del>   |                            |   |                      |  | ļ                       |  |                            |                            | 0.9           |   |
| ~28°               |                        | 20,000                      |               |                            |   |                      |  | ļ                       | ļ  |                            |                            | 1.5           |   |
| 30                 | -\/                    | 16,000                      |               |                            |   |                      |  | ļ                       |  |                            | ļ                          | 43            |   |
| 315                | 2 <i>y</i>             | 20,000                      |               |                            |   |                      |  | ļ                       | <b> </b>   | ļ                          |                            | 1.6           |   |
|                    |                        | 517,000                     |               | J                          | l                                       |                      |  | L                       | L  | L                          | l                          | 1.8           |   |
| Average            | 12000                  | 17,000                      |               |                            |   |                      |  |                         |  |                            |                            | <b>B</b>      |   |
| LASACHER           | an contract the second | 11111000                    | 1 * 2         |                            |   |                      |  |                         |  |                            |                            |               |   |

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Maximum 24,0 00 / Refer to the instructions for this report to determine which plants must provide this information.

|    | WS Identification Number: 3590993 Plant Name: PARK Ridge  |
|----|---|
| PV | WS Identification Number: 3590993 Plant Name: PARK Ridge  |
| 1\ | V. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Upichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2004                    |
| Ä. | 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:  |
| 1  | Polymer Dose, ppm = Acrylamide Level, % <sup>†</sup> =  |
|    | 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, % <sup>†</sup> =   |
| 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): 0,75 mg/c   |
|    | Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =  |
|    | If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =  |

<sup>\*</sup> 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.   |   |                            |                         |                                      |                        |                                    |  |  |  |
|---|--|---|----------------------------|-------------------------|--------------------------------------|------------------------|------------------------------------|--|--|--|
|   |  | for the Month/Year of: January/2005           |                            |                         |                                      |                        |                                    |  |  |  |
| A.  | Public Water System (F   | WS) Information                               |                            |                         |                                      |                        |                                    |  |  |  |
|   | PWS Name: Park Ridg  | <u>te</u>                                     |                            |                         |                                      | PWS Identification     | Number: 3590993                    |  |  |  |
|   | PWS Type:  | Community Non-Transient Non-C                 | Community Transic          | ent Non-Community       | Cor                                  | secutive               |                                    |  |  |  |
|   | Number of Service Co   | nnections at End of Month: 103                |                            | Total Population S      | erved at Er                          | nd of Month: 361       |                                    |  |  |  |
| PWS Owner: Utilities, Inc. of Florida                                   |  |   |                            |                         |                                      |                        |                                    |  |  |  |
| Contact Person: Patrick Flynn Contact Person's Title: Regional Director |  |   |                            |                         |                                      |                        |                                    |  |  |  |
|   | Contact Person's Maili   | ing Address: 200 Weathersfield Ave.           | City: Altamonte Si         |                         | State: Fl                            | Zip Code: 32714        |                                    |  |  |  |
|   |  | ohone 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.co    | m                          |                         |                                      |                        |                                    |  |  |  |
| B.  | Water Treatment Plant  | Information                                   |                            |                         |                                      |                        |                                    |  |  |  |
|   | Plant Name: Utilites, I  | nc. of Florida                                |                            |                         |                                      | Plant Telephone Nu     | mber: 407-869-1919                 |  |  |  |
|   | Plant Address: 200 Wo  | eathersfield Ave.                             |                            | City: Altamonte S       | prings                               | 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: 246,000           |                         |                                      |                        |                                    |  |  |  |
|   | Plant Category (per su   | bsection 62-699.310(4), F.A.C.): IV           |                            | Plant Class (per su     | bsection 62                          | 2-699.310(4), F.A.C.   | ): C                               |  |  |  |
|   | Licensed Operators   | Name  | License Clas               | s License Number        | icense 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                                | С                          | 12749                   | Sat. 8 A.M 4:30 P.M.                 |                        |                                    |  |  |  |
|   |  | Ray Parrish                                   | С                          | 12740                   | Mon 8 A.M 4:30 P.M.                  |                        |                                    |  |  |  |
|   |  |   |                            |                         |                                      |                        |                                    |  |  |  |
|   |  |   |                            |                         |                                      |                        |                                    |  |  |  |
|   |  |   |                            |                         |                                      |                        |                                    |  |  |  |
|   |  |   |                            |                         |                                      |                        |                                    |  |  |  |
|   |  |   |                            |                         |                                      |                        |                                    |  |  |  |
|   |  |   |                            |                         |                                      |                        |                                    |  |  |  |
|   | A STATE OF THE STA |   |                            |                         |                                      |                        |                                    |  |  |  |
|   | . Certification by Lea   | d/Chiaf Operator                              |                            |                         |                                      |                        |                                    |  |  |  |
|   |  | reatment plant operator licensed in Florida   | a am the lead/shief answer | ton of the suntantumb   |                                      | identified in Deat Led | Othic report I contify that the    |  |  |  |
| inf   | formation provided in the  | is report is true and accurate to the best of | a, am me reau/emer opera   | tor of the water treat  | nent piant                           | tor treetment chemic   | als 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 1 als      | o certify th                         | at the following addi  | tional operations records for this |  |  |  |
| pla   | ant were prepared each   | day that a licensed operator staffed or visi  | ited this plant during the | nonth indicated abov    | e: (1) reco                          | rds of amounts of che  | emicals used and chemical feed     |  |  |  |
| rat   | es; and (2) if applicable  | , appropriate treatment process performa      | nce records. Furthermore   | . I agree to retain the | se addition                          | al operations records  | at the plant site for at least ten |  |  |  |
| ye  | ars and to make them as  | vailable for review upon request.             |                            | ,                       |                                      |                        |                                    |  |  |  |
|   | 1/2-   | -)21  |                            |                         |                                      |                        |                                    |  |  |  |
|   | 1476   | h/4, 2-2-5                                    | Roy J. Mericle             |                         |                                      | C13808                 |                                    |  |  |  |
| Si  | Signature and Date Printed or Typed Name License Number  |   |                            |                         |                                      |                        |                                    |  |  |  |

| PWS                    | PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida |   |  |                               |               |  |  |                                  |  |  |  |                       |  |
|------------------------|--|---|--|-------------------------------|---------------|--|--|----------------------------------|--|--|--|-----------------------|--|
|                        | III. Daily Data for the Month/Year of: January/2005                      |   |  |                               |               |  |  |                                  |  |  |  |                       |  |
| Means                  | of Achie   |   | og Virus In                                      | activation/Rem<br>(Describe): |               | Free Cl  | lorine   |                                  | hlorine D  | Dioxide  | Oz   | zone 🔲 (              | Combined Chlorine (Chloramines)  |
|                        |  |   |  | ned in Distribut              | on System:    | ME   | ree Ch   | lorina                           | Com  | hined Ch   | lorine (C  | hloramines)           | Chlorine Dioxide   |
| Type                   | יווופוט ת  | ectant Residi   | iai iviailitaii                                  | T Calculations, or l          | IV Dose to De | monstrate Fo                                   | nr-l og  | Virus Inactis                    | ation if Ar                                      | nlicable*  | TOTTILE (C                                       | inoraninics)          | Simplified Blockets  |
|                        |  |   | <u>~</u>   | Calculations, or c            | CT Calcul     | ations   | HI LAIS  |                                  |  | UV   | Dose   |                       |  |
| Day of<br>the<br>Month | Plant in<br>Operation  | Net Quantity<br>of Finished<br>Water<br>Produced, gal | Peak Flow<br>Rate, gpd                           | Lowest Residual               |               | Lowest CT<br>Provided<br>Before or<br>at First |  | pH of<br>Water, if<br>Applicable | Minimum<br>CT<br>Required,<br>mg,                | Lowest   | Minimum<br>UY Dose<br>Required,<br>mW-           | Point in Distribution | Emergency or Abnormal Operating Conditions; Repair<br>or Maintenance Work that Involves Taking Water<br>System Components Out of Operation |
| 1                      | 24   | 17,000  |  |                               |               |  |  |                                  |  |  |  | 1.1                   |  |
| 3                      | 24   | 17,000<br>18,000                                      |  | <u> </u>                      |               | ļ  |  |                                  | <b> </b>   |  |  | 1.5                   |  |
| 4                      | 24   | 20,000  | ļ  | <del> </del>                  |               |  | ļ  |                                  | <u> </u>   |  |  | 1.5                   |  |
| 5                      | 24   | 20,000  |  | <del></del>                   |               |  | <del> </del>                                     |                                  | <del> </del>                                     |  |  | 1.3                   |  |
| 6                      | 24   | 13,000  |  | <u> </u>                      |               | <b></b>  | <del> </del>                                     | <del> </del>                     | <b> </b>   | <del> </del>                                     | <del> </del>                                     | 1.5                   |  |
| 7                      | 24   | 18,000  |  | <u> </u>                      |               |  | <del> </del>                                     | <u> </u>                         |  |  | <del>                                     </del> | 1.3                   |  |
| 8                      | 24   | 8,000   |  |                               | <u> </u>      |  |  |                                  |  |  |  | 0.9                   |  |
| 9                      | 24   | 21,000  |  |                               |               |  |  |                                  |  |  |  |                       |  |
| 10                     | 24   | 22,000  |  |                               |               |  |  |                                  |  |  |  | 1.0                   |  |
| 11                     | 24   | 12,000  |  |                               |               |  |  |                                  |  |  |  | 0.9                   |  |
| 12                     | 24   | 14,000  |  | ļ                             |               |  |  | ļ                                | <u> </u>   |  |  | 0.9                   |  |
| 13                     | 24   | 16,000  | ļ  | ļ                             |               |  | <b></b>  | ļ                                | <u> </u>   |  |  | 1.0                   |  |
| 14                     | 24<br>24   | 18,000  | ļ  | ļ                             |               | ļ  | —  | ļ                                | ļ  | ļ  | ļ  | 1.8                   |  |
| 16                     | 24   | 9,000<br>15,000                                       |  | <u> </u>                      | ļ             | <u> </u>                                       | <b></b>  |                                  |  | ļ  |  | 1.3                   |  |
| 17                     | 24   | 16,000  | <del> </del>                                     | <del>- </del>                 |               | ļ  | <del> </del>                                     |                                  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 1                     |  |
| 18                     | 24   | 20,000  | <del> </del>                                     | <del></del>                   |               |  | -  | <u> </u>                         | <del> </del>                                     | <del>                                     </del> |  | 2.5                   | <del></del>  |
| 19                     | 24   | 13,000  | <del> </del>                                     | <del> </del>                  |               |  | ├─   | <del> </del> -                   | <del> </del>                                     | <del> </del>                                     |  | 2.5                   |  |
| 20                     | 24   | 13,000  | <del>                                     </del> | <del> </del>                  | <del> </del>  | <del> </del>                                   | -  | <del> </del>                     | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | 1.8                   |  |
| 21                     | 24   | 20,000  |  |                               | <del> </del>  |  | ╁──  | <del> </del>                     | <del>                                     </del> | 1  | <del>                                     </del> | 1.9                   |  |
| 22                     | 24   | 11,000  | T  |                               |               | <b> </b>                                       | <del>                                     </del> | †                                | 1  | †  | <del>                                     </del> | 2.1                   |  |
| 23                     | 24   | 22,000  |  |                               |               |  | 1  | 1                                | 1  |  | <del>                                     </del> | 1                     |  |
| 24                     | 24   | 22,000  |  |                               |               |  |  |                                  | 1  | † · · · · · ·                                    |  | 2.5                   |  |
| 25                     | 24   | 18,000  |  |                               |               |  |  |                                  |  |  | 1  | 2.5                   |  |
| 26                     | 24   | 11,000  |  |                               |               | ļ <u></u>                                      |  |                                  |  |  |  | 2.1                   |  |
| 27                     | 24   | 16,000  | <del>                                     </del> | <del></del>                   |               |  | ļ  | <u> </u>                         |  |  |  | 2.2                   |  |
| 29                     | 24   | 18,000<br>9,000                                       | ļ  |                               | <b> </b>      |  | ļ  | <u> </u>                         | <b></b>  |  |  | 3.0                   |  |
| 30                     | 24   | 19,000  | <del> </del>                                     | <del> </del>                  | <del> </del>  | <del> </del>                                   | <b>-</b>   | ļ                                | <del> </del>                                     | ļ  | <u> </u>   | 2.8                   |  |
| 31                     | 24   | 19,000  | <del> </del>                                     | <del> </del>                  | <del> </del>  | <del> </del>                                   | <u> </u>   | <b></b>                          | <u> </u>   | <u> </u>   | <u> </u>   | 1 22                  | 4.2  |
| Total                  |  | 505,000   |  | 1                             | l             | I  | Щ  |                                  | J  | <u> </u>   | <u> </u>   | 2.50                  | <u> </u>   |
| Averag                 | e e  | 16 290  | 1  |                               |               |  |  |                                  |  |  |  |                       |  |

Maximum

22,000

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



See page 4 for instructions.

| -  | page 4 for manactions.  | ·  |                          |                  |                       |                         |                              |                                 |  |  |  |
|--|---|--|--------------------------|------------------|-----------------------|-------------------------|------------------------------|---------------------------------|--|--|--|
| 1.   | General Information   | for the Month Year of: February/20         | 05                       |                  |                       |                         |                              |                                 |  |  |  |
| A.   | Public Water System (F  | WS) Information                            |                          |                  |                       |                         |                              |                                 |  |  |  |
|  | PWS Name: Park Ride   | e  |                          |                  |                       |                         | PWS Identification Nu        | mber: 3590993                   |  |  |  |
|  |   | Community Non-Transient Non-               | Community Tra            | nsient           | Non-Community         | Со                      | nsecutive                    |                                 |  |  |  |
|  |   | nnections at End of Month: 102             |                          |                  | Total Population S    | erved at E              | and of Month: 357            |                                 |  |  |  |
|  | 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                 |   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  |   | il Address: p.c.flynn@utilitiesinc-usa.c   | om                       |                  |                       |                         |                              |                                 |  |  |  |
| В.   | Water Treatment Plant   | Information                                |                          |                  |                       |                         |                              |                                 |  |  |  |
|  | Plant Name: Utilites, I   | nc. of Florida                             |                          |                  |                       |                         | Plant Telephone Numb         |                                 |  |  |  |
|  | Plant Address: 200 We   |  |                          | $\neg \tau$      | City: Altamonte S     | orings                  | State: Fl                    | Zip Code: 32714                 |  |  |  |
|  | Type of Water Treated   | by Plant: X Raw Ground Water               | Purchased Finis          | hed W            | /ater                 |                         |                              |                                 |  |  |  |
|  | Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000                                     |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  | 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                                | 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 Partish                                | С                        |                  | 12740                 | Mon 8 A.M 4:30 P.M.     |                              |                                 |  |  |  |
|  |   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  |   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  |   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  |   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  |   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  | ļ   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  |   |  |                          |                  |                       |                         |                              |                                 |  |  |  |
|  | . Certification by Lea  | d Chiof Operator                           |                          |                  |                       |                         |                              |                                 |  |  |  |
|  |   | eatment plant operator licensed in Flori   | do am the lead/chief o   | nerato           | of the water treat    | ment nlan               | t identified in Part I of th | is report. I certify that the   |  |  |  |
| ini  | formation provided in th  | is report is true and accurate to the best | of my knowledge and      | perato<br>helief | I certify that all d  | nicht plan<br>rinking w | rater treatment chemicals    | used at this plant conform to   |  |  |  |
|  |   | d 60 or other applicable standards refer   |                          |                  |                       |                         |                              |                                 |  |  |  |
| pla  | ant were prepared each  | lay that a licensed operator staffed or vi | isited this plant during | the mo           | onth indicated above  | e: (1) rec              | ords of amounts of chem      | icals used and chemical feed    |  |  |  |
| rat  | es; and (2) if applicable   | , appropriate treatment process perform    | ance records. Furthern   | nore,            | I agree to retain the | se additio              | onal operations records at   | the plant site for at least ten |  |  |  |
| ye   | ars and to make them av   | vailable for review upon request.          |                          | ,                | <b>J</b>              |                         | •                            | -                               |  |  |  |
|  | 00  | 22 - 25 ==                                 |                          |                  |                       |                         |                              |                                 |  |  |  |
|  | Ich ?   | 26 2-28-05                                 | Roy J. Mericle           |                  |                       |                         | C13808                       |                                 |  |  |  |
| Si   | gnature and Date  |  | Printed or Typed Na      | me               |                       |                         | License Nu                   | ımber                           |  |  |  |

#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida III. Daily Data for the Month Year of: February/2005 Combined Chlorine (Chloramines) Means of Achieving Four-Log Virus Inactivation/Removal: \* Free Chlorine Chlorine Dioxide Ozone Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\* CT Calculations UV Dose Lowest CT Lowest Lowest Residual Provided Residual Disinfectant Disinfectant Disinfectant Contact Time Minimu Before or Concentration Concentration Lowest m UV (T) at C at First Minimu Net Ouantity at Remote (C) Before or at Measurement Customer Temp m CT Operating Dose Day of Hours of Finished Emergency or Abnormal Operating Conditions; Repair UV Dose Point in First Customer Point During During pH of Required. Required of the Plant in Water Distribution or Maintenance Work that Involves Taking Water mW-**Peak Flow During Peak** Peak Flow. Peak Flow. Water. Water, if mWmg-Month Operation Produced, gal System, mg/l System Components Out of Operation Rate, gpd Flow, mg/L minutes mg-min/L °C Applicable min/L sec/cm<sup>2</sup> sec/cm<sup>2</sup> 24 16,000 2.8 2 24 16.000 2.8 7 24 33,000 2.8 24 4 10,000 2.5 5 24 13,000 2.2 20,000 6 24 7 24 21,000 1.6 8 24 22,000 1.9 9 24 15,000 1.5 10 24 16,000 1.2 11 24 16,000 1.7 12 24 11,000 1.5 13 24 20,000 14 24 20,000 2.5 15 24 25,000 2.5 16 24 16,000 2.5 17 24 20,000 2.0 18 24 20,000 1.5 19 24 13,000 1.3 20 24 23,000 21 24 24,000 2.5 22 24 20,000 3.0 23 24 18.000 2.2 24 24 16,000 2.0 25 24 17,000 2.1 26 24 12,000 1.8 27 24 19,000 28 24 19,000 1.5 29 24 30 24 31 24 Total 511,000 Average 18,250

Maximum

<sup>\*</sup> 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/2005                        |                   |                         | ······································ |                    |   |  |  |  |  |
|   | Public Water System (P  |  |                   |                         |  |                    |   |  |  |  |  |
|   | PWS Name: Park Ridg   | ge   |                   |                         |  | PWS Identificati   | ion Number: 3590993                     |  |  |  |  |
|   | PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive |  |                   |                         |  |                    |   |  |  |  |  |
| Number of Service Connections at End of Month: 103  Total Population Served at End of Month: 361                |   |  |                   |                         |  |                    |   |  |  |  |  |
|   | PWS Owner: Utilities, Inc. of Florida   |  |                   |                         |  |                    |   |  |  |  |  |
| Ĺ   | Contact Person: Patricl   | nal Director   |                   |                         |  |                    |   |  |  |  |  |
|   | Contact Person's Maili  | ng Address: 200 Weathersfield Ave.                       |                   | City: Altamonte S       |  | State: F           | l Zip Code: 32714                       |  |  |  |  |
|   | Contact Person's Telep  | phone Number: 407-869-1919                               |                   | Contact Person's F      | ax Numbe                               | r: 407-869-6961    |   |  |  |  |  |
| L   | Contact Person's E-Ma   | ail Address: p.c.flynn@utilitiesinc-usa.com              |                   |                         |  |                    |   |  |  |  |  |
| _   | Water Treatment Plant   |  |                   |                         |  |                    |   |  |  |  |  |
| -   | Plant Name: Utilites, In  |  |                   |                         |  | Plant Telephone    | Number: 407-869-1919                    |  |  |  |  |
| <u> </u>  | Plant Address: 200 We   |  |                   | City: Altamonte S       | prings                                 | State: Fl          | Zip Code: 32714                         |  |  |  |  |
|   | Type of Water Treated   |  | hased Finished V  | Water                   |  |                    |   |  |  |  |  |
|   |   | Day Operating Capacity of Plant, gallons per day: 24     | 46,000            |                         |  |                    |   |  |  |  |  |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C |   |  |                   |                         |  |                    |   |  |  |  |  |
| Ļ   | Licensed Operators  | Name   | License Number    | (1. m. 27. m.)          | Day(s)                                 | /Shift(s) Worked   |   |  |  |  |  |
|   | Lead/Chief Operator:  | Roy Mericle  | С                 | 13808                   |  | Tue - Fr           | ri 8 a.m 4:30 p.m.                      |  |  |  |  |
| ı   | Other Operators:  | Terry Sillitoe   | С                 | 12749                   |  | Sat. 8             | A.M 4:30 P.M.                           |  |  |  |  |
| Į   |   | Ray Parrish  | С                 | 12740                   | Mon 8 A.M 4:30 P.M.                    |                    |   |  |  |  |  |
| ١   |   |  |                   |                         |  |                    |   |  |  |  |  |
|   |   |  |                   |                         |  |                    |   |  |  |  |  |
|   |   |  |                   |                         |  |                    |   |  |  |  |  |
| - 1   |   |  |                   |                         |  |                    |   |  |  |  |  |
|   |   |  |                   |                         |  |                    |   |  |  |  |  |
| - 1   |   |  | 1.                |                         |  |                    |   |  |  |  |  |
| L   |   |  |                   |                         |  |                    |   |  |  |  |  |
| П.  | Certification by Lea  | d/Chief Operator   |                   |                         |  |                    |   |  |  |  |  |
|   |   | eatment plant operator licensed in Florida, am the le    | ead/chief operate | or of the water treats  | nent nlant                             | identified in Part | Lof this report Logrtify that the       |  |  |  |  |
| info  | rmation provided in th  | is report is true and accurate to the best of my know    | vledge and belief | f. I certify that all d | rinking wa                             | ter treatment chen | nicals used at this plant conform to    |  |  |  |  |
| NSI   | F International Standard  | d 60 or other applicable standards referenced in sub     | section 62-555.3  | 320(3), F.A.C. I als    | o certify th                           | at the following a | additional operations records for this  |  |  |  |  |
| plar  | it were prepared each d   | lay that a licensed operator staffed or visited this pla | ant during the m  | onth indicated abov     | e: (1) reco                            | rds of amounts of  | chemicals used and chemical feed        |  |  |  |  |
| rate  | s; and (2) if applicable,   | , appropriate treatment process performance records      | s. Furthermore,   | I agree to retain the   | se addition                            | al operations reco | ords at the plant site for at least ten |  |  |  |  |
| yea   | rs and to make them av  | vailable for review upon request.                        |                   |                         |  |                    |   |  |  |  |  |
|   | 1/6   | 2/4 3-31-5 Roy J. Me                                     |                   |                         |  | 6100               |   |  |  |  |  |
| <u>_/</u>   | W.  |  |                   | ····                    |  | C138               | - <del> </del>                          |  |  |  |  |
| Sign  | nature and Date   | Printed or   | Typed Name        |                         |  | Licen              | se Number                               |  |  |  |  |

| PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida |   |                             |  |  |  |  |  |  |  |  |  |                       |  |
|--|---|-----------------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|
| HI. Daily Data for the Month/Year of: March/2005                         |   |                             |  |  |  |  |  |  |  |  |  |                       |  |
| Means  | of Achi   | eving Four-L                | og Virus In                                      | activation/Rem                                   | oval: *  | Free Cl  | lorine   |  | hlorine D  | Dioxide  | Oz   | one (                 | Combined Chlorine (Chloramines)  |
| UI 🔲 UI  | raviolet  | Radiation                   | 🔲 Other (  | (Describe):                                      |  |  |  |  |  |  |  |                       |  |
| Type   | of Disinf   | ectant Residu               | ıal Maintain                                     | ned in Distribut                                 | ion System:                                      | ⊠F   | ree Ch   | lorine   | Com  | bined Ch   | lorine (C  | hloramines)           | Chlorine Dioxide   |
|  | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* |                             |  |  |  |  |  |  |  |  |  |                       |  |
|  | CT Calculations UV Dosc   |                             |  |  |  |  |  |  |  |  |  |                       |  |
|  |   |                             |  | Lowest Residual                                  | Disinfectant                                     | Lowest CT<br>Provided                            |  |  |  |  |  | Lowest<br>Residual    |  |
|  |   |                             |  | Disinfectant                                     | Contact Time                                     | Before or  |  |  |  |  |  | Disinfectant          |  |
|  |   |                             |  | Concentration                                    | (T) at C   | at First   |  |  | Minimum  |  | Minimum  | Concentration         |  |
| D6   | 11  | Net Quantity<br>of Finished |  | (C) Before or at                                 | Measurement                                      | Customer   | Temp.  |  | CT.  | Operating  | UV Dose  | at Remote             |  |
| Day of the   | Hours<br>Plant in   | Water                       | Peak Flow  | First Customer During Peak                       | Point During Peak Flow.                          | During<br>Peak Flow,                             | of<br>Water                                      | pH of<br>Water, if                               | mg-  | UV Dose,   | Required,<br>mW-                                 | Point in Distribution | Emergency or Abnormal Operating Conditions; Repair<br>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 <sup>2</sup>                              |  | System, mg/L          | System Components Out of Operation   |
| 1  | 24  | 14,000                      |  |  |  |  |  |  |  |  |  | 1.4                   |  |
| 2  | 24  | 16,000                      |  |  |  |  |  |  |  |  |  | 1.6                   |  |
| 4  | 24<br>24  | 16,000<br>18,000            |  | ļ  | <b>ļ</b>   | ļ  |  |  |  |  |  | 1.3                   |  |
| 5  | 24  | 10,000                      |  | <del> </del>                                     | <b></b>  | <u> </u>   |  |  | <b>}</b>   | <b>-</b>   |  | 1.5<br>1.4            |  |
| 6  | 24  | 21,000                      |  |  | <b></b>  | <del> </del>                                     | <del> </del> -                                   |  | <del> </del>                                     | <b></b>  | <del> </del>                                     | 1.4                   |  |
| 7  | 24  | 22,000                      |  | <del> </del>                                     |  |  |  |  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 1.5                   |  |
| 8  | 24  | 17,000                      |  | † <del></del>                                    |  |  | <del>                                     </del> | †  | <del>                                     </del> |  | <del>                                     </del> | 1.1                   |  |
| 9  | 24  | 15,000                      |  |  |  |  |  |  |  |  | <u> </u>   | 1.0                   |  |
| 10   | 24  | 14,000                      |  |  |  |  |  |  |  |  |  | 1.1                   |  |
| 11   | 24  | 13,000                      |  |  |  |  | <u> </u>   |  |  |  |  | 0.7                   |  |
| 12   | 24  | 17,000<br>24,000            |  |  | <b> </b>   | ļ  | ├──  | <del></del>                                      | ļ  |  | ļ  | 1.4                   |  |
| 14   | 24  | 24,000                      | <del></del>                                      |  | <del>                                     </del> | <del> </del>                                     | ┼──  | <del> </del>                                     | <del> </del>                                     | }  | <del>}</del>                                     | 2.0                   | }  |
| 15   | 24  | 17,000                      | <del></del> -                                    | <del></del>                                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | 1.4                   |  |
| 16   | 24  | 17,000                      |  | <del>                                     </del> |  | <del>                                     </del> | <del>                                     </del> | † <del></del>                                    | <del> </del>                                     | <del>                                     </del> | †  | 1.5                   |  |
| 17   | 24  | 14,000                      |  |  |  |  |  |  |  |  |  | 1.4                   |  |
| 18   | 24  | 16,000                      |  |  |  |  |  |  |  |  |  | 1,5                   |  |
| 19   | 24  | 15,000                      | ļ  | <del> </del>                                     | <u> </u>   | ļ  | -  |  |  | <u> </u>   | <u> </u>   | 1.6                   |  |
| 20   | 24  | 21,000<br>22,000            | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |  | <u> </u>   | <del> </del>                                     |  | <del> </del>                                     | 1.5                   |  |
| 22   | 24  | 16,000                      | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | 1.3                   |  |
| 23   | 24  | 12,000                      | }  | 1  | <del> </del>                                     | <del>                                     </del> | 1  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | 1.4                   |  |
| 24   | 24  | 15,000                      |  |  |  |  |  |  |  |  |  | 1.1                   |  |
| 25   | 24  | 17,000                      |  |  |  |  |  |  |  |  |  | 1.1                   |  |
| 26   | 24  | 14,000                      |  |  |  |  |  |  |  |  |  | 0.8                   |  |
| 27   | 24  | 20,000                      |  | 1  | <u> </u>   | <del> </del>                                     | <b>_</b>   |  | <b></b>  | <b></b>  |  |                       |  |
| 28   | 24  | 20,000<br>12,000            | <b>}</b>   |  | <del> </del>                                     | <b></b>  |  | -  | <del> </del>                                     | <del> </del>                                     | <b></b>  | 1.8                   |  |
| 30   | 24  | 20,000                      | <del> </del> -                                   | <del></del>                                      | <del> </del>                                     | +  | ┼  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | 1.7                   |  |
| 31   | 24  | 13,000                      |  |  | <del>                                     </del> | <del> </del>                                     | +  | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del>                                     | 1.50                  |  |
| Total  | -   | 522,000                     | <del>                                     </del> | <u> </u>   |  | - <del>1</del> ,                                 |  | .1   | <u> </u>   | <del></del>                                      | <u> </u>   | 1 1127                |  |
| Avera  | zе  | 16,838                      | 1  |  |  |  |  |  |  |  |  |                       |  |
| Maxin  | num   | 24,000                      | ]  |  |  |  |  |  |  |  |  |                       |  |

D-~- 1

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



See page 4 for instructions.

|   | 1 0                        |   |                               |                            |                                  |                                   |  |  |  |  |
|---|----------------------------|---|-------------------------------|----------------------------|----------------------------------|-----------------------------------|--|--|--|--|
|   |                            | for the Month Year of: April/2005             |                               |                            |                                  |                                   |  |  |  |  |
| ٩.  | Public Water System (F     | WS) Information                               |                               |                            |                                  |                                   |  |  |  |  |
|   | PWS Name: Park Ride        | e   |                               |                            | PWS Identification N             | umber: 3590993                    |  |  |  |  |
|   | PWS Type: 🔀 C              | Community Non-Transient Non-C                 | Community   Transier          | t Non-Community            | Consecutive                      |                                   |  |  |  |  |
| Number of Service Connections at End of Month: 103 Total Population Served at End of Month: 361                 |                            |   |                               |                            |                                  |                                   |  |  |  |  |
| PWS Owner Utilities, Inc. of Florida  |                            |   |                               |                            |                                  |                                   |  |  |  |  |
| Contact Person: Patrick Flynn Contact Person's Title: Regional Director   |                            |   |                               |                            |                                  |                                   |  |  |  |  |
|   | Contact Person's Maili     | ng Address: 200 Weathersfield Ave.            |                               | City: Altamonte Spring     | s State: Fl                      | Zip Code: 32714                   |  |  |  |  |
|   | Contact Person's Telen     | hone Number: 407-869-1919                     |                               | Contact Person's Fax N     | lumber: 407-869-6961             |                                   |  |  |  |  |
|   | Contact Person's E-Ma      | il Address: p.c.flynn@utilitiesinc-usa.co     | 0.001                         |                            |                                  |                                   |  |  |  |  |
| В.  | Water Treatment Plant      | Information                                   |                               |                            |                                  |                                   |  |  |  |  |
|   | Plant Name: Utilites, I    | nc. of Florida                                |                               |                            | Plant Telephone Num              | ber: 407-869-1919                 |  |  |  |  |
|   | Plant Address: 200 Wo      | eathersfield Ave.                             |                               | City: Altamonte Spring     | s State: Fl                      | Zip Code: 32714                   |  |  |  |  |
|   | Type of Water Treated      |   | Purchased Finished V          | Vater                      |                                  |                                   |  |  |  |  |
|   | Permitted Maximum D        | Day Operating Capacity of Plant, gallons      | per day: 246,000              |                            |                                  |                                   |  |  |  |  |
| 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 Moricle                                   | С                             | 13808                      | Tue - Fri 8 a.ı                  | m 4:30 p.ra.                      |  |  |  |  |
|   | 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.                       |  |  |  |  |
|   |                            |   |                               |                            |                                  |                                   |  |  |  |  |
|   |                            |   |                               |                            |                                  |                                   |  |  |  |  |
|   |                            |   |                               |                            |                                  |                                   |  |  |  |  |
|   |                            |   |                               |                            |                                  |                                   |  |  |  |  |
|   | •                          |   |                               |                            |                                  |                                   |  |  |  |  |
|   |                            |   |                               |                            |                                  |                                   |  |  |  |  |
|   |                            |   |                               |                            |                                  |                                   |  |  |  |  |
| Ī   | L. Certification by Lea    | d/Chief Operator                              |                               |                            |                                  |                                   |  |  |  |  |
|   |                            | eatment plant operator licensed in Florid     | a am the lead/chief operate   | or of the water treatment  | plant identified in Part Lof t   | his report. I certify that the    |  |  |  |  |
| m   | formation provided in th   | is report is true and accurate to the best of | of my knowledge and belief    | I certify that all drinki  | ing water treatment chemical     | s used at this plant conform to   |  |  |  |  |
| N:  | SF International Standar   | d 60 or other applicable standards refere     | nced in subsection 62-555.3   | (20(3), F.A.C. I also cer  | rtify that the following additi- | onal operations records for this  |  |  |  |  |
| ры  | ant were prepared each o   | lay that a licensed operator staffed or vis   | ited this plant during the me | onth indicated above: (1   | ) records of amounts of chen     | nicals used and chemical feed     |  |  |  |  |
| rai   | ies; and (2) if applicable | , appropriate treatment process performa      | ince records. Furthermore,    | I agree to retain these ac | ditional operations records a    | t the plant site for at least ten |  |  |  |  |
| ye  | ars and to make them av    | vailable for review upon request.             |                               |                            |                                  |                                   |  |  |  |  |
|   | 1                          | 21 1251                                       | Dan I Marketa                 |                            | 010000                           |                                   |  |  |  |  |
| C:  | gnature and Date           | W/L 3-3-03                                    | Roy J. Mericle                | <del></del>                | C13808                           |                                   |  |  |  |  |
| 31  | gnamie and <del>Daie</del> |   | Printed or Typed Name         |                            | License Number                   |                                   |  |  |  |  |

#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida III. Daily Data for the Month/Year of: April/2005 Means of Achieving Four-Log Virus Inactivation/Removal: \* Combined Chlorine (Chloramines) Ozone Free Chlorine Chlorine Dioxide Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Chlorine Dioxide Free Chlorine Combined Chlorine (Chloramines) CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\* CT Calculations Lowest Lowest CT Lowest Residual Residual Disinfectant Provided **Disinfectant** Disinfectant Contact Time Before or Minimu Concentration Concentration (T) at C at Pirst m UV Minimu Lowest Net Quantity at Remote (C) Before or at Customer Temp. m CT Operating Dose Measurement Day of of Finished Hours First Customer Point in Emergency or Abnormal Operating Conditions; Repair **Point During** During of Recuired. UV Dose. Recuired pH of Plant in Water Distribution or Maintenance Work that Involves Taking Water During Peak Peak Flow Peak Flow. Peak Flow. Water. mWmW-Water, if tag-Produced, gal Month Operation System, mg/L System Components Out of Operation Rate, gpd Flow, mg/L °C Applicable sec/cm<sup>2</sup> sec/cm2 minutes me-min/L min/L 24 18,000 1.2 2 24 14,000 1.3 24 21,000 24 21,000 4 1.6 4 24 12,000 1.4 24 6 16,000 1.4 24 18,000 1.6 8 24 19.000 1.4 9 24 13,000 1.2 10 24 20,000 11 24 21,000 1.2 12 24 16,000 0.8 13 24 17,000 1.1 14 24 18,000 1.6 15 24 15,000 1,8 24 16 20,000 1,6 17 24 19,000 18 24 19,000 1.8 19 24 18,000 1.3 20 24 18,000 13 21 24 18,000 1.5 22 24 26,000 1,5 23 24 28,000 1,3 24 24 17,000 25 24 17,000 1.4 25 24 19,000 1.1 27 24 15,000 1.2 28 24 17,000 1.2 29 24 19.000 1.0 30 24 13,000 1.1

542,000

18,066

28.000

31 Total

Average

Maximum

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





See page 4 for instructions.

|  | page 4 for instructions.  |   |                             |  |                             |                                   |  |  |  |  |  |  |
|--|---|---|-----------------------------|--|-----------------------------|-----------------------------------|--|--|--|--|--|--|
|  |   | or the Month/Year of: May/2005                |                             |  |                             |                                   |  |  |  |  |  |  |
| Α.   | Public Water System (P  | WS) Information                               |                             |  |                             |                                   |  |  |  |  |  |  |
|  | PWS Name: Park Ridg   | e   |                             |  | PWS Identification No       | umber: 3590993                    |  |  |  |  |  |  |
|  |   | ommunity Non-Transient Non-Co                 | mmunity Transien            | nt Non-Community   | Consecutive                 |                                   |  |  |  |  |  |  |
|  | Number of Service Connections at End of Month: 103  Total Population Served at End of Month: 361                |   |                             |  |                             |                                   |  |  |  |  |  |  |
|  | 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 Telep  | hone Number: 407-869-1919                     |                             | Contact Person's Fax Nun                                   | nber: 407-869-6961          |                                   |  |  |  |  |  |  |
|  | Contact Person's E-Ma   | il Address: p.c.flynn@utilitiesinc-usa.com    | 1                           |  |                             |                                   |  |  |  |  |  |  |
| В.   | Water Treatment Plant   |   |                             |  |                             |                                   |  |  |  |  |  |  |
|  | Plant Name: Utilites, In  | nc. of Florida                                |                             |  | Plant Telephone Num         | ber: 407-869-1919                 |  |  |  |  |  |  |
|  | Plant Address: 200 We   | athersfield Ave.                              |                             | City: Altamonte Springs                                    | State: Fl                   | Zip Code: 32714                   |  |  |  |  |  |  |
|  | Type of Water Treated   |   | Purchased Finished V        | Vater  |                             |                                   |  |  |  |  |  |  |
|  | Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000                                     |   |                             |  |                             |                                   |  |  |  |  |  |  |
|  | 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 F                       | ri. Days                          |  |  |  |  |  |  |
|  | Other Operators:  | Terry Sillitoe                                | В                           | 12749  | Thur.Fri.S                  | at. Days                          |  |  |  |  |  |  |
|  | •   | Roy Mericle                                   | С                           | 13808  | Tues Fri. Days F            | rom 5/1 Thru 5/17                 |  |  |  |  |  |  |
|  |   | Alexander Lorenzo                             | С                           | 13756  | Mon. & Wed. Days            |                                   |  |  |  |  |  |  |
|  |   | Roger Holsapple                               | С                           | 7436   | Tues. Days                  |                                   |  |  |  |  |  |  |
|  |   |   |                             |  |                             |                                   |  |  |  |  |  |  |
|  |   |   |                             |  |                             |                                   |  |  |  |  |  |  |
|  |   |   |                             |  |                             |                                   |  |  |  |  |  |  |
|  |   |   |                             |  |                             |                                   |  |  |  |  |  |  |
|  |   | ·   |                             |  |                             |                                   |  |  |  |  |  |  |
| 11   | . Certification by Lead   | d/Chief Operator                              |                             |  |                             |                                   |  |  |  |  |  |  |
|  |   | eatment plant operator licensed in Florida,   | am the lead/chief operate   | or of the water treatment of                               | ant identified in Part Laft | his report. I certify that the    |  |  |  |  |  |  |
| inf  | ormation provided in th   | is report is true and accurate to the best of | my knowledge and belief     | of the water treatment pr<br>f I certify that all drinking | water treatment chemicals   | s used at this plant conform to   |  |  |  |  |  |  |
| NS   | F International Standard  | d 60 or other applicable standards reference  | ced in subsection 62-555    | 320(3) F.A.C. Lalso certif                                 | that the following addition | onal operations records for this  |  |  |  |  |  |  |
| pla  | nt were prepared each d   | lay that a licensed operator staffed or visit | ed this plant during the me | onth indicated above: (1) r                                | ecords of amounts of chem   | ricals used and chemical feed     |  |  |  |  |  |  |
| rat  | es; and (2) if applicable,  | appropriate treatment process performan       | ce records. Furthermore,    | I agree to retain these addi                               | tional operations records a | t the plant site for at least ten |  |  |  |  |  |  |
| yea  | irs and to make them av   | ailable for review upon request.              | ,                           | <b>U</b>   | •                           | •                                 |  |  |  |  |  |  |
|  | V. J. S.  | 1355  | 1) (1                       | ١  | a 10                        | 201                               |  |  |  |  |  |  |
| <u>c:</u>  | Karn on   | <u> </u>                                      | KAthy Silli                 | 10 E   | C-13                        | 099                               |  |  |  |  |  |  |
| 218  | ignature and Date  C-13094  Printed or Typed Name  C-13094  License Number                                      |   |                             |  |                             |                                   |  |  |  |  |  |  |

| PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida |   |   |  |   |  |   |  |                                  |  |             |                 |   |  |
|--|---|---|--|---|--|---|--|----------------------------------|--|-------------|-----------------|---|--|
| III. Daily Data for the Month/Year of: May/2005                          |   |   |  |   |  |   |  |                                  |  |             |                 |   |  |
| Means  | Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)  Ultraviolet Radiation Other (Describe): |   |  |   |  |   |  |                                  |  |             |                 |   |  |
| Type o   | Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide                                      |   |  |   |  |   |  |                                  |  |             |                 |   |  |
| l  |   |   | CI   | Calculations, or l  | JV Dose, to De   | monstrate Fo  | ur-Log   | Virus Inactiv                    | ation, if Ap                                     | plicable*   | 324 T T T P (4) |   |  |
|  |   |   |  |   | CT Calcul  | ations  | elan hinad                                       |                                  | er i reparenti                                   | UV          | Dose            |   |  |
| Day of the Month   | Hours<br>Plant in<br>Operation  | Net Quantity<br>of Finished<br>Water<br>Produced, gal | Peak Flow<br>Rate, gpd                           | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant<br>Contact Time<br>(T) at C<br>Measurement<br>Point During<br>Peak Flow,<br>minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp.<br>of<br>Water,                            | pH of<br>Water, if<br>Applicable | СТ   |             | 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  | 20,500  |  |   |  |   |  |                                  |  | 300.000     |                 |   |  |
| 2  | 24  | 20,500  |  |   |  |   |  |                                  |  |             |                 | 1.0   |  |
| 3  | 24  | 18,000  |  |   |  |   |  |                                  |  |             |                 | 0.7   |  |
| 5  | 24  | 20,000  |  |   |  |   |  |                                  |  |             |                 | 1.1   |  |
| 6  | 24  | 14,000<br>16,000                                      |  |   | <b></b>  |   |  |                                  | ļ  |             |                 | 1.2   |  |
| 7  | 24  | 14,000  |  |   |  |   |  |                                  |  |             |                 | 1.5   |  |
| 8  | 24  | 23,500  |  |   | <del> </del>   |   |  | <del> </del>                     | <b> </b>   |             | <b> </b>        | 1.3   |  |
| 9  | 24  | 23,500  |  |   | <del>                                     </del>   |   | ├  |                                  | <del>                                     </del> |             |                 | 1.4   |  |
| 10   | 24  | 18,000  |  | <del></del>   | <del> </del>   | <b></b>   |  |                                  |  |             |                 | 1.4   |  |
| - 11   | 24  | 17,000  |  |   |  |   |  |                                  | <del>                                     </del> |             |                 | 1.4   |  |
| 12   | 24  | 15,000  |  | 1   |  |   | <del>                                     </del> |                                  |  |             | <b></b>         | 1.5   |  |
| 13   | 24  | 18,000  |  |   |  |   |  |                                  |  |             | <del> </del>    | 1.4   |  |
| 14   | 24  | 15,000  |  |   |  |   |  |                                  |  |             |                 | 1.4   |  |
| 15   | 24  | 23,500  |  |   |  |   |  |                                  |  |             |                 |   |  |
| 16<br>17   | 24  | 23,500<br>18,000                                      | ļ  | <b> </b>  |  |   |  |                                  |  |             |                 | 1.6   |  |
| 18   | 24  | 28,000  | <del> </del>                                     |   |  |   |  |                                  | ļ  | ·           | ļ <u>.</u>      | 1.7   | · · · · · · · · · · · · · · · · · · ·  |
| 19   | 24  | 25,000  | <del> </del>                                     | <del> </del>  | <del> </del>   |   | ļ  | ļ                                | <b>├</b> ──                                      |             | <u> </u>        | 2.4   |  |
| 20   | 24  | 18,000  |  | <del> </del>  |  |   | <del> </del>                                     | ļ                                | <u> </u>   | <u> </u>    | <del> </del>    | 1.8   |  |
| 21   | 24  | 14,000  | <u> </u>   |   |  |   | <del>                                     </del> | <del> </del>                     | <del> </del>                                     | <del></del> | <del> </del>    | 1.7   |  |
| 22   | 24  | 21,000  |  |   |  |   | <del>                                     </del> |                                  | <del>                                     </del> |             | <b></b>         | 1./   |  |
| 23   | 24  | 21,000  |  |   | 1  |   |  | <del> </del>                     | <del> </del>                                     |             | <del> </del>    | 2.0   |  |
| 24   | 24  | 28,000  |  |   |  |   |  |                                  |  |             | 1               | 2.1   |  |
| 25   | 24  | 12,000  |  |   |  |   |  |                                  |  | <u> </u>    |                 | 2.0   |  |
| 26<br>27   | 24<br>24  | 25,000<br>26,000                                      | <b> </b>   |   |  |   |  |                                  |  |             |                 | 1.8   |  |
| 28   | 24  | 14,000  | <del> </del>                                     |   | ļ  | ļ   |  |                                  |  |             |                 | 1.8   |  |
| 29   | 24  | 28,000  | <del> </del>                                     |   | <del> </del>   | ļ   |  |                                  | ļ  | <u> </u>    | <u> </u>        | 1.4   |  |
| 30   | 24  | 28,000  | <del>                                     </del> | <del> </del>  |  | <b></b>   | <u> </u>   | ļ                                | <del> </del>                                     |             | ļ               |   |  |
| 31   | 24  | 24,000  | <del> </del>                                     |   |  | <del> </del>  | -  | <del> </del>                     | <del> </del>                                     |             | <del> </del>    | 1.2   |  |
| Total  |   | 630,000   | <del></del>                                      | <del></del>   | <del></del>  | L   | L  | <u> </u>                         | <u> </u>   | l           | <u> </u>        | 1.10  | <u>L.</u>  |
| Averag   |   | 20.222  | 1  |   |  |   |  |                                  |  |             |                 |   |  |

Maximum

28,000

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

| PWS Identification Number: 3590993   | Plant Name: Utilites, Inc. of Florida   |
|--|---|
| 1V. Summary of Use of Polymer Containing Acrylamide, Pr  | olymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May/2005         |
| A. Is any polymer containing the monomer <u>acrylamide</u> used at the follows:  | ne water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as |
| Polymer Dose, ppm =  | Acrylamide Level, % <sup>†</sup> =  |
| polymer are as follows:  | at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the       |
| Polymer Dose, ppm =  | Epichlorohydrin Level, % <sup>†</sup> =   |
| C. Is any iron or manganese sequestrant used at the water treatm  Type of Sequestrant (polyphosphate or sodium silicate):  Sequestrant Dose, mg/l of phosphate DO. |   |
| Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silic  | ate as $S_1O_2 =$   |
| If sodium silicate is used, the amount of added plus naturally   |   |

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.  |   |                                |   | •                          |                                    |  |  |  |  |  |  |
|---|---------------------------|---|--------------------------------|---|----------------------------|------------------------------------|--|--|--|--|--|--|
| l.  | General Information       | for the Month/Year of: June/2005            |                                |   |                            |                                    |  |  |  |  |  |  |
| Α.  | Public Water System (P    | WS) Information                             |                                |   |                            |                                    |  |  |  |  |  |  |
| Ţ   | PWS Name: Park Ridg       | ge  |                                |   | PWS Identification N       | umber: 3590993                     |  |  |  |  |  |  |
|   |                           | Community Non-Transient Non-Community       | Community Transien             | t Non-Community                                   | Consecutive                |                                    |  |  |  |  |  |  |
| 1   |                           | nnections at End of Month: 103              |                                | Total Population Served at                        | End of Month: 361          |                                    |  |  |  |  |  |  |
| Ì   | PWS Owner: Utilities,     |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   | Contact Person: Patric    |   |                                | Contact Person's Title: Regional Director         |                            |                                    |  |  |  |  |  |  |
|   |                           | ing Address: 200 Weathersfield Ave.         |                                | City: Altamonte Springs State: Fl Zip Code: 32714 |                            |                                    |  |  |  |  |  |  |
| J   |                           | phone Number: 407-869-1919                  |                                | Contact Person's Fax Num                          | ber: 407-869-6961          |                                    |  |  |  |  |  |  |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
| В.  | Water Treatment Plant     |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   | Plant Name: Utilites, I   | nc. of Florida                              |                                |   | Plant Telephone Nun        | nber: 407-869-1919                 |  |  |  |  |  |  |
| i   | 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 W         | /ater   |                            |                                    |  |  |  |  |  |  |
|   | Permitted Maximum D       | Day Operating Capacity of Plant, gallons    | per day: 246,000               |   |                            |                                    |  |  |  |  |  |  |
| 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)/Shif                | t(s) Worked                        |  |  |  |  |  |  |
|   | Lead/Chief Operator:      | Kathy Sillitoe                              | С                              | 13094   | Mon- F                     | ri Days                            |  |  |  |  |  |  |
|   | Other Operators:          | Alexander Lorenzo                           | С                              | 13756   | Mon - Th                   | urs. Days                          |  |  |  |  |  |  |
|   |                           | Terry Sillitoe                              | В                              | 12749   | Thurs. Fri & Sat. Days     |                                    |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |
| П   | . Certification by Lea    | d/Chief Operator                            |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           | eatment plant operator licensed in Floric   | la am the lead/chief operato   | r of the water treatment nls                      | ant identified in Part Lof | this report. I certify that the    |  |  |  |  |  |  |
|   |                           | his report is true and accurate to the best |                                |   |                            |                                    |  |  |  |  |  |  |
|   |                           | d 60 or other applicable standards refere   |                                |   |                            |                                    |  |  |  |  |  |  |
| pla   | int were prepared each of | day that a licensed operator staffed or vis | sited this plant during the me | onth indicated above: (1) re                      | ecords of amounts of cher  | nicals used and chemical feed      |  |  |  |  |  |  |
| rate  | es; and (2) if applicable | , appropriate treatment process performa    | ince records. Furthermore,     | I agree to retain these addit                     | ional operations records a | at the plant site for at least ten |  |  |  |  |  |  |
| yea   | ars and to make them av   | vailable for review upon request.           |                                |   |                            |                                    |  |  |  |  |  |  |
| 1   | Las sil                   | + . 7                                       | ** .1                          |   | 0 10001                    |                                    |  |  |  |  |  |  |
| _1  |                           | Jol 7-28-05                                 | Kathy Sillitoe                 |   | C- 13094                   |                                    |  |  |  |  |  |  |
| Sig   | gnature and Date          |   | Printed or Typed Name          |   | License N                  | lumber                             |  |  |  |  |  |  |
|   |                           |   |                                |   |                            |                                    |  |  |  |  |  |  |

Dec. 1

| PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida |                       |                        |  |                               |  |                        |  |  |  |                            |  |                              |  |
|--|-----------------------|------------------------|--|-------------------------------|--|------------------------|--|--|--|----------------------------|--|------------------------------|--|
| 111. Daily Data for the Month/Year of: June/2005                         |                       |                        |  |                               |  |                        |  |  |  |                            |  |                              |  |
| Means  | of Achie              | eving Four-L           | og Virus In                                      | activation/Rem                | oval: *  | Free Ch                | lorine   | □С   | hlorine D  | Dioxide                    | Oz   | one (                        | Combined Chlorine (Chloramines)  |
| Ult  | raviolet l            | Radiation              | Other (  | (Describe):                   |  |                        |  |  |  |                            |  |                              |  |
| Type o   | of Disinfo            | ectant Residu          |  | ed in Distribut               |  |                        | ree Chl  |  |  |                            | lorine (C  | hloramines)                  | Chlorine Dioxide   |
|  |                       |                        | C  | Calculations, or l            |  |                        | ur-Log '   | Virus Inactiv                                    | ation, if Ap                                     |                            |  |                              |  |
|  |                       |                        |  |                               | CT Calcul  | Lowest CT              |  |  |  | UΥ                         | Dose   | Lowest                       |  |
|  |                       |                        |  | Lowest Residual               | Disinfectant                                     | Provided               |  |  |  |                            |  | Residual                     |  |
|  |                       |                        |  | Disinfectant<br>Concentration | Contact Time<br>(T) at C                         | Before or at First     |  |  |  |                            |  | Disinfectant                 |  |
| <u>}</u>   |                       | Net Quantity           |  | (C) Before or at              | Measurement                                      | Customer               | Temp.  |  | Minimum<br>CT                                    |                            | Minimum<br>UV Dose                               | Concentration at Remote      | A service of the serv |
| Day of   |                       | of Finished            | Dank M   | First Customer                | Point During                                     | During                 | of   | pH of  | Required,  | UV Dose,                   | Required,  | Point in                     | Emergency or Abnormal Operating Conditions; Repair   |
| the<br>Month   | Plant in<br>Operation | Water<br>Produced, gal | Peak Flow<br>Rate, gpd                           | During Peak<br>Flow, mg/L     | Peak Flow,<br>minutes                            | Peak Flow,<br>mg-min/L | Water, °C  | Water, if<br>Applicable                          | mg-<br>min/L                                     | mW-<br>sec/cm <sup>2</sup> | mW-<br>sec/cm <sup>2</sup>                       | Distribution<br>System, mg/L | or Maintenance Work that Involves Taking Water System Components Out of Operation  |
| 1  | 24                    | 18,000                 |  | ,,                            |  |                        |  | * rbbitcapte                                     | milly E  | 30WGIII                    | SCHOIL   | 1.20                         | System Components Out of Operation   |
| 2  | 24                    | 23,000                 |  |                               |  |                        |  |  |  |                            |  | 1.00                         |  |
| 3  | 24<br>24              | 16,000                 |  |                               |  |                        |  |  |  |                            |  | 0.80                         |  |
| 5  | 24                    | 16,000<br>19,000       |  | <del> </del>                  |  |                        |  |  |  | <b> </b>                   |  | 1.20                         |  |
| 6  | 24                    | 19,000                 |  |                               | <del> </del>                                     |                        |  |  | <del></del>                                      | <del> </del>               | ļ  | 1.80                         |  |
| 7  | 24                    | 20,000                 |  |                               | <b> </b>   |                        |  |  |  | <b></b>                    | <del>                                     </del> | 1.60                         |  |
| 8  | 24                    | 22,000                 |  |                               |  |                        |  |  |  |                            |  | 1.50                         |  |
| 9  | 24                    | 19,000                 |  |                               |  |                        |  |  |  |                            |  | 1.60                         |  |
| 10<br>11   | 24                    | 18,000<br>18,000       | ····   | ļ                             |  |                        |  |  |  | <u> </u>                   |  | 1.40                         |  |
| 12   | 24                    | 23,000                 |  | <del> </del>                  |  |                        |  |  | <u> </u>   | -                          | ļ  | 1.50                         |  |
| 13   | 24                    | 23,000                 | <u> </u>   |                               |  |                        | <del></del>                                      |  |  | <del> </del>               |  | 1.00                         | Collected Bacts  |
| 14   | 24                    | 28,000                 |  |                               |  |                        |  |  | <u> </u>   |                            | <u> </u>   | 1.40                         |  |
| 15   | 24                    | 22,000                 |  |                               |  |                        |  |  |  |                            |  | 1.80                         |  |
| 16<br>17   | 24<br>24              | 18,000<br>18,000       | ļ  |                               |  | <u> </u>               |  | <b></b>  |  |                            |  | 1.50                         | 4  |
| 18   | 24                    | 16,000                 |  |                               | <del>                                     </del> |                        |  |  | <del> </del>                                     | <del> </del>               | <del> </del>                                     | 1.40                         |  |
| 19   | 24                    | 20,500                 | <del>                                     </del> |                               | <del> </del>                                     |                        | <del>                                     </del> | <del>                                     </del> | <del> </del>                                     | <del> </del>               | <del> </del>                                     | 1.30                         |  |
| 20   | 24                    | 20,500                 |  | 1                             |  |                        |  |  |  |                            | 1  | 1.40                         |  |
| 21   | 24                    | 19,000                 |  |                               |  |                        |  |  |  |                            |  | 1.20                         |  |
| 22   | 24<br>24              | 23,000                 | <b></b>  | ļ                             | ļ  |                        |  | ļ  | <u> </u>   | ļ                          | ļ  | 1.60                         |  |
| 24   | 24                    | 20,000<br>15,000       |  |                               | <del>                                     </del> |                        |  | <u> </u>   | <del> </del>                                     | <del> </del>               | ╁  | 1.40                         |  |
| 25   | 24                    | 12,000                 | <del>                                     </del> |                               | <del> </del>                                     |                        | <del>                                     </del> | <del> </del>                                     | 1  | <del> </del>               | <del> </del>                                     | 1.30                         |  |
| 26   | 24                    | 23,500                 |  |                               | İ  |                        |  |  |  |                            |  |                              |  |
| 27   | 24                    | 23,500                 |  |                               |  |                        |  |  |  |                            |  | 1.40                         |  |
| 28<br>29   | 24<br>24              | 24,000<br>10,000       | ļ  | ļ                             | ļ  |                        | 1  |  | <del>                                     </del> |                            |  | 1.20                         |  |
| 30   | 24                    | 16,000                 | <del> </del>                                     |                               | -  | ļ                      | <del> </del>                                     | ļ  | <del>                                     </del> | <del> </del>               | <del> </del>                                     | 1.40<br>2.00                 |  |
| 31   | 24                    | 10,000                 | <del> </del>                                     | <del> </del>                  | <u> </u>   |                        | <del>                                     </del> | <del> </del>                                     | <del>                                     </del> | <del> </del>               | <del> </del>                                     | 2.00                         |  |
| Total  |                       | 583,000                |  | - <b>-</b>                    | · Ł.,  | ·                      | <u> </u>   | ·  | J  |                            | .1   | <del></del>                  |  |
| Averag   | e                     | 19 433                 | 1  |                               |  |                        |  |  |  |                            |  |                              |  |

Maximum

28,000

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



See page 4 for instructions.

| 1 Community Company Company (1997)  |                            | <del></del>            |                            |   |  |  |  |  |  |  |  |  |
|---|----------------------------|------------------------|----------------------------|---|--|--|--|--|--|--|--|--|
| 1. General Information for the Month/Year of: July/2005 A. Public Water System (PWS) Information  |                            |                        |                            |   |  |  |  |  |  |  |  |  |
| PWS Name: Park Ridge  |                            |                        | PWS Identific              | cation Number: 3590993                    |  |  |  |  |  |  |  |  |
| PWS Type:  Community  Non-Transient Non-C   | ommunity     Transies      | nt Non-Community       | ☐ Consecutive              | VILLOUI I TILLIUOI. 3270275               |  |  |  |  |  |  |  |  |
| Number of Service Connections at End of Month: 103  | Ommunity Li Hansle         |                        | ved at End of Month: 3     | 261                                       |  |  |  |  |  |  |  |  |
|   |                            | Total Population Sei   | vou at End of Midnut.      | 701                                       |  |  |  |  |  |  |  |  |
| PWS Owner: Utilities, Inc. of Florida  Contact Person: Patrick Flynn  |                            | Contact Demonia Tit    | le: Regional Director      |   |  |  |  |  |  |  |  |  |
| Contact Person's Mailing Address: 200 Weathersfield Ave.  |                            | City: Altamonte Spr    |                            | e: Fl Zip Code: 32714                     |  |  |  |  |  |  |  |  |
| Contact Person's Telephone Number: 407-869-1919  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  | <u> </u>                   | <del></del>            |                            |   |  |  |  |  |  |  |  |  |
| Plant Name: Utilites, Inc. of Florida   |                            |                        | Plant Telepho              | one Number: 407-869-1919                  |  |  |  |  |  |  |  |  |
| Plant Address: 200 Weathersfield Ave.   |                            | City: Altamonte Spi    |                            | Zip Code: 32714                           |  |  |  |  |  |  |  |  |
| Type of Water Treated by Plant: Raw Ground Water  | ☐ Purchased Finished \     |                        |                            |   |  |  |  |  |  |  |  |  |
| Permitted Maximum Day Operating Capacity of Plant, gallons  | per day: 246,000           |                        |                            |   |  |  |  |  |  |  |  |  |
| Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C                             |                            |                        |                            |   |  |  |  |  |  |  |  |  |
|   |                            |                        |                            | TOTAL CONTROL OF THE SECOND               |  |  |  |  |  |  |  |  |
| Kathy Sillitoe  | С                          | 13094                  |                            | Mon Fri. Days                             |  |  |  |  |  |  |  |  |
| Alexander Lorenzo   | С                          | 13756                  | Mon Thur. Days             |   |  |  |  |  |  |  |  |  |
| Terry Sillitoe  | В                          | 12749                  |                            | Thur Sat. Days                            |  |  |  |  |  |  |  |  |
|   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
|   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
|   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
|   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
|   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
|   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
|   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
| II. Certification by Lead/Chief Operator  |                            |                        |                            |   |  |  |  |  |  |  |  |  |
| I, the undersigned water treatment plant operator licensed in Florida   | a am the lead/chief operat | or of the water treatm | ent plant identified in P  | Part Lof this report. I certify that the  |  |  |  |  |  |  |  |  |
| information provided in this report is true and accurate to the best of   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
| NSF International Standard 60 or other applicable standards referen   | nced in subsection 62-555. | 320(3), F.A.C. I also  | certify that the following | ng additional operations records for this |  |  |  |  |  |  |  |  |
| plant were prepared each day that a licensed operator staffed or visi   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
| rates; and (2) if applicable, appropriate treatment process performa-   |                            |                        |                            |   |  |  |  |  |  |  |  |  |
| years and to make them available for review upon request.   | ·                          | -                      | •                          | -   |  |  |  |  |  |  |  |  |
| Kall Silvitar 8-4-05  | Kathy Sillit               | -0 <b>€</b>            |                            | C-13094                                   |  |  |  |  |  |  |  |  |
| Signature and Date  | Printed or Typed Name      |                        | <u>L</u> i                 | icense Number                             |  |  |  |  |  |  |  |  |

| PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida   |                  |  |  |   |                                       |   |  |              |                |                          |  |
|--|------------------|--|--|---|---------------------------------------|---|--|--------------|----------------|--------------------------|--|
| II. Daily Da   | ta for the Mo    | onth/Year_o                                      | : July/2005  |   |                                       |   |  |              |                |                          |  |
| Means of Ach   | ieving Four-L    | og Virus Ina                                     | activation/Remo  | val: *  | Free Chle                             | orine 🗆                                   | Chlorine Dio   | xide         | □ Ozo:         | ne 🗆 (                   | Combined Chlorine (Chloramines)  |
| Tilana-ialaa   | Dadiet.          |  | <b>-</b> "   |   |                                       |   |  |              |                |                          | •  |
| Type of Disin  | fectant Residu   | ual Maintain                                     | ed in Distribution   | on System:  | <b>⊠</b> Fre                          | e Chlorine                                | ☐ Combi  | ned Chl      | orine (Chl     | oramines)                | Chlorine Dioxide   |
| P. Land  | Lac Sections     |  | S. M. Astronomy S. M. C.   | 1. 2.2.22.54.54.15 Add                                  | the appearance of the co              | graces in process indebi                  | mentankani in dan  | E TON        |                | 1200                     |  |
|  |                  | to with the                                      |  |   |                                       |   | A SECTION .  | , a v        |                |                          |  |
|  |                  |  | When the state   |   |                                       |   | 与手 <b>设</b> 点于 图片  |              |                | and design to the second |  |
|  |                  |  | By Transit Value   |   | r i                                   | green billion is                          |  |              | Call Section   | 110                      |  |
| 100  |                  | Variety of the                                   | Marian and a second  |   | Experience of                         |   |  |              |                |                          |  |
|  |                  |  | Carried Section Control  |   | () 建建筑和的内容                            |   | The state of the s |              |                | ja renangigi             |  |
| en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de   |                  |  | Barton Salaria da Karana d | าร การกระบบ (การกระบบ)<br>พ.ศ. 1984 การกระบบ (การกระบบ) | The same of the                       |   | The reliable of a land   | The Markey   | A SWAN AS LINE |                          | The state of the s |
|  | 4.4              | 100  | and the state of   | 1   |                                       |   |  | 1.70         |                | and the second           | A Charles and Valle for avolves Thing Van  |
| 24   | 17,000           | Sins 1 1-744                                     | 452.42 to 1 / 14.41.41.41  |   | * * * * * * * * * * * * * * * * * * * | 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |  |              |                | 1.8                      | Separation of the second of th |
| 2 24   | 18,000           |  | <del> </del>   |   | <del></del>                           |   |  |              |                | 1.4                      |  |
| 3 24   | 21,000           |  |  |   | <del></del>                           |   | <del></del>  |              | <del></del>    | 1,7                      |  |
| 24   | 21,000           |  |  |   |                                       |   |  |              |                | 1.4                      |  |
| 24   | 30,000           |  |  |   |                                       | ·   |  |              |                | 1.2                      |  |
| 24   | 29,000           |  |  |   |                                       |   |  |              |                | 0.6                      |  |
| 24   | 30,000           |  |  |   |                                       |   |  |              |                | 0.8                      |  |
| <b>8</b> 24 <b>9</b> 24  | 14,000           |  |  |   |                                       |   |  |              |                | 0.9                      |  |
| <b>9</b> 24 <b>10</b> 24   | 12,000<br>22,500 |  |  |   | <b></b>                               |   |  |              |                | 0.7                      |  |
| 24   | 22,500           | <del> </del>                                     | <del> </del>   |   | <del></del>                           |   |  |              |                | 1.0                      |  |
| 12 24  | 18,000           |  |  |   | <del></del>                           |   |  |              |                | 1.2                      |  |
| 24   | 16,000           |  |  |   | <del></del>                           | <del></del>                               | <del></del>  |              |                | 1.4                      |  |
| 24   | 14,000           |  |  |   |                                       |   |  |              |                | 0.4                      |  |
| 24   | 17,000           |  |  |   |                                       |   |  |              |                | 1.4                      |  |
| 24   | 10,000           |  |  |   |                                       |   |  |              |                | 1.6                      |  |
| 24   | 21,500           |  |  |   |                                       |   |  |              |                |                          |  |
| 24<br>24   | 21,500           | ļ  |  |   |                                       |   |  |              |                | 1.6                      |  |
| 24 24  | 26,000<br>16,000 | ļ  |  |   | L                                     |   |  |              |                | 1.4                      |  |
| 24 24  | 12,000           | <b></b>  |  |   | <b></b>                               |   |  |              |                | 1.2                      |  |
| 24   | 19,000           |  | <del> </del>   |   | <del> </del>                          |   |  |              |                | 1.2                      |  |
| 23 24  | 14,000           | <del> </del>                                     | <del>  </del>  |   | <del> </del>                          |   |  |              |                | 0.9                      |  |
| <b>24</b> 24   | 21,500           | <del>                                     </del> | <del> </del>   |   | <del> </del>                          |   |  |              |                | 0.0                      | <del> </del>   |
| 24   | 21,500           |  |  |   | <del> </del>                          |   | <del></del>  |              | <del></del>    | 0.8                      |  |
| 26 24  | 22,000           |  |  |   |                                       |   |  | <del></del>  | <del></del>    | 1.4                      |  |
| 24   | 12,000           |  |  |   |                                       |   |  |              |                | 1.4                      |  |
| 28 24  | 22,000           |  |  |   |                                       |   |  |              |                | 1.0                      |  |
| 24   | 20,000           | ļ  |  |   |                                       |   |  |              |                | 1.4                      |  |
| 24   | 13,000           | <u> </u>   | ļ <b>-</b>   |   |                                       |   |  |              |                | 1.1                      |  |
|  | 574,000          | <del> </del>                                     | ll   |   | <u> </u>                              |   |  | ]            |                |                          |  |
|  | 19.133           | 1  |  |   |                                       |   |  | <b>-</b> , ^ | - C            |                          |  |
| A CONTRACTOR OF THE PARTY OF TH | 30,000           | 1  |  |   |                                       |   |  | 1.30-        | 05             |                          | 5 T 1500 183 005   |

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

30.05

PIANT PH 7.8 PIANT +CMP 28.3 DOSE = 0.9

Remote PH 7.6 Remote +CMP 28.1 DOSE = 0.6





See page 4 for instructions.

| _   |   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|---|---|-----------------------|------------------------|--------------------------------|------------------------------|---------------------------------|-------------------------------|---|--|--|--|--|--|
|   | General Information   |                       | r of: August2005       |                                |                              |                                 |                               |   |  |  |  |  |  |
| A.  | Public Water System (P  |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|   | PWS Name: Park Ridg   |                       |                        |                                |                              | PWS Ident                       | ification Nu                  | mber: 3590993                           |  |  |  |  |  |
|   | PWS Type: 🛛 🔾   | Community 🔲           | Non-Transient Non-     | Community   Transien           | t Non-Community              | Consecutive                     |                               |   |  |  |  |  |  |
|   | Number of Service Co  | nnections at End of   | Month: 103             |                                | <b>Total Population Serv</b> | ion Served at End of Month: 361 |                               |   |  |  |  |  |  |
|   | PWS Owner: Utilities,   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|   | Contact Person: Patric  | k Flynn               |                        |                                | Contact Person's Title       | Regional Director               | •                             |   |  |  |  |  |  |
|   | Contact Person's Maili  | ng Address: 200 W     | eathersfield Ave.      |                                | City: Altamonte Sprin        | gs St                           | ate: 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   | ail Address: p.c.flyn | n@utilitiesinc-usa.c   | om                             |                              |                                 |                               |   |  |  |  |  |  |
| В.  | Water Treatment Plant   | Information           |                        | _                              |                              |                                 |                               |   |  |  |  |  |  |
|   | Plant Name: Utilites, 1   |                       |                        |                                |                              | - Plant Tele                    | phone Numb                    | per: 407-869-1919                       |  |  |  |  |  |
|   | Plant Address: 200 We   |                       |                        |                                | City: Altamonte Sprin        | gs State: Fl                    |                               | Zip Code: 32714                         |  |  |  |  |  |
|   | Type of Water Treated   |                       | law Ground Water       | Purchased Finished V           |                              |                                 |                               |   |  |  |  |  |  |
|   | Permitted Maximum [   | Day Operating Capa    | city of Plant, gallons | s per day: 246,000             |                              |                                 |                               |   |  |  |  |  |  |
|   | 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  |                       |                        | ay(s)/Shift(                   |                              |                                 |                               |   |  |  |  |  |  |
|   | Lead/Chief Operator:  | Kathy Sillitoe        |                        | 13094                          |                              | Mon- Fri                        |                               |   |  |  |  |  |  |
|   | Other Operators:  | Alexander Lorenzo     |                        | C                              | 13756                        |                                 | Mon - Thu                     | s. Days                                 |  |  |  |  |  |
|   |   | Terry Sillitoe        |                        | В                              | 12749                        |                                 | Sat. Days                     |   |  |  |  |  |  |
|   |   | Allan Finch           |                        | С                              | 7806                         | Mon- Fri Days                   |                               |   |  |  |  |  |  |
|   |   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|   |   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|   |   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|   |   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|   |   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
|   |   |                       |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
| T   | l. Certification by Lea   | d/Chief Operator      |                        |                                |                              |                                 |                               |   |  |  |  |  |  |
| Ī, i  | the undersigned water tr  | eatment plant opera   | tor licensed in Florid | da, am the lead/chief operato  | r of the water treatmer      | t plant identified is           | Dort Lofth                    | is report. I cartify that the           |  |  |  |  |  |
| int   | formation provided in th  | is report is true and | accurate to the best   | of my knowledge and belief     | Lettify that all drink       | ing water treatmen              | rait I VI III<br>It chemicals | used at this plant conform to           |  |  |  |  |  |
| IN:   | Sr international Standar  | d 60 or other applic  | able standards refere  | enced in subsection 62-555.3   | 20(3). F.A.C. Laiso ce       | ertify that the follow          | ving addition                 | nal operations records for this         |  |  |  |  |  |
| ри  | ant were prepared each o  | lay that a licensed o | perator staffed or vi  | sited this plant during the mo | onth indicated above: (      | 1) records of amou              | nts of chemi                  | cals used and chemical feed             |  |  |  |  |  |
| iai   | es, and (2) if applicable.  | , appropriate treatm  | ent process perform:   | ance records. Furthermore,     | agree to retain these a      | dditional operation             | s records at                  | the plant site for at least ten         |  |  |  |  |  |
| ye  | ars and to make them av   | ailable for review u  | pon request.           | ,                              |                              | ,                               |                               | * |  |  |  |  |  |
| 1   | V. To   | 201                   | C                      |                                |                              |                                 |                               |   |  |  |  |  |  |
| <u> </u>  | rand Di   | Delital               | 9-6-05                 | Kathy Sillitoe                 |                              |                                 | C 13094                       |   |  |  |  |  |  |
| Sı  | gnature and Date  |                       |                        | Printed or Typed Name          |                              |                                 | License Nu                    | mber                                    |  |  |  |  |  |

| PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida |                   |                                      |  |  |   |                      |  |  |  |                     |  |  |   |
|--|-------------------|--------------------------------------|--|--|---|----------------------|--|--|--|---------------------|--|--|---|
| III. Daily Data for the Month/Year of: August2005                        |                   |                                      |  |  |   |                      |  |  |  |                     |  |  |   |
| Means  | of Achie          |                                      | og Virus In                            | activation/Rem<br>Describe):   |   | Free Ch              | lorine   | □с   | hlorine D  | ioxide              | Oz   | one 🗌 (  | Combined Chlorine (Chloramines)   |
|  |                   |                                      |  | ed in Distribut  | ion System  | ⊠ Fı                 | ree Chi  | lorine   | Com  | hined Ch            | lorine (C  | hloramines)  | Chlorine Dioxide  |
|  |                   |                                      | C                                      | Calculations, or l   | JV Dose, to De  |                      |  |  |  |                     |  |  |   |
|  |                   |                                      |  | CT Calculations UV Dose  |   |                      |  |  |  |                     |  |  |   |
| Day of<br>the  | Hours<br>Plant in | Net Quantity<br>of Finished<br>Water | Peak Flow                              | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak | Disinfectant<br>Contact Time<br>(T) at C<br>Measurement<br>Point During<br>Peak Flow, | During<br>Peak Flow, | Temp.<br>of<br>Water,                            | pH of<br>Water, if                               | CT<br>Required,<br>mg-                           | UV Dose,<br>mW-     | UV Dose<br>Required,<br>mW-                      | Lowest Residual Disinfectant Concentration at Remote Point in Distribution | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water |
| 1 I  | Operation 24      | Produced, gal<br>48,000              | Rate, gpd                              | Flow, mg/L   | minutes   | mg-min/L             | *C   | Applicable                                       | min/L  | sec/cm <sup>2</sup> | sec/cm²  | System, mg/L<br>1.20   | System Components Out of Operation  |
| 2  | 24                | 24,000                               |  | <del> </del>   |   |                      |  |  | <del> </del>                                     | <b> </b>            |  | 1.20   |   |
| 3  | 24                | 13,000                               |  | <u> </u>   |   |                      |  | <del></del>                                      | <del> </del>                                     | <del></del>         |  | 1.20   |   |
| 4  | 24                | 29,000                               |  |  |   |                      |  | <del></del>                                      | <del> </del>                                     |                     | <u> </u>   | 1.10   |   |
| 5  | 24                | 29,000                               |  |  |   |                      |  |  |  |                     |  | 0.90   |   |
| 6  | 24                | 10,000                               |  |  |   |                      |  |  |  |                     |  | 1.00   |   |
| 7  | 24                | 20,000                               | ·                                      |  |   |                      |  |  |  |                     |  |  |   |
| 9  | 24<br>24          | 20,000<br>18,000                     |  |  |   |                      |  |  | ļ  | ļ                   |  | 0.90   |   |
| 10   | 24                | 17,000                               | ······································ | <del> </del>   | <u> </u>  |                      |  | ļ  |  |                     |  | 1.80   |   |
| 11   | 24                | 17,000                               |  |  | <del> </del>  | <b></b>              |  |  | ļ  | <del> </del>        |  | 1.30   |   |
| 12   | 24                | 14,000                               |  | <del></del>  | <del></del>   | <del> </del>         |  | <del> </del>                                     | <del> </del>                                     |                     | <del> </del>                                     | 1.70   |   |
| 13   | 24                | 21,000                               |  |  |   | <del></del>          | l  | <del>                                     </del> | <del> </del>                                     |                     |  | 1.60   |   |
| 14   | 24                | 18,000                               |  |  |   |                      | <del>                                     </del> | <del>                                     </del> | <del>                                     </del> |                     | <del>                                     </del> | 1.00   |   |
| 15   | 24                | 18,000                               |  |  |   |                      |  |  |  |                     |  | 2.40   |   |
| 16   | 24                | 20,000                               |  |  |   |                      |  |  |  |                     |  | 1.20   |   |
| 17   | 24<br>24          | 19,000                               |  |  |   |                      | L  |  |  |                     |  | 1.20   |   |
| 19   | 24                | 17,000<br>22,000                     |  |  | ļ <u>.</u>  |                      | <b>!</b>   |  | ļ  |                     |  | 1.00   |   |
| 20   | 24                | 18.000                               |  | <del> </del>   |   |                      | <b> </b>   | ļ  | <b> </b>   |                     |  | 1.00   |   |
| 21   | 24                | 20,000                               |  |  |   | <del> </del>         | ļ  |  |  | <del> </del>        | ļ  | 1.00   |   |
| 22   | 24                | 20,000                               |  | <del> </del>   | <del></del>   | <del> </del>         | <del> </del>                                     |  | -  |                     |  | 0.80   |   |
| 23   | 24                | 18,000                               | · · · · · · · · · · · · · · · · · · ·  |  |   |                      | <del></del> -                                    | <del> </del>                                     |  | <del> </del>        |  | 0.70   |   |
| 24   | 24                | 28,000                               |  |  |   |                      | <del></del>                                      | <b></b>  | <del> </del>                                     |                     | <del></del>                                      | 1.40   |   |
| 25   | 24                | 29,000                               |  |  |   |                      |  | <del>                                     </del> | 1  |                     | <del></del>                                      | 1.20   | Bacts collected   |
| 26   | 24                | 18,000                               |  |  |   |                      |  |  |  |                     |  | 0.70   |   |
| 27<br>28   | 24                | 18,000                               | ļ                                      |  |   |                      |  |  |  |                     |  | 1.00   |   |
| 28   | 24                | 19,500<br>19,500                     |  | <del> </del>   | <u> </u>  |                      |  |  |  |                     |  |  |   |
| 30   | 24                | 19,000                               |  | <del> </del>   |   |                      | <u> </u>   |  | <b> </b>   |                     |  | 0.30   |   |
| 31   | 24                | 17,000                               |  | <del> </del>   | <del> </del>  | <b>├</b> ──          | <u> </u>   | <del> </del>                                     | <b> </b>   |                     |  | 0.50   |   |
| Total  |                   | 638,000                              | <del></del>                            | <u> </u>   | <u> </u>  | <u> </u>             | <u> </u>   | L  | <u></u>  | L                   | <u> </u>   | 0.50   | <u> </u>  |
| Averas   | ve                | 20.580                               | ł                                      |  |   |                      |  |  |  |                     |  |  |   |

Maximum

D=== 2

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



See page 4 for instructions.

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|      |   | for the Month/Year of: September 2005   |                     |   |                |                            |                                 |  |  |  |  |  |
|------|---|---|---------------------|---|----------------|----------------------------|---------------------------------|--|--|--|--|--|
| Α.   | Public Water System (   | PWS) Information  |                     |   |                |                            |                                 |  |  |  |  |  |
|      | PWS Name: Park Rid  | ge  |                     |   |                | PWS Identification N       | umber: 3590993                  |  |  |  |  |  |
|      |   | Community Non-Transient Non-Commun  | nity Transier       | nt Non-Community                                | ПСо            | nsecutive                  |                                 |  |  |  |  |  |
|      | Number of Service Co  | onnections at End of Month: 103   |                     | Total Population Ser                            | rved at E      | nd of Month: 361           |                                 |  |  |  |  |  |
|      | PWS Owner: Utilities  | , Inc. of Florida   |                     |   |                |                            |                                 |  |  |  |  |  |
|      | Contact Person: Patric  | k Flynn   |                     | Contact Person's Tit                            | le: Regio      | onal Director              |                                 |  |  |  |  |  |
|      | Contact Person's Mail   | ing Address: 200 Weathersfield Ave.   |                     | City: Altamonte Spr                             |                | State: Fl                  | Zip Code: 32714                 |  |  |  |  |  |
|      |   | phone Number: 407-869-1919  |                     | Contact Person's Fax                            |                | r: 407-869-6961            |                                 |  |  |  |  |  |
|      | Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com   |   |                     |   |                |                            |                                 |  |  |  |  |  |
| В.   | Water Treatment Plant   | Information   |                     |   |                |                            |                                 |  |  |  |  |  |
|      | Plant Name: Utilites, I   |   |                     |   |                | Plant Telephone Num        | ber: 407-869-1919               |  |  |  |  |  |
|      | Plant Address: 200 W  | eathersfield Ave.   |                     | City: Altamonte Spr                             | ings           | State: Fl                  | Zip Code: 32714                 |  |  |  |  |  |
|      | Type of Water Treated   | by Plant: Raw Ground Water Pu   | rchased Finished V  |   |                | <u> </u>                   |                                 |  |  |  |  |  |
|      | Permitted Maximum I   | Day Operating Capacity of Plant, gallons per day:   | 246,000             |   |                |                            |                                 |  |  |  |  |  |
|      | 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 Number      |   | Day(s)/Shift   |                            |                                 |  |  |  |  |  |
|      | Lead/Chief Operator:  | ALLAN FINCH   | С                   | 7806  |                | Mon- Fr                    |                                 |  |  |  |  |  |
|      | Other Operators:  | Terry Sillitoe  | В                   | 12749   |                | Thurs. Fri &               |                                 |  |  |  |  |  |
|      |   | Roger Holsapple   | С                   | 7436  | <del></del>    | Weekend                    | <del></del>                     |  |  |  |  |  |
|      |   | Domenic Gentillucci   | С                   | 12562   |                | Weekend                    |                                 |  |  |  |  |  |
|      |   |   |                     |   | Weekend Circus |                            |                                 |  |  |  |  |  |
|      |   |   |                     |   |                |                            |                                 |  |  |  |  |  |
|      |   |   |                     |   |                |                            |                                 |  |  |  |  |  |
|      |   |   |                     |   |                |                            |                                 |  |  |  |  |  |
|      |   |   |                     |   |                |                            |                                 |  |  |  |  |  |
|      |   |   |                     |   |                | ····                       |                                 |  |  |  |  |  |
| П    | Certification by Lea  |   |                     | <del></del>                                     |                |                            |                                 |  |  |  |  |  |
|      |   |   |                     |   |                |                            |                                 |  |  |  |  |  |
| info | ormation provided in th   | eatment plant operator licensed in Florida, am the  | lead/chief operato  | r of the water treatme                          | nt plant       | identified in Part I of th | is report. I certify that the   |  |  |  |  |  |
| NS   | F International Standard  | is report is true and accurate to the best of my known of 60 or other applicable standards referenced in standards referenced | ubsection 62 555 2  | 1 certify that all drin                         | iking wai      | ter treatment chemicals    | used at this plant conform to   |  |  |  |  |  |
| pla  | nt were prepared each d   | ay that a licensed operator staffed or visited this   | nlant during the mo | 20(3), r.A.C. I also (<br>onth indicated above: | (1) recer      | at the following addition  | nal operations records for this |  |  |  |  |  |
| ·    | 3, and (2) if applicable,   | appropriate treatment process performance recor   | rds Furthermore I   | agree to retain these                           | addition:      | al operations records at   | the plant site for at least ten |  |  |  |  |  |
| yea  | rs and to make themy av   | ailable for review upon request.  | ido. Taraicimore, i | agree to retain these                           | audition       | ai operations records at   | the plant site for at least ten |  |  |  |  |  |
|      | (11/2 - 17 ~  | $\beta$   |                     |   |                |                            |                                 |  |  |  |  |  |
| 4    | Milles Sun  | 0.5-0.3 Allan Fi  | inch                |   |                | C-7806                     |                                 |  |  |  |  |  |
| Sig  | nature and Date   | Printed   | or Typed Name       |   |                | License Nu                 | mber                            |  |  |  |  |  |

| PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida |   |                |                |                      |                              |                       |              |               |   |                     |                     |                    |  |
|--|---|----------------|----------------|----------------------|------------------------------|-----------------------|--------------|---------------|---|---------------------|---------------------|--------------------|--|
|  |   |                |                |                      |                              |                       |              |               |   |                     |                     |                    |  |
|  | III. Daily Data for the Month/Year of: September 2005  Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) |                |                |                      |                              |                       |              |               |   |                     |                     |                    |  |
|  |   |                |                |                      | ioval: *                     | Free Cl               | hlorine      |               | hlorine I                               | Dioxide             |                     | cone []            | Combined Chlorine (Chloramines)                    |
|  |   | Radiation      |                | (Describe):          |                              | N -                   |              |               |   | 1: 10:              | 1                   | 11                 | Chl. in Diavida                                    |
| Type   | of Disinf   | ectant Resid   | ual Maintair   | ned in Distribut     | ion System:                  |                       | ree Ch       |               |   |                     |                     | hloramines)        | Chlorine Dioxide                                   |
|  | * 1   |                | C              | T Calculations, or t |                              |                       | our-Log      | Virus Inactiv | ation, if Ar                            |                     |                     |                    |  |
| 1  |   |                |                |                      | CT Calcu                     |                       |              |               |   | UV                  | Dose                |                    |  |
|  |   |                |                | Lowest Residual      | <b>N</b>                     | Lowest CT<br>Provided |              |               | ,                                       |                     |                     | Lowest<br>Residual |  |
| 1  |   |                |                | Disinfectant         | Disinfectant<br>Contact Time | Before or             |              |               |   | 1 1                 |                     | Disinfectant       |  |
| 1  |   | i              |                | Concentration        | (T) at C                     | at First              |              |               | Minimum                                 | Lowest              | Minimum             | Concentration      |  |
| i  |   | Net Quantity   |                | (C) Before or at     | Measurement                  | Customer              | Temp.        |               | CT                                      | Operating           | UV Dose             | 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<br>Month   | Plant in  | Water          | Peak Flow      | During Reak          | Peak Flow,                   | Peak Flow,            | Water,       | Water, if     | mg-                                     | mW-                 | mW-                 | Distribution       | or Maintenance Work that Involves Taking Water     |
| VIOILII  | 24  | Produced, gal  | Rate, gpd      | Flow, mg/L           | minutes                      | mg-min/L              | °C.          | Applicable    | min/L                                   | sec/cm <sup>2</sup> | sec/cm <sup>2</sup> | System, mg/L       | System Components Out of Operation                 |
| 2  | 24  | 18000          |                |                      |                              |                       | <b> </b>     | <b> </b>      |   |                     |                     | 0,6                |  |
| 3  | 24  | 1600 C         |                | <del> </del>         | <del></del>                  |                       |              |               |   |                     |                     | 6.7                |  |
| 4  | 24  | 20000          |                | <del> </del>         |                              |                       |              |               |   |                     |                     | 1,0                |  |
| 5  | 24  | 20000          |                | <del> </del>         |                              |                       | <b></b>      |               |   |                     | <b>!</b>            | 0.9                |  |
| 6  | 24  | 20000          |                | <del> </del>         | <del></del>                  |                       | <del> </del> | <b></b>       |   |                     |                     | 016                |  |
| 7  | 24  | 20000          |                |                      |                              |                       |              | <del></del>   |   |                     |                     | 1.2                |  |
| 8  | 24  | 16000          |                |                      |                              |                       | <b>—</b> —   | <del> </del>  |   | <u> </u>            |                     | 1,2                |  |
| 9  | 24  | 7000           |                |                      |                              |                       |              | <u> </u>      |   |                     |                     | 1,0                |  |
| 10   | 24  | 14000          |                |                      |                              |                       |              |               |   |                     |                     | 1.1                |  |
| 11   | 24  | 20500          |                |                      |                              |                       |              |               | *************************************** |                     |                     |                    |  |
| 12   | 24  | 20500          |                |                      |                              |                       | i            |               |   |                     |                     | 1.0                |  |
| 13   | 24  | 19000          |                |                      |                              |                       |              |               |   |                     |                     | 0                  |  |
| 14   | 24  | 16000          |                |                      |                              |                       |              |               |   |                     |                     | 0,9                |  |
| 15   | 24  | 20000          |                |                      |                              |                       |              |               |   |                     |                     | 0.7                |  |
| 16<br>17   | 24<br>24  | 20000          |                |                      |                              |                       |              |               |   |                     |                     | 0.7                |  |
| 18   | 24  | 22000          | ·              | <u> </u>             |                              |                       |              |               |   |                     |                     | 1.56               |  |
| 19   | 24  | 22500          |                |                      |                              |                       |              | <u> </u>      |   |                     |                     |                    |  |
| 20   | 24  | 22000          |                |                      |                              |                       |              |               |   |                     |                     | 0,8                |  |
| 21   | 24  | 19000          |                |                      |                              |                       | <b> </b>     |               |   |                     |                     | 0.7                |  |
| 22   | 24  | 18000          |                |                      |                              |                       | ļ            |               |   |                     |                     | 0.7                |  |
| 23   | 24  | 14000          |                | <b>-</b>             |                              |                       |              |               |   |                     | <b> </b>            | 1.2                |  |
| 24   | 24  | 15000          |                | <u> </u>             |                              |                       |              |               |   |                     | ļ                   | 0.6                |  |
| 25   | 24  | 21000          |                |                      |                              |                       |              | ····          |   |                     | <b></b>             | 0,6                |  |
| 26   | 24  | 21000          |                |                      |                              |                       |              |               |   |                     |                     | 0.4                |  |
| 27   | 24  | 25000          |                |                      |                              |                       |              |               |   |                     |                     | 0,5                |  |
| 28   | 24  | 13000          |                |                      |                              |                       |              |               |   |                     |                     | 0.5                |  |
| 29   | 24  | 17000          |                |                      |                              |                       |              |               |   |                     |                     | 0.5                | ***************************************            |
| 30   | 24  | 13000          |                | L                    |                              |                       |              |               |   |                     |                     | 0.5                |  |
| 31<br>Total  | 24  | 4 (0) 2 = 6    |                |                      |                              |                       |              |               |   |                     |                     |                    |  |
|  |   |                |                |                      |                              |                       |              |               |   |                     |                     |                    |  |
| Maxim  |   | 18,733         | 83 ( 78 3 3    |                      |                              |                       |              |               |   |                     |                     | WATER              | Grafith marinal 2007                               |
|  |   | 22500          | 125.000        | .6                   |                              |                       |              |               |   | 309                 | 9-14-0              | S P11 7            | 1.6 POY 1.5  |
| Kejel  | to the ir   | istructions fo | or this report | t to determine v     | vhich plants                 | must prov             | ide thi.     | s informat    | ion.                                    | _                   |                     |                    |  |
|  |   |                |                |                      |                              |                       |              |               |   | Oist                | 9-14-               | 02 by.             | 7.6 POY 1.4  |
|  | / ·   | -              |                |                      |                              |                       |              | Daa- 2        |   | Po €                | 9.27                | .05 PH             | 7.8 POY 1.4  |
|  |   |                |                |                      |                              |                       |              |               |   | つくて                 | 0                   | - PH               | 1.0  |



See page 4 for instructions.

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|   | . 3  |   |                        |                        |                        |                         | L UUI I                          |  |  |  |  |  |  |
|---|--|---|------------------------|------------------------|------------------------|-------------------------|----------------------------------|--|--|--|--|--|--|
|   |  | for the Month/Year of: October 2005                 |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
| Α.  | Public Water System (P   |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   | PWS Name: Park Ridg  |   |                        |                        |                        | PWS Identification N    | lumber: 3590993                  |  |  |  |  |  |  |
| i   |  | Community Non-Transient Non-Comm                    | unity Transier         | t Non-Community        | Cor                    | nsecutive               |                                  |  |  |  |  |  |  |
|   | Number of Service Con  | nnections at End of Month: 103                      |                        | Total Population S     | erved at Er            | nd of Month: 361        |                                  |  |  |  |  |  |  |
|   | PWS Owner: Utilities,  | Inc. of Florida                                     |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   | Contact Person: Patricl  | *   |                        | 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     | ax Number              | r: 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 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: 246,000  |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   | 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                      | 12749                  |                        | Thurs. Fri & Sat. Days  |                                  |  |  |  |  |  |  |
|   | Į l  | Roger Holsapple                                     | C                      | 7436                   |                        | Weekend Checks          |                                  |  |  |  |  |  |  |
|   |  | Domenic Gentillucci                                 | С                      | 12562                  | Weekend Checks         |                         |                                  |  |  |  |  |  |  |
|   |  |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   |  |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   |  |   |                        |                        |                        | ····                    |                                  |  |  |  |  |  |  |
|   |  |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   |  |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   | <u> </u>   |   |                        |                        |                        | ·                       |                                  |  |  |  |  |  |  |
|   | . Certification by Lea   | d/Chief Operator                                    |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
|   |  | eatment plant operator licensed in Florida, am      | the lead/chief operato | r of the water treat   | nent plant             | identified in Part I of | his report. I certify that the   |  |  |  |  |  |  |
| inf   | ormation provided in th  | is report is true and accurate to the best of my    | knowledge and belief   | . I certify that all d | rinking wat            | ter treatment chemical  | s used at this plant conform to  |  |  |  |  |  |  |
| NS  | SF International Standard  | d 60 or other applicable standards referenced in    | n subsection 62-555.3  | 20(3), F.A.C. I also   | o certify the          | at the following additi | onal operations records for this |  |  |  |  |  |  |
| pla   | int were prepared each d   | lay that a licensed operator staffed or visited the | is plant during the me | onth indicated abov    | e: (1) recor           | rds of amounts of cher  | nicals used and chemical feed    |  |  |  |  |  |  |
| rat   | 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 |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
| yea   | ears and to make them available for review upon request.   |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |
| /   | Milley Prince  | 11-1-05 Allar                                       | r Finch                |                        |                        | 0.7007                  |                                  |  |  |  |  |  |  |
| £   | LIMIN JIMU   |   |                        |                        |                        | <u>C-7806</u>           |                                  |  |  |  |  |  |  |
| Sig   | gnature and Date Printed or Typed Name License Number  |   |                        |                        |                        |                         |                                  |  |  |  |  |  |  |

D- --

| PWS          | PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida |                        |               |                              |                              |                       |              |               |  |  |                     |                               |   |            |
|--------------|--|------------------------|---------------|------------------------------|------------------------------|-----------------------|--------------|---------------|--|--|---------------------|-------------------------------|---|------------|
| THE D        | III. Daily Data for the Month/Year of: October 2005                      |                        |               |                              |                              |                       |              |               |  |  |                     |                               |   |            |
|              |  |                        |               | activation/Rem               |                              | Free Cl               | Jorina       |               | hlorine D                                    | Nigvide  | Oz                  | one []                        | Combined Chlorine (Chloramines)                 |            |
| ∏UI          | traviolet  | Radiation              | Other (       | Describe):                   |                              |                       | 11011110     |               | morme D                                      | MANAGE   |                     | one                           | Contolled Chlorine (Chloramines)                | İ          |
|              |  |                        |               | ed in Distribut              | ion System:                  | ΣF                    | ree Chl      | orine         | Com  | hined Ch   | dorine (C           | hloramines)                   | Chlorine Dioxide                                |            |
|              |  |                        | CI            | Calculations, or U           | JV Dose, to De               | monstrate Fo          | ur-Log V     | /irus Inactiv | ation if An                                  | nlicable*  | norme (C            | inoralinies)                  |   |            |
| 1            |  |                        |               |                              | CT Calcul                    | ations                |              |               |  |  | Dose                |                               | •   | -          |
|              |  |                        |               |                              |                              | Lowest CT             |              |               |  |  |                     | Lowest                        |   | i          |
|              |  |                        |               | Lowest Residual Disinfectant | Disinfectant<br>Contact Time | Provided              |              |               |  |  |                     | Residual                      |   | )          |
|              |  |                        |               | Concentration                | (T) at C                     | Before or<br>at First |              |               | Minimum                                      | Lowest   | Minimum             | Disinfectant<br>Concentration |   |            |
|              |  | Net Quantity           |               | (C) Before or at             | Measurement                  | Customer              | Temp.        |               | CT   |  | UV Dose             | at Remote                     |   | ŀ          |
| Day of       |  | of Finished            |               | First Customer               | Point During                 | During                | of           | pH of         | Required,                                    | UV Dose,   | Required,           | Point in                      | Emergency or Abnormal Operating Condition       | ns; Repair |
| the<br>Month | Plant in<br>Operation  | Water<br>Produced, gal | Peak Flow     | During Peak<br>Flow, mg/L    |                              | Peak Flow,            | Water,       | Water, if     | mg-  | mW-  | mW-                 | Distribution                  | or Maintenance Work that Involves Taking        |            |
| 1            | 24   | 16,000                 | Rate, gpd     | Flow, mg/L                   | minutes                      | mg-min/L              | °C           | Applicable    | min/L  | sec/cm <sup>2</sup>                              | sec/cm <sup>2</sup> | System, mg/L                  | System Components Out of Operation              | <u>n</u>   |
| 2            | 24   | 22,500                 |               |                              |                              |                       |              |               |  |  | <del> </del>        | 0,4                           |   |            |
| 3            | 24   | 22,500                 |               |                              |                              |                       |              |               |  |  |                     | 0.8                           | Collectio 3 Boot's                              |            |
| 4            | 24   | 10,000                 |               |                              |                              |                       |              |               |  |  |                     | 0.7                           | Concerco 3 bacts                                |            |
| 5            | 24   | 14.000                 |               |                              |                              |                       |              |               |  |  |                     | 0.7                           |   |            |
| 6            | 24   | 13,000                 |               |                              |                              |                       |              |               |  |  |                     | 0.8                           |   |            |
| 7            | 24   | 16,000                 |               |                              |                              |                       |              |               |  |  |                     | 0.6                           |   |            |
| 8            | 24<br>24   | 10,000                 |               | <b>}</b>                     |                              |                       |              |               |  |  |                     | 1. 2                          |   |            |
| 10           | 24   | 17,500                 |               |                              |                              |                       |              |               |  |  |                     |                               |   |            |
| 11           | 24   | 15,000                 |               |                              |                              |                       |              |               |  |  |                     | 0.7                           |   |            |
| 12           | 24   | 16,000                 |               | ·                            |                              |                       |              |               | <del></del>                                  |  | <b> </b>            | 0.7                           |   |            |
| 13           | 24   | 15,000                 |               |                              |                              | <del></del>           |              |               |  | <del> </del>                                     | <b> </b>            | 0,6                           |   |            |
| 14           | 24   | 18,000                 |               |                              |                              |                       |              |               |  |  |                     | 0,5                           |   |            |
| 15           | 24   | 13,000                 |               |                              |                              |                       |              |               |  |  |                     | 0.4                           |   |            |
| 16           | 24   | 19,000                 |               | ļ                            |                              |                       |              |               |  |  |                     |                               |   |            |
| 17<br>18     | 24   | 19,000                 |               |                              |                              |                       |              |               |  |  |                     | 0,4                           |   |            |
| 19           | 24   | 18,000                 |               |                              |                              |                       | <b> </b>     |               | ļ  | ļ  |                     | 0.4                           |   |            |
| 20           | 24   | 27.000                 |               | <del> </del>                 | <b></b>                      |                       |              |               | <b></b>                                      | <del> </del>                                     |                     | 0.5                           |   |            |
| 21           | 24   | 13.000                 |               |                              |                              |                       |              |               |  |  |                     | 0,5                           |   |            |
| 22           | 24   | 13.000                 |               |                              | i                            |                       |              |               | · · · · · · · · · · · · · · · · · · ·        | <del>                                     </del> | 1                   | 0,6                           |   |            |
| 23           | 24   | 20,000                 |               |                              |                              |                       |              |               |  |  |                     |                               |   |            |
| 24           | 24   | 20,000                 |               |                              |                              |                       |              |               |  |  |                     | 8,4                           |   |            |
| 25           | 24   | 15,000                 | ļ             | <b></b>                      |                              | <u> </u>              |              |               |  |  |                     | 0,5                           |   |            |
| 26<br>27     | 24   | 14,000                 | <del> </del>  |                              |                              |                       | <b> </b>     |               |  |  |                     | 0.3                           |   |            |
| 28           | 24   | 14,000                 | <del> </del>  | <del></del>                  | ļ                            |                       | <b> </b>     |               | ļ  | <b></b>  |                     | 0.6                           |   |            |
| 29           | 24   | 16,000                 | <del> </del>  | <del> </del>                 | <del></del>                  |                       | <del></del>  |               | <del> </del>                                 |  | <del> </del>        | 0.4                           |   |            |
| 30           | 24   | 18.500                 | <u> </u>      | <del> </del>                 | <b></b>                      |                       |              |               | }  |  | <del> </del>        | 910                           |   |            |
| 31           | 24   | 18.500                 |               | <u> </u>                     | <del> </del>                 |                       | <del> </del> |               |  | <del> </del>                                     | <u> </u>            | 0,6                           |   |            |
| Total        |  | 517.000                |               |                              | <del></del>                  | <u> </u>              |              |               | <u>.                                    </u> | <u> </u>   | D.L.                | <u> </u>                      | <u> </u>  |            |
| Averag       |  | 16,677                 | ]             |                              |                              |                       |              |               |  |  | , e, r, A           |                               | 10-77-05  |            |
| Maxim        |  | 24,000                 | J             |                              |                              |                       |              |               | 16   | -12-0  | 35                  |                               | POE   | ١.         |
| * Refe       | r to the i   | nstructions fe         | or this repor | t to determine               | which plants                 | must prov             | vide thi     | s informa     | tion. '                                      | POE  | D                   | ist.                          | 10-27-05 POE Dis Temp 22.7°C Temp PH 7.7 PH 7.6 | ) . ¬ 0 ~  |
|              |  |                        |               |                              |                              |                       |              |               | Tenp, 2                                      | 4,3°C  | Ten                 | 10 24.1C                      | DH 717  | ~1,5°C     |
|              |  | -                      |               |                              |                              |                       |              | n-~- 1        | PH' 7  | .8   | Na                  | ist.<br>ip 24.1°C             | P. Inc  | 6          |

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License Number



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

| STEURIDA   |                     |  | •                              |   |   | /                               |
|------------|---------------------|--|--------------------------------|---|---|---------------------------------|
| See page 4 | 4 for instructions. |  |                                |   |   | 608                             |
|            |                     | or the Month/Year of: November             | 2005                           |   |   |                                 |
| A Public   | Water System (P     | WS) Information                            | 2003                           |   |   | 5                               |
|            | Name: Park Ridg     |  |                                |   | PWS Identification No                               | ımber: 3590993                  |
| PWS        |                     | Community Non-Transient Non                | -Community Transie             | nt Non-Community                        | Consecutive   |                                 |
|            |                     | nnections at End of Month: 103             |                                |   | ved at End of Month: 361                            |                                 |
|            | Owner: Utilities,   |  |                                | Total Topulation Ser                    | , va a 2112 01 1/1011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                 |
|            | ct Person: Patric   |  |                                | Contact Person's Titl                   | e: Regional Director                                |                                 |
|            |                     | ng Address: 200 Weathersfield Ave.         |                                | City: Altamonte Sprin                   |   | Zip Code: 32714                 |
|            |                     | hone Number: 407-869-1919                  |                                |   | Number: 407-869-6961                                |                                 |
|            |                     | il Address: p.c.flynn@utilitiesinc-usa.o   | com                            |   |   |                                 |
|            | Treatment Plant     |  |                                |   |   |                                 |
|            | Name: Utilites, I   |  |                                |   | Plant Telephone Num                                 | ber: 407-869-1919               |
| Plant      | Address: 101 W.     | Ridge Drive                                |                                | City: Sanford                           | State: Fl   | Zip Code: 32773                 |
| Туре       | of Water Treated    | by Plant: Raw Ground Water                 | Purchased Finished             | Water                                   |   |                                 |
| Permi      | itted Maximum D     | bay Operating Capacity of Plant, gallon    | s per day: 246,000             |   |   |                                 |
| Plant      | Category (per su    | bsection 62-699.310(4), F.A.C.): IV        |                                | Plant Class (per subs                   | ection 62-699.310(4), F.A.C.):                      | C                               |
| Lice       | ensed Operators     | Name                                       | License Class                  | License Number                          | Day(s)/Shift  | (s) Worked                      |
| Lead/      | Chief Operator:     | ALLAN FINCH                                | C                              | 7806                                    | Mon- Fr   | i Days                          |
| Other      | Operators:          | Terry Sillitoe                             | В                              | 12749                                   | Thurs. Fri &  | Sat. Days                       |
|            |                     | Alex Lorenzo                               | C                              | 13756                                   | Mon- Fr   | i Days                          |
|            |                     | Kathy Sillitoe                             | C                              | 13094                                   | Mon- Fr   | i Days                          |
|            |                     |  |                                |   |   |                                 |
|            |                     |  |                                |   |   |                                 |
|            |                     |  |                                |   |   |                                 |
|            |                     |  |                                |   |   |                                 |
|            |                     |  |                                |   |   |                                 |
|            |                     |  |                                |   |   |                                 |
| II. Cert   | ification by Lea    | I/Chief Operator                           |                                |   |   |                                 |
|            |                     | eatment plant operator licensed in Flor    | ida am the lead/chief operato  | or of the water treatmen                | nt plant identified in Part I of th                 | is report. I certify that the   |
| informatio | on provided in thi  | is report is true and accurate to the best | t of my knowledge and belief   | Legify that all drin                    | king water treatment chemicals                      | used at this plant conform to   |
| NSF Inter  | rnational Standard  | 1 60 or other applicable standards refer   | enced in subsection 62-555.3   | 320(3), F.A.C. Lalso c                  | certify that the following addition                 | nal operations records for this |
| plant were | e prepared each d   | ay that a licensed operator staffed or v   | isited this plant during the m | onth indicated above:                   | (1) records of amounts of chemi                     | icals used and chemical feed    |
| rates; and | (2) if applicable,  | appropriate treatment process perform      | nance records. Furthermore,    | I agree to retain these                 | additional operations records at                    | the plant site for at least ten |
| years and  | to make them av     | ailable for review upon request.           | ,                              |   | ,   |                                 |
| 0          | 7 0 00              |  |                                |   |   |                                 |
| Kay        | <u> </u>            | tax 12-2-05                                | Kathy Sillitoe                 |   | C-13094   |                                 |
| Signature  | and Date            |  | Printed or Typed Name          | *************************************** | License Nu  | ımher                           |

Printed or Typed Name

|  |  |  |           |                   |               |             |                      |                |                                    |                        | 000,812                |                    | Total        |
|--|--|--|-----------|-------------------|---------------|-------------|----------------------|----------------|------------------------------------|------------------------|------------------------|--------------------|--------------|
|  | 00.00  |  |           |                   | ·····         |             |                      |                |                                    |                        |                        | 74                 | 15           |
|  | 2.00   |  |           |                   |               |             |                      |                |                                    |                        | 16,000                 | 74                 | 30           |
|  | 1.80   |  |           |                   |               |             |                      |                |                                    |                        | 12,000                 | 57                 | 67           |
|  | 2,00   |  |           |                   |               |             |                      |                |                                    |                        | 24,000                 | 74                 | 58           |
|  |  |  |           |                   |               |             |                      |                |                                    |                        | 24,000                 | 74                 | LZ           |
|  | 071  |  |           |                   |               |             |                      |                |                                    |                        | 000,81                 | 54                 | 56           |
|  | 1.80   |  |           |                   |               |             |                      |                |                                    |                        | 000,81                 | \$7                | 52           |
|  | 08.1   |  |           |                   |               |             |                      |                |                                    |                        | 000,81                 | 74                 | 74           |
|  | 1,00   |  |           |                   |               |             |                      |                |                                    |                        | 14,000                 | 57                 | 53           |
|  | 07.0   |  |           |                   |               |             |                      |                |                                    |                        | 22,000                 | 74                 | 77           |
|  | 09.0   |  |           |                   |               |             |                      |                |                                    |                        | 008,71                 | 54                 | 17           |
|  |  |  |           |                   |               |             |                      |                |                                    |                        | 005,71                 | 74                 | 07           |
|  | 07.0   |  |           |                   |               |             |                      |                |                                    |                        | 14,000                 | 74                 | 61           |
|  | 09'0   |  |           |                   |               |             |                      |                |                                    |                        | 16,000                 | 54                 | 81           |
|  | 04.0   |  |           |                   |               |             |                      |                |                                    |                        | 000,71                 | 74                 | LI           |
|  | 09.0   |  |           |                   |               |             |                      |                |                                    |                        | 16,000                 | 74                 | 91           |
|  | 09.0   |  |           |                   |               |             | L                    |                |                                    |                        | 17,000                 | 74                 | S١           |
|  | 05.0   |  |           |                   |               |             |                      |                |                                    |                        | 000,81                 | 5.4                | 14           |
|  |  |  |           |                   |               |             |                      |                |                                    |                        | 000,81                 | 74                 | ΕI           |
|  | 09.0   |  |           |                   |               |             |                      |                |                                    |                        | 000,51                 | 74                 | 71           |
|  | 07.0   |  |           |                   |               | <u> </u>    |                      |                |                                    |                        | 20,000                 | 7.4                | 11           |
|  | 09.0   |  |           |                   |               |             |                      |                |                                    |                        | 18,000                 | 7.4                | 10           |
| Collected 3 bacts  | 07.0   |  |           |                   |               |             |                      |                |                                    |                        | 20,000                 | 74                 | 6            |
| Flushed 200,000 gallons  | 07.0   |  |           |                   |               |             |                      |                |                                    |                        | 18,000                 | 7.4                | 8            |
|  | 07.0   |  |           |                   |               |             |                      |                |                                    |                        | 17,000                 | 74                 | L            |
|  |  |  |           |                   |               |             |                      |                |                                    |                        | 17,000                 | 74                 | 9            |
|  | 07.0   |  |           |                   |               | l           | L                    |                |                                    |                        | 15,000                 | 74                 | Ş            |
|  | 08.0   |  |           |                   |               | <u> </u>    |                      |                |                                    | -                      | 000,21                 | 7.4                | Þ            |
|  | 07.0   |  | <u> </u>  |                   |               |             |                      |                |                                    |                        | 000,81                 | 7.4                | . ε          |
|  | 07.0   |  |           |                   |               |             | <u> </u>             |                |                                    |                        | 14,000                 | 74                 | 7.           |
|  | 09.0   |  |           |                   |               |             |                      |                |                                    |                        | 000,81                 | 74                 | 1            |
| Or Maintenance Work that Involves Taking Water System Components (but of Operation | noitudirtaid<br>Lystem, mg/L   | -Wm                                    | .Wm       | Required,         |               | Water,      | wolf Jass<br>Jaim-ga | Peak Flow,     | During Peak<br>Jean, mg/L          | Peak Flow<br>Rate, gpd | Water<br>Produced, gal | Plant in Operation | ohi<br>Month |
| Emergency or Abnormal Operating Conditions, Repair                                 | at Remote<br>ni Iniof  | havilina G                             | UV Dose,  | muminiM<br>TO     | lo Hq         | .qma/<br>to | Burne                | SgimG Jaio9    | (C) Before or at<br>First Customer |                        | of Finished            | STOOL              | Day of       |
|  | Concentration 10   | IDMINISTRA                             | TYDACYT   |                   |               |             | at First             | (T) is (T)     | notistrazono<br>ferografia         |                        | Net Quantity           |                    | -            |
| , <u>(</u>   | Disinfectant   | 30.00                                  |           |                   |               | 10-14       |                      | Contact Time   |                                    |                        |                        |                    |              |
|  | leubisaA   | 180                                    |           | 2.00              |               |             | Provided             |                | Lowest Residual                    |                        | Y                      |                    |              |
| 0.00   | 125WQ.]  |  |           |                   |               | 1.00        | Lowest CT            |                |                                    |                        |                        |                    |              |
|  | 6.14   | ⇒so <sub>t</sub>                       | 1An       |                   | <u> </u>      |             |                      | CT Calcula     |                                    |                        | 1                      | 4                  |              |
|  |  |  | plicable  | ation, if Ap      | Virus Inactiv | 80/J-m      | nonstrate For        | A Dose, to Det | Calculations, or l                 | io.                    |                        |                    |              |
| Chlorine Dioxide   | loramines)   | orine (Ci                              |           |                   |               | ee Chl      |                      | on System:     | ituditisiQ ni ba                   | ai Maintain            | noisən meio            | DIUISIA IC         | 1 Abe        |
| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                           | ( 1  |  | 101       |                   |               | . 10        | - [7]                |                |                                    | Other (                |                        |                    |              |
| (  |  |  | ADIMOT    | <i>a</i> 200 1200 | ~ $\Box$      | AUI IOU     |                      | 7 27940        |                                    |                        | Radiation              |                    |              |
| Chloramines)   | III. Daily Data for the Month/Year of: November 2005  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Chlorine Dioxide Concone Combined Chlorine (Chloramines) |  |           |                   |               |             |                      |                |                                    |                        |                        |                    |              |
|  | ······································   |  |           |                   | <del></del>   |             |                      | \$007          | H November                         | o ars Yalta            | oM odr rot i           | ts(I ylis          | a in         |
|  |  |  |           | Florida           | s' juc. of    | Utilite     | ant Name:            | ld             |                                    | £6606SE :              | tion Number            | dentifica          | SMA          |
| 1  | 2710 1710  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | /AA (751) |                   |               |             |                      |                | יידרטועו                           |                        |                        |                    |              |

17,200

Average

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



| See  | e page 4 for instructions.                         |  |  |             |  |                                       |                             | ILE COPY                          |
|------|--|--|--|-------------|--|---------------------------------------|-----------------------------|-----------------------------------|
| I.   | General Information                                | for the Month/Year of: December  | er 2005                                | <del></del> | · · · · · · · · · · · · · · · · · · ·            |                                       |                             | 1 L 0 0 1 1                       |
|      | Public Water System (F                             |  |  |             |  |                                       |                             |                                   |
|      | PWS Name: Park Ridg                                |  |  |             |  |                                       | PWS Identification N        | lumber: 3590993                   |
|      |  | Community Non-Transient N  | on-Community                           | Transie     | ent Non-Community                                | ПСо                                   | nsecutive                   |                                   |
|      |  | nnections at End of Month: 103   |  |             | Total Population Ser                             |                                       |                             |                                   |
|      | PWS Owner: Utilities,                              |  |  |             |  |                                       | <del></del>                 |                                   |
|      | Contact Person: Patric                             |  |  |             | Contact Person's Tit                             | le: Regio                             | onal Director               |                                   |
|      |  | ing Address: 200 Weathersfield Ave.                                    |  |             | City: Altamonte Spri                             |                                       | State: Fl                   | Zip Code: 32714                   |
|      |  | phone Number: 407-869-1919   |  |             | Contact Person's Fax                             |                                       |                             |                                   |
|      |  | ail Address: p.c.flynn@utilitiesinc-us                                 | a.com                                  |             | T COMMON TO THE TANK                             | · · · · · · · · · · · · · · · · · · · |                             |                                   |
| В.   | Water Treatment Plant                              | · · · · · · · · · · · · · · · · · · ·                                  |  |             |  |                                       |                             |                                   |
|      | Plant Name: Utilites, I                            |  |  |             |  |                                       | Plant Telephone Nun         | aber: 407-869-1919                |
|      | Plant Address: 101 W.                              |  |  |             | City: Sanford                                    |                                       | State: Fl                   | Zip Code: 32773                   |
|      | Type of Water Treated                              |  | er Purchased I                         | inished '   |  |                                       |                             |                                   |
|      |  | Day Operating Capacity of Plant, gall                                  |  |             |  |                                       |                             |                                   |
|      |  | bsection 62-699.310(4), F.A.C.): IV                                    |  |             | Plant Class (per subs                            | section 6                             | 2-699.310(4), F.A.C.):      | C                                 |
|      | Licensed Operators                                 | Name   | Licer                                  | se Class    |  |                                       | Day(s)/Shiff                |                                   |
|      | Lead/Chief Operator:                               | ALLAN FINCH  |  | С           | 7806   |                                       | Mon- F                      |                                   |
|      | Other Operators:                                   | Terry Sillitoe   |  | В           | 12749  | Thurs. Fri & Sat. Days                |                             |                                   |
|      | Outer Operators.                                   | Alex Lorenzo   |  | С           | 13756  |                                       | Mon- Fri Days               |                                   |
|      |  | Kathy Sillitoe   | ······································ | С           | 13094  |                                       |                             | ri Days                           |
|      |  |  |  |             |  |                                       |                             |                                   |
|      |  |  |  |             |  |                                       |                             |                                   |
|      |  |  |  |             | 1  |                                       |                             |                                   |
|      |  |  |  |             | <del>                                     </del> |                                       |                             |                                   |
|      |  |  |  |             |  |                                       |                             |                                   |
|      |  |  |  |             |  |                                       |                             |                                   |
|      |  | 1/61: 60   |  |             |  |                                       |                             |                                   |
|      | . Certification by Lea                             |  |  | Ĉ.          | C.1  |                                       | 11 11 75 6.1                |                                   |
| l, t | ne undersigned water tr                            | eatment plant operator licensed in Fl                                  | orida, am the lead/chie                | operate     | or of the water treatme                          | ent plant                             | identified in Part I of the | his report. I certify that the    |
| MIC  | ormanon provided in in<br>El International Standar | is report is true and accurate to the b                                | est of my knowledge a                  | ing belief  | i. I certify that all drin                       | iking wa                              | ter treatment chemicals     | s used at this plant conform to   |
|      |  | d 60 or other applicable standards re                                  |  |             |  |                                       |                             |                                   |
| pie  | in were prepared each (                            | day that a licensed operator staffed o                                 | r visited this plant duri              | ng me m     | ionth indicated above:                           | (1) reco                              | rds of amounts of chem      | ilicals used and chemical feed    |
| ve   | es, and (2) if applicable                          | , appropriate treatment process perforailable for review upon request. | minance records. Furti                 | leimore,    | ragree to retain these                           | addition                              | iai operations records a    | it the plant she for at least ten |
| yc   |  | 1  |  |             |  |                                       |                             |                                   |
|      | Oller fine   | 1-2-06   | Allan Finch                            |             |  |                                       | C-7806                      |                                   |
| Sig  | 4. 1.15///   |  | Printed or Typed                       | Name        |  |                                       | License N                   | umber                             |
|      | , 112-0  | 9-05 Poly  |  |             | 12-30-05   | Po                                    | 14                          | 1.36                              |
| DEF  | P Form 62-555.900(3)                               | 7.6, Temp. 21.4°C, res   | idual 1.0 mg/c                         | - Page 1    | Remote PH  | 7.9,                                  | Temp, 20.1°C                | , res. 1.25 mg/L                  |
| Effe | ective August 28, 2003 Plant                       | 7-05 Poly<br>7.6, Temp. 21.4°C, res<br>pH. 7.6, Temp. 22.8°C, res      | 5. 1.0 mg/L                            |             | Plant of 7                                       | ,9 , Te                               | mp. 20,6°C, r               | es. 1.25 mg/L                     |

| PWS      | Identifica | ation Numbe  | r: 3590993                            |                                    | IF                         | lant Name             | : Utili | tes, Inc. of  | Florida      |                     | <u>-</u>            |                    | THE TOTAL PROPERTY OF THE PROP |
|----------|------------|--|---------------------------------------|------------------------------------|----------------------------|-----------------------|---------|---------------|--------------|---------------------|---------------------|--------------------|--|
| III. D   | aily Dat   | a for the M  | onth/Year o                           | of: December                       | 2005                       | <del></del>           |         |               |              |                     |                     |                    |  |
| Means    | of Achi    | eving Four-L   | og Virus In                           | activation/Rem                     | ioval· *                   | Free C                | bloring | П             | Chlorine I   | Na.:1.              |                     |                    |  |
| UI 🔲     | traviolet  | Radiation  | Other                                 | (Describe):                        | iovai.                     |                       | mornic  | , ,,          | morme i      | Jioxide             | ☐ O:                | zone               | Combined Chlorine (Chloramines)  |
|          |            |  | ıal Maintain                          | ed in Distribut                    | ion System:                | Mi                    | Ol      | 1             |              |                     |                     |                    |  |
|          |            | The state of the s | С                                     | T Calculations, or                 | III System.                | 1 🚫                   | ree Cn  | lorine        | ∐ Com        | bined Cl            | ılorine (C          | hloramines)        | Chlorine Dioxide   |
|          |            |  |                                       |                                    | CT Calcu                   | anonstrate P          | our-rog | Virus inactiv | ration, if A | pplicable*          |                     |                    |  |
|          |            |  |                                       |                                    |                            | Lowest CT             |         |               |              | UV                  | Dose                |                    |  |
|          |            |  | 40 444                                | Lowest Residual                    | Disinfectant               | Provided              |         |               |              |                     |                     | Lowest<br>Residual |  |
|          |            |  |                                       | Disinfectant                       | Contact Time               | Before or             |         | 100           |              |                     |                     | Disinfectant       |  |
|          |            | Net Quantity   |                                       | Concentration                      | (T) at C                   | at First              |         |               |              | Lowest              | Minimum             | Concentration      |  |
| Day of   | Hours      | of Finished  |                                       | (C) Before or at<br>First Customer |                            | Customer              | Temp.   |               | Minimum      | Operating           | UV Dose             | at Remote          |  |
| the      | Plant in   | Water  | Peak Flow                             | During Peak                        | Point During<br>Peak Flow, | During.<br>Peak Flow, | of      | pH of         | ्टा          | UV Dose,            | Required,           | Point in           | Emergency or Abnormal Operating Conditions; Repair   |
| Month    | Operation  | Produced, gal  | Rate, gpd                             | Flow, mg/L                         | minutes                    | mg-min/L              | Water,  | Applicable    | Required,    | mW-                 | mW-                 | Distribution       | or Maintenance Work that Involves Taking Water   |
| 1        | 24         | 12,000   |                                       |                                    |                            | Barimor.              |         | Lyhhiranic    | his-mur      | sec/cm <sup>2</sup> | sec/cm <sup>2</sup> |                    | System Components Out of Operation   |
| 2        | 24         | 20,000   |                                       |                                    |                            |                       |         |               |              | <del></del>         | -                   | 1.7                |  |
| 3        | 24         | 9,000  |                                       |                                    |                            |                       |         |               |              |                     | ł                   | 1.0                |  |
| 4        | 24         | 19,500   |                                       |                                    |                            |                       |         |               |              |                     |                     | 1.0                |  |
| 5        | 24         | 19,500   |                                       |                                    |                            |                       |         |               |              |                     | <del> </del>        | 6,6                | BACT Samples   |
| 7        | 24         | 15000  |                                       | ļ                                  |                            |                       |         |               |              |                     |                     | 0.8                | flughed 8000 gal   |
| 8        | 24         | 15,000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.7                | flushed 9600 aal   |
| 9        | 24         | 15,000   |                                       | <del> </del>                       |                            |                       |         |               |              |                     |                     | 0.7                | 1000 941   |
| 10       | 24         | 16,000   |                                       |                                    |                            | <u> </u>              |         |               |              |                     |                     | 0.6                | Mushed 8000 gal  |
| 11       | 24         | 19.000   |                                       | -                                  | <b></b>                    |                       |         |               |              |                     |                     | 0.6                |  |
| 12       | 24         | 19,000   |                                       | <del></del>                        |                            | <del></del>           |         |               |              |                     | ļ                   |                    |  |
| 13       | 24         | 20.000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.5                | TTHM'S Samples collected   |
| 14       | 24         | 13.000   |                                       |                                    |                            |                       |         |               |              | <del></del>         | ļ                   | 0.4                |  |
| 15       | 24         | 16,000   |                                       |                                    |                            |                       | -       |               |              |                     |                     | 0.8                |  |
| 16       | 24         | 18,000   |                                       |                                    |                            |                       |         |               |              |                     | <del> </del>        | 0.9                |  |
| 17       | 24         | 16,000   |                                       |                                    |                            |                       |         |               |              | ·                   |                     | 0.7                |  |
| 18<br>19 | 24         | 14,500   | · · · · · · · · · · · · · · · · · · · |                                    |                            |                       |         |               |              |                     |                     |                    |  |
| 20       | 24         | 14,500   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.8                |  |
| 21       | 24         | 13,000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.8                |  |
| 22       | 24         | 12,000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.7                |  |
| 23       | 24         | 15,000   |                                       |                                    |                            |                       |         |               |              | ·                   |                     | 0.8                |  |
| 24       | 24         | 16,000   |                                       | <del></del>                        |                            |                       |         |               |              |                     |                     | 0.7                |  |
| 25       | 24         | 15.500   |                                       |                                    |                            |                       |         |               |              |                     |                     | ۵,9                |  |
| 26       | 24         | 15.500   |                                       |                                    |                            |                       |         |               |              | -                   |                     | 2.5                |  |
| 27       | 24         | 20,000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.9                |  |
| 28       | 24         | 20,000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0,8<br>0.8         |  |
| 29       | 24         | 16,000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.8                |  |
| 30<br>31 | 24         | 15,000   |                                       |                                    |                            |                       |         |               |              |                     |                     | 0.8                |  |
| Total    | 24         | 16,000   |                                       | <u> </u>                           |                            |                       |         |               |              |                     |                     | 0,9                |  |
| Average  |            | 503,000  |                                       |                                    |                            |                       |         |               |              |                     |                     |                    |  |
| v or age |            | 16.240   |                                       |                                    |                            |                       |         |               |              |                     |                     |                    |  |

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

#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: 3590993 Plant Name: Utilites, Inc. of Florida 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 = 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: Polymer Dose, ppm = Epichlorohydrin Level. % = 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 PO<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> = 0.68 mg/0 If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO<sub>2</sub> =

<sup>\*</sup> 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.

<sup>†</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

# Park Ridge Docket No. 060253-WS

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2005



## Department of Environmental Protection

0216: FIRE 25 CEPF, 5H, \$105

Jeb Bush Governor Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

Colleen M. Castille Secretary

VIA EMAIL p.c.Flynn@utilitiesinc-usa.com

November 8, 2005

Patrick Flynn, Regional Director Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714 OCD-PW-SS-05-0976

Seminole County - PW Little Wekiva Estates - PWS ID # 3590762 Park Ridge - PWS ID #3590993 Phillips Section - PWS ID #3591008

Dear Mr. Flynn:

This letter confirms visits to the subject community public water systems by Joni Petry and Jeremy RiCharde in the presence of Kathy Sillitoe to conduct sanitary surveys on October 6, 2005. A copy of the sanitary survey report for each system is attached for your reference and records.

Deficiencies found during the sanitary surveys and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with Florida Administrative Code (F.A.C.) Rules 62-550, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than <u>December 8, 2005</u>. (You may use the attached response form to indicate the corrective actions taken.)

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions, please contact Joni Petry by email at Joni.Petry@dep.state.fl.us or by phone at (407) 894-7555, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager Drinking Water Compliance and Enforcement

u Dodson

KMD/jp Enclosures

cc: Joyce Bittle, Seminole County Health Department (joyce bittle@doh.state.fl.us)

19.1 PARK RIDGE 608

## State of Florida Department of Environmental Protection Central District

#### **SANITARY SURVEY REPORT**

| Plant Name             | PARK RIDGE                                | County           | Seminole                          | _ PWS ID #         | 3590993           |
|------------------------|---|------------------|-----------------------------------|--------------------|-------------------|
| Plant Location         | Corner of W. Ridge Dr & Lake Mary Bly     | vd., Sanford, FL | 32771                             | <br>Phone _        | 407-869-1919      |
|                        | Utilities, Inc. of Florida                |                  |                                   | Phone              | 407-869-1919      |
| Owner Address          | 200 Weathersfield Ave., Altamonte Spr     | ings, FL 32714/  | Fax: 407-869                      | -6961              |                   |
| Contact Person         | Patrick Flynn, p.c.flynn@utilitiesinc-usa | .com Title: Re   | gional Directo                    | r Phone            | 407-869-1919      |
| This Survey            | 10/6/05 Last Survey Date                  | 10/30/02         | Las                               | t C.I. Date        | 4/3/03            |
| PWS TYPE & C           | LASS                                      | RAW WA           | TER SOURC                         | Ε                  | 1                 |
|                        | nt Non-community                          |                  |                                   |                    |                   |
| ☐ Non-Commu            |   |                  |                                   |                    |                   |
|                        | <b>-</b>                                  |                  | •                                 |                    |                   |
| <b>PWS STATUS</b>      |   | `                | Y POWER S                         |                    |                   |
|                        | stem with approval number & date          |                  | ☐ None                            |                    |                   |
|                        | dated 11/8/59, clrd 1960                  | Source           | %Standby (k                       |                    |                   |
| WC59-27168:            | 5 issued 10/5/95, clrd 2/21/96            | Capacity d       | % Standby (k                      | W)                 |                   |
|                        |   | Switchove        | r: 🗀 Autom                        | at <u>ic</u> 📙 Mar | nual              |
| Unapproved             | system                                    | Standby P        | lan: 🗀 Yes                        | ∐ No               |                   |
| CEDVICE ADEA           | CHADACTEDISTICS                           |                  | ted Under Lo                      |                    |                   |
|                        | A CHARACTERISTICS                         | What equi        | pment does                        | it operate?        |                   |
| Single-lamily no       | ome subdivision                           | ⊢ weii           | pumps<br>Service Pur              |                    |                   |
| Food Service:          | ☐ Yes ☐ No ☒ N/A                          |                  | Service Pur                       | nps                |                   |
| rood Service. [        | 1es                                       | irea             | tment Equip                       | ment               | No Clink          |
| <b>OPERATION &amp;</b> | MAINTENANCE                               | Satisty 1/2      | : max-day de                      | mand? Ll Y         | es No Unk         |
| Certified Operate      | or: ⊠ Yes □ No □ Not required             | Commend          | 3                                 |                    | $\overline{}$     |
|                        | ertification Class-Number                 |                  |                                   |                    | <del></del>       |
|                        | 7806 & Terry Sillitoe B-12749             |                  |                                   |                    |                   |
|                        |   | TREATME          | NT PROCE                          | SSES IN US         | E                 |
| O & M Log: 🛛 🕻         | Yes No Not required                       |                  | ion-hypochlo                      |                    |                   |
| Operator Visitati      | on Frequency                              |                  |                                   |                    | er 10/12/05 email |
|                        | red <u>N/A</u> Actual <u>N/A</u>          | from Kat         | hy Sillitoe)                      | -                  |                   |
|                        | ired 5 + 1 wknd Actual 5 + 1 wknd         | What addi        | tional treatm                     | ent is neede       | d?                |
|                        | ve Days? ☐ Yes ☐ No ☒ N/A                 | None at t        |                                   |                    |                   |
|                        | d regularly? ⊠ Yes ☐ No ☐ N/A             |                  | l of what defi                    | ciencies?          |                   |
|                        | m MORs? ☐ No ☒ Yes ☐ N/A                  | <u>N/A</u>       |                                   |                    |                   |
|                        | show correct plant address.               | DIOTRIBLE        | TION OVOT                         |                    |                   |
|                        | levels are not being reported on          |                  | TION SYST                         |                    | Matau             |
|                        | is flushed and isolation valves are       |                  | suring Device                     |                    | w Meter           |
|                        | nly; please indicate these exercises on   |                  | e & Type <u>8</u><br>Prevention D |                    |                   |
| the MORs.              | ce Connections 103                        |                  | nections N                        |                    |                   |
|                        | ed <u>361</u> Basis <u>3.5/svc. cx.</u>   |                  | oss-connecti                      |                    |                   |
|                        | om MORs) 18,076 gpd                       |                  |                                   |                    | No NA             |
|                        | MORs) 48,000 gpd 8/05                     |                  | Cross-conn                        |                    |                   |
| - ·                    | Capacity <u>246,000 gpd</u>               |                  | ogical samplin                    |                    |                   |
|                        | <u> </u>                                  |                  | ants/disinfection                 |                    |                   |
|                        |   | received         |                                   | -/                 |                   |

| PWS ID # | 3590993 |
|----------|---------|
| Date     | 10/6/05 |

#### **GROUND WATER SOURCE**

| Well Numb                       | ner                                   | 1                    |              |  |
|---------------------------------|---------------------------------------|----------------------|--------------|--|
| Year Drille                     |                                       | 1959                 |              |  |
| Depth Drilled                   |                                       | 355'                 |              |  |
| Drilling Me                     |                                       | Unknown              | <br>1        |  |
| ,                               |                                       | Unknown              |              |  |
| Type of G                       |                                       | 13'                  |              |  |
| Static Wat                      |                                       |                      |              |  |
|                                 | Water Level                           | Unknown              |              |  |
| Design We                       |                                       |                      |              |  |
| Test Yield                      |                                       |                      |              |  |
| L                               | ld (if different than rated capacity) | ₩                    |              |  |
| Strainer                        |                                       | Bronze, 52'          |              |  |
| Length (ou                      | utside casing)                        | 252'                 |              |  |
| Diameter (                      | (outside casing)                      | 8"                   |              |  |
| Material (outside casing)       |                                       | Steel                |              |  |
| Well Contamination History      |                                       | Iron                 |              |  |
| Is inundation of well possible? |                                       | No                   |              |  |
| 6' X 6' X 4" Concrete Pad       |                                       | Yes                  |              |  |
|                                 | Septic Tank                           | Sewer lines ~90'     |              |  |
| SET                             | Reuse Water                           | N/A                  |              |  |
| BACKS                           | WW Plumbing                           | 40'                  |              |  |
|                                 | Other Sanitary Hazard                 | Irrigation well ~50' |              |  |
|                                 | Туре                                  | Submersible          |              |  |
|                                 | Manufacturer Name                     | Deming               |              |  |
| PUMP                            | Model Number                          | SN#30814             |              |  |
|                                 | Rated Capacity (gpm)                  | 300                  |              |  |
|                                 | Motor Horsepower                      | 5                    | -            |  |
| Well casing 12" above grade?    |                                       | Yes                  |              |  |
| Well Casing Sanitary Seal       |                                       | Yes*                 | <br>         |  |
| Raw Wate                        | r Sampling Tap                        | Yes                  |              |  |
| Above Gro                       | ound Check Valve                      | Yes                  |              |  |
| Fence/Hou                       | using                                 | Yes                  |              |  |
| Well Vent                       | Protection                            | N/A                  | <br>         |  |
| L                               |                                       | <u></u>              | <br><u> </u> |  |

COMMENTS Irrigation well previously accepted by the Department. Sewer line & single-family home wastewater plumbing previously accepted by the Department based on continued satisfactory bacteriological and chemical results.

\*Well casing exhibiting minor corrosion (Kathy Sillitoe indicated there are plans to paint the casing in the near future).

FL ID#: AAH2570 Provide all unknown information.

| PWS ID#_ | 3590993 |
|----------|---------|
| Date     | 10/6/05 |

| <b>CHLORINATION</b> (Dis  |   | n)                            |                |  |  |  |  |  |  |  |
|---|---|-------------------------------|----------------|--|--|--|--|--|--|--|
| Type: ☐ Gas ☒ Hypo  |   |                               |                |  |  |  |  |  |  |  |
| Make Stenner Capacity 85 gpd  |   |                               |                |  |  |  |  |  |  |  |
| Make Stenner Capacity 85 gpd Chlorine Feed Rate set at 6.25   |   |                               |                |  |  |  |  |  |  |  |
| Avg. Amount of $Cl_2$ gas used N/A Chlorine Residuals: Plant 1.93 Remote 1.74   |   |                               |                |  |  |  |  |  |  |  |
|   |   |                               | Remote         |  |  |  |  |  |  |  |
| Remote tap location _ DPD Test Kit:   |   |                               | n operator     |  |  |  |  |  |  |  |
|   |   |                               |                |  |  |  |  |  |  |  |
|   | ☐ None ☐ Not Used Daily Injection Points Into GST   |                               |                |  |  |  |  |  |  |  |
| Booster Pump Info N/A   |   |                               |                |  |  |  |  |  |  |  |
| Comments Conversion   |   | gas to hy                     | pochlorination |  |  |  |  |  |  |  |
| cleared July 2003.  |   |                               |                |  |  |  |  |  |  |  |
|   |   |                               |                |  |  |  |  |  |  |  |
| Chlorine Gas Use  | YES   | NO                            | Comments       |  |  |  |  |  |  |  |
| Requirements  | 120   |                               | Comments       |  |  |  |  |  |  |  |
| Dual System   |   |                               | N/A            |  |  |  |  |  |  |  |
| Auto-switchover   |   |                               |                |  |  |  |  |  |  |  |
| Alarms:   |   |                               |                |  |  |  |  |  |  |  |
| Loss of Cl₂ capability  |   |                               |                |  |  |  |  |  |  |  |
| Loss of Cl <sub>2</sub> residual  |   | $\vdash \vdash \vdash \vdash$ |                |  |  |  |  |  |  |  |
| Cl <sub>2</sub> leak detection  | <del>-  -  -  -  -  -  -  -  -  -  -  -  -  -</del> | 井                             |                |  |  |  |  |  |  |  |
| Scale   |   |                               |                |  |  |  |  |  |  |  |
| Chained Cylinders   |   |                               |                |  |  |  |  |  |  |  |
| Reserve Supply  | 7   |                               |                |  |  |  |  |  |  |  |
| Adequate Air-pak  |   |                               |                |  |  |  |  |  |  |  |
| Sign of Leaks   | Ш   | <u> </u>                      |                |  |  |  |  |  |  |  |
| Fresh Ammonia   |   |                               |                |  |  |  |  |  |  |  |
| Ventilation   | Ш   |                               |                |  |  |  |  |  |  |  |
| Room Lighting   |   |                               |                |  |  |  |  |  |  |  |
| Warning Signs   |   |                               |                |  |  |  |  |  |  |  |
| Repair Kits   |   |                               |                |  |  |  |  |  |  |  |
| Fitted Wrench   |   |                               |                |  |  |  |  |  |  |  |
| Housing/Protection  |   |                               | ¥              |  |  |  |  |  |  |  |
| AERATION (Gases, Fe, & Mn Removal)  Type <u>Fiberglass (3 trays)</u> Capacity <u>675 gpm</u> Aerator Condition <u>OK</u> Bloodworm Presence <u>None observed</u> Visible Algae Growth <u>No</u> Protective Screen Condition <u>Good</u> Comments <u>Metal bars in aerator exhibiting signs of corrosion</u> . |   |                               |                |  |  |  |  |  |  |  |

#### STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell

| Tank Type/Number                     | G        | H     |   |
|--------------------------------------|----------|-------|---|
| Capacity (gal)                       | 10,000   | 3,000 |   |
| Material                             | Concrete | Steel |   |
| Gravity Drain                        | No*      | Yes   |   |
| By-pass Piping                       | Yes      | Yes   |   |
| Pressure Gauge                       | N/A      | Yes   |   |
| Sight Glass or<br>Level Indicator    | No       | Yes   | , |
| Fittings for Sight Glass             | N/A      | N/A   |   |
| Protected Openings                   | Yes      | Yes   |   |
| PRV/ARV                              | N/A      | ARV   |   |
| On/Off Pressure                      | N/A      | N/A   |   |
| Access Padlocked                     | Yes      | Yes   |   |
| Height to Bottom of<br>Elevated Tank | N/A      | N/A   |   |
| Height to Max.<br>Water Level        | N/A      | N/A   |   |

Comments Pressure gauge inside building; on at 52 psi, off at 68 psi -Hydropneumatic tank manhole: yes \*GST can be drained by use of pump. GST shows signs of degradation at seams and biogrowth.

#### **HIGH SERVICE PUMPS**

| Pump Number    | 1           | 2           |
|----------------|-------------|-------------|
| Туре           | Centrifugal | Centrifugal |
| Make           | Goulds      | Goulds      |
| Model          | 3656        | 3656        |
| Capacity (gpm) | 250         | 250         |
| Motor HP       | 15          | 15          |
| Date Installed | Unknown     | 1993        |
| Maintenance    | As needed   | As needed   |

Comments Motor Model # B2ZPL5. HSPs alternate automatically. One of the HSP motors was replaced recently.

| PWS ID # | 3590993 |
|----------|---------|
| Date     | 10/6/05 |

#### **DEFICIENCIES / COMMENTS:**

- 1. Well casing exhibiting signs of corrosion. Scrape and paint the well casing to prevent any possible contamination of the well. [Rule 62-555.350, F.A.C.]
- Scrape and pain the metal bars inside the aerator, which are exhibiting signs of corrosion. Ensure the paint products
  used comply with ANSI/AWWA quality standards and ANSI/NSF standard safety specifications. [Rule 62-555.350 &
  62-555.330(3)(5.2.2 & 7.0.017), F.A.C.] Ensure proper disinfection and bacteriological evaluation in accordance with
  Rule 62-555.340. F.A.C.

Ground storage tank exhibits signs of deterioration. Provide results of an inspection of structural and coating integrity conducted by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62.555-350, F.A.C.] Kathy Sillitoe has informed the Department cleaning and inspection of the hydropneumatic tank will be conducted the first quarter of 2006.

- 3. Finished water orthophosphate levels are not being reported monthly as required. Orthophosphate levels shall be monitored at the entry point to the distribution system every two weeks and reported on MORs pursuant to the corrosion control facilities clearance letter dated 2/22/96.
- 4. Ensure the correct plant address is indicated on Monthly Operating Reports (MORs) in section B. Kathy Sillitoe has reported that she will be making this correction to all future MORs.
- 5. Provide information for items marked "unknown" in this report.
- 6. Provide the Material Safety and Data Sheet (MSDS) for the ortho-polyphosphate currently in use to the Department. This system previously used Stiles Kem Aquadene sodium polyphosphate for corrosion control and is now using an ortho-polyphosphate.

#### **REMINDERS:**

- 1. Please note this system is required to conduct quarterly monitoring for total trihalomethanes (TTHMs).
- 2. Cleaning and inspection for finished water storage tanks: Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

Disinfection and bacteriological evaluation following cleaning: Submit documentation showing proper disinfection and bacteriological evaluations following the intended cleaning of the hydropneumatic tank. Before new or altered treatment or storage facilities, new or altered water mains, and treatment or storage facilities and water mains taken out of operation for repair or maintenance that might lead to contamination of water are placed into, or returned to, operation, they shall be properly disinfected in accordance with the applicable American Water Works Association (AWWA) standard (i.e., AWWA Standard C651, C652, or C653). A total of at least two samples -- each taken on a separate day and taken at least six hours apart from the other sample(s) -- shall be collected at each of the locations indicated in the applicable AWWA standard. The chlorine residual in the facilities or mains shall be no more than four milligrams per liter. Ensure proper disposal of heavily chlorinated water from the tank disinfection process in accordance with requirements of the state pollution control agency. [Rule 62-555.340, F.A.C.]

3. No later than <a href="December 31, 2005">December 31, 2005</a>, suppliers of water shall provide an operation and maintenance manual for each of their drinking water plants, and shall 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. [Rule 62-555. 350(13), F.A.C.]

| Inspector     | your telef | Title           | Env. Specialist I   | Date | 10/19/05 |
|---------------|------------|-----------------|---------------------|------|----------|
|               | Les Dods   |                 |                     |      |          |
| Approved by _ |            | Title <u>En</u> | vironmental Manager | Date | 11/8/05  |

#### RESPONSE

#### Please indicate changes to the following:

the

| PWS ID Number: <u>3590993</u>                          |  | Business Name:   |                                 |  |
|--|--|--|---------------------------------|--|
| PWS Name: Park Ridge                                   |  | Owner(s) Name:   |                                 |  |
| Mailing Address:                                       |  | Mailing Address:   |                                 |  |
| Date:  |  |  |                                 |  |
|  | Environmental Protection<br>ance/Enforcement Progra<br>d, Suite 232  | m  |                                 |  |
| Attention: Joni Petry, Envir                           | onmental Specialist  |  |                                 |  |
| In response to the Departm following actions were done | ent's <b>Sanitary Survey Repor</b> t to correct the listed deficienci  | t for the subject public water syst  | em dated <u>October 6, 2005</u> |  |
| Deficiency<br><u>Item No</u> .                         | Corrective Acti  | on Done  | Date Done                       |  |
|  |  | and the second s |                                 |  |
|  |  |  |                                 |  |
|  |  |  |                                 |  |
|  | ·  |  |                                 |  |
|  |  |  |                                 |  |
|  |  | · · · · · · · · · · · · · · · · · · ·  |                                 |  |
|  | Control of the Contro |  |                                 |  |
| <u> </u>   |  | , statement and a  |                                 |  |
|  |  |  |                                 |  |
|  |  |  |                                 |  |
| 7011   |  |  |                                 |  |
| (Attach additional sheet if no                         |  |  |                                 |  |
| •  | etness of the above information  |  |                                 |  |
| ·  | Signature:   |  |                                 |  |
| Name of PWS Owner/Repre                                | esentative:  | (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 E-Mail: uif@iag.net

November 28, 2005

Ms. Joni Petry Florida Department of Environmental Protection 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

RE: Sanitary Survey of Water Treatment Plants
Phillips PWS # 3591008
Park Ridge PWS# 3590993
Little Wekiva PWS# 3590762

Dear Ms. Petry:

Enclosed are the completed response forms indicating the deficiencies that were noted during the sanitary survey on October 6, 2005 have been corrected for the above referenced facilities

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe Area Manager

cc: Patrick C. Flynn, Regional Director

Scotty L. Haws, Assistant Operations Manager

Page I of I

 $C \land Documents \ and \ Settings \land Leah \ Wright \land Desktop \land Survey Responce NOV 28 2005. doc$ 

#### RESPONSE

#### Please indicate changes to the following:

| PWS ID N   | umber: <u>3590993</u>   | Business Name: <u>Utilities, Inc. of Florida</u> |  |  |  |
|--|---|--|--|--|--|
| PWS Nam  | e: Park Ridge   | Owner(s) Name: Utilities, Inc. of Florida        |  |  |  |
| Mailing Address: 200 Weathersfield Avenue  |   | Mailing Address: 200 Weathersfield Avenue        |  |  |  |
| Altamonte Springs, FL 32714  |   | Altamonte Springs, FL 32714                      |  |  |  |
| Date:         November 29, 2005         Phone Number(s): 407-869-  |   | Phone Number(s): 407-859-1919 ext. 22            | 9  |  |  |
| Drinking<br>3319 Mag   | epartment of Environmental Protection<br>Water Compliance/Enforcement Program<br>Juire Boulevard, Suite 232<br>Florida 32803    | 1  |  |  |  |
| Attention:   | Joní Petry, Environmental Specialist  |  |  |  |  |
| In responsi<br>following a   | e to the Department's <b>Sanitary Survey Report</b> to the Department's <b>Sanitary Survey Report</b> to the listed deficiencie | for the subject public water system date<br>is:  | d <u>October 6, 2005</u> , the   |  |  |
| Deficience<br>Item No.   | <u>Corrective Action Done</u>   |  | Date Done  |  |  |
| 1  | The well casing was sealed and painted.   |  | 11/18/04   |  |  |
| 2  | Liquid Engineers has been contracted to perform inspection and cleaning of the hydro-   |  |  |  |  |
| and the second s | pneumatic tank and the ground storage tank. Work will begin the first quarter of 2006.  |  |  |  |  |
| 3  | This was inadvertently omitted from some of the past MORs. For the months of September 10/10/05                                 |  |  |  |  |
|  | and October 2005, the information was logged on the MORs and will be recorded in the future.                                    |  |  |  |  |
| 4  | The correct address of 101 W. Ridge Drive, Sanford, FL 32773 was added to the October 2005                                      |  |  |  |  |
|  | MOR, and will be added to future MORs.  |  |  |  |  |
| 5  | Unable to locate any additional information for items marked "unknown."   |  |  |  |  |
| 6  | Enclosed is a copy of the MSDS sheet for Aquadene, which is a biended orthopolyphosphate  |  |  |  |  |
|  | product manufactured by Stiles-Kem.   |  |  |  |  |
| 49/7-Lancobraham, marian talah asara sara sara   |   |  | NAMES CONTROL OF THE OWNER, AND ADDRESS OF T |  |  |
| (Attach add  | ditional sheet if necessary)  |  |  |  |  |
| I hereby ce  | rtify to the correctness of the above information:  |  |  |  |  |
| PWS Owner/Representative Signature:  |   |  |  |  |  |
| Name of P  | WS Owner/Representative: Patrick C. Flynn, R  | tegional Director (Please Type or Print)         |  |  |  |

# Park Ridge Docket No. 060253-WS

25.30-440(6) Permits

Test Year Ended December 31, 2005



November 15, 2000

**POST OFFICE BOX 1429** 

618 E. South Street

TDD 407-897-5960

407-897-4300

Orlando, Florida 32801

PALATKA, FLORIDA 32178-1429

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

TDD SUNCOM 860-445 (Permitting) 329-4315

inance) 329-4508

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

SERVICE CENTERS

904-730-6270 TDD 904-448-7900

7775 Baymeadows Way Suite 102 Jacksonville, Etorida 32256

PERMITTING: 305 East Drive Melbourne, Florida 32904 407-984-4940 TDD 407-722-5368

TDD 407-752-3102

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

NOV 2.2 Mar

SUBJECT: Consumptive Use Permit Number 8353

**PARKRIDGE** 

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.

Sincerely,

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 APOPKA

Jeff K. Jennings, SECRETARY

Duane Ottenstroer, TREASURER

DATE ISSUED: November 15, 2000

8353 PERMIT NO.

PROJECT NAME: PARKRIDGE

#### A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 9.40 million gallons per year of ground water from the Floridan aguifer for public supply for an estimated population of 314.

#### LOCATION:

Site: PARKRIDGE

Seminole County

Section(s):

15

Township(s):

20S

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

Dwight T Jenkins

Øivision Director

# "EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8353 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.

1

- 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. 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.
- 10. All submittals made to demonstrate compliance with this permit must include the permit number 8353 plainly labeled on the submittals.
- 11. This permit will expire on November 15, 2020.
- 12. Maximum annual ground water withdrawals must not exceed 9.40 million gallons.

- 13. 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.
- 14. The permittee must assure that all service connections are metered.
- 15. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
- 16. 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.
- 17. 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

- 18. 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.
- 19. 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.
- 20. 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.

- 21. 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 31st 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

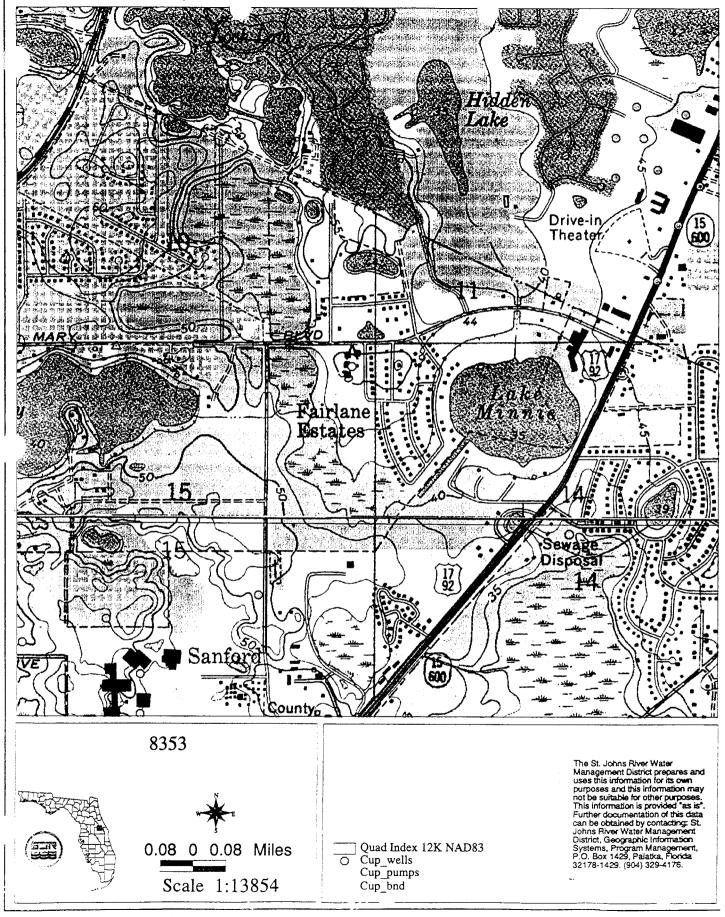
at 4:00 p.m. this 15th day of November, 2000.

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: 8353

Charlotta . 2.000 inches



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: 8353 - PLAK RIDGE Permittee Name: Utilities Inc of Florida Date of Permit Issuance: November 15, 2000 Station Name: A Pump Capacity: 300 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: Dit 'State/Zip: Daytime Telephone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_-

Please Retain a Copy for Your Records





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

WATER USE RECORD

FORM EN - 50

CUP# 8353

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT PARKRIDGE

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PUMP NAME

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15596





#### St. Johns River Water Management Distric P. O. Box 1429 Palatka, Florida 32178-142

WATER USE RECORD

FORM EN - 50

CUP# **8353** 

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT PARKRIDGE

WELL NAME A

PUMP NAME

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

| Step 1. MARK ALL THAT APPLY  O NO USE THIS PERIOD O WELL CAPPED  O WELL ABANDONED (40C-3, FAC) O PROPERTY SOLD  COMMENTS: (PLEASE PRINT): |    |       |        |                     |  |   |   |   |   |  |   |
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| <ul> <li>NO USE THIS PERIOD</li> <li>WELL CAPPED</li> <li>WELL ABANDONED (40C-3, FAC)</li> <li>PROPERTY SOLD</li> </ul>                   |    | 0     | •      |                     |  | -   | 5   | 6   | 7   | 8  | 9   |
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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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|--------|--------------|--|--|--|
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| NOV 00 |              |  |  |  |
| DEC 00 |              |  |  |  |
| •      | NTACT NAME _ |  |  |  |



15596

## Park Ridge Docket No. 060253-WS

25.30-440(7) Notices

### **NOTICES**

None

### Park Ridge

Docket No. 060253-WS

25.30-440(8) Field Employees

#### Facilities:

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

#### Duties and Responsibilities:

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

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

#### Field Employees:

#### Pasco and Pinelles Counties:

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

#### Marion County:

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

#### Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

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

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

# Park Ridge 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                       | \$15,678.58 Alafaya Utilities, Inc.  |
| 9932 99 DODGE DAKOTA                         | 1B7FL26XXXS277898                      | NO DRIVER YET                    | \$15,467.19 Alafaya Utilities, Inc.  |
| 636 06 CHEV COLORADO                         | 1GCCS146568234592                      | JEROME HAMPTON                   | \$16,622.26 Alafaya Utilities, Inc.  |
| 221 02 CHEVY S-10                            | 1GCCS14W428209130                      | ROGER GRAY                       | \$13,356.21 Alafaya Utilities, Inc.  |
| 19 00 CHEV CS10803                           | 1GCCS14W9YK196208                      |                                  | \$15,363.17 Alafaya Utilities, Inc.  |
| 610 06 CHEV C15 V-8                          | 1GCEC14V86Z103857                      | MICHAEL OVERTON                  | \$18,681.44 Alafaya Utilities, Inc.<br>\$19,053.10 Alafaya Utilities, Inc.       |
| 311 03 CHEV C15 FULL                         | 1GCEC14X23Z114639<br>1GCEC14X83Z115665 | EDWARD ROBERTS<br>SCOTT LEARNED  | \$19,053.10 Alafaya Utilities, Inc.  |
| 308 03 CHEV C15 FULL<br>431 04 CHEV C25      | 1GCHK24U04E296751                      | DON TAYLOR                       | \$25,036.88 Alafaya Utilities, Inc.  |
| 24 00 CHEV S-10                              | 1GCCS14W9YK229577                      |                                  | \$15,099.10 Bayside Utility Services, Inc.                                       |
| 638 06 CHEV C15                              | 1GCEC14V86E197990                      | ALVIN BISHOP                     | \$18,923.65 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                     | \$13,356.21 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                      |                                  | \$15,363.17 Eastlake Water Service, Inc.   |
| 9808 98 DODGE DAKOTA                         | 1B7FL26X6WS604943                      | JAMES ESKEW                      | \$15,312.81 Labrador Utilities, Inc.   |
| 427 04 CHEV C15 FULL                         | 1GCEC14X94Z275720                      | SHANTAVIOUS RAINEY               | \$17,763.05 Labrador Utilities, Inc.   |
| 508 05 CHEV C25 4X4                          | 1GBHK24UX5E233792                      | VARIOUS                          | \$24,607.70 Mid-County   |
| 103 01 CHEV S10<br>9833 98 CHEV S-10         | 1GCC\$14W01K129325                     | STEVEN SZCZEPKOWSKI              | \$15,053.85 Mid-County<br>\$16,047.78 Mid-County                                 |
| 111 01 CHEV 1500                             | 1GCEC14W81Z185977                      | SPARE                            | \$16,965.92 Mid-County   |
| 461 04 CHEV C15                              | 1GCEC14X24Z336714                      | ROBERT BUONO                     | \$16,588.04 Mid-County   |
| 9928 99 DODGE DAKOTA                         | 1B7FL26X4XS261955                      | LENNY GODWIN                     | \$15,493.25 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                    | \$15,659.79 Sanlando Utilities, Inc.   |
| 9931 99 DODGE DAKOTA                         | 1B7FL26X6XS261956                      | RAY HOGUE                        | \$15,493.25 Sanlando Utilities, Inc.   |
| 9927 99 DODGE DAKOTA                         | 1B7FL26XXXS261958                      | JIM SWEGHEIMER                   | \$15,792.00 Sanlando Utilities, Inc.   |
| 9602 96 FORD RANGER REGULAR                  | 1FTCR10X1TUB67972                      | SPARE                            | \$16,085.99 Sanlando Utilities, Inc.   |
| 516 05 CHEV COLORADO                         | 1GCCS146358238591                      | DOUG GOODWIN                     | \$18,484.14 Sanlando Utilities, Inc.   |
| 101 01 CHEV S10                              | 1GCCS14W01K129261                      | ROBERTO REMIGIO                  | \$15,053.85 Sanlando Utilities, Inc.<br>\$13,356.21 Sanlando Utilities, Inc.     |
| 220 02 CHEVY S-10                            | 1GCCS14W128209201                      | ROY MERICLE ALEXANDER LORENZO    | \$15,363.17 Sanlando Utilities, Inc.   |
| 14 00 CHEV CS10803<br>102 01 CHEV S10        | 1GCCS14W71K129239                      | ELISA STEGER                     | \$15,516.86 Sanlando Utilities, Inc.   |
| 9835 98 CHEV S-10                            | 1GCCS14X0WK247116                      |                                  | \$16,290.61 Sanlando Utilities, Inc.   |
| 9834 98 CHEV S-10                            | 1GCCS14X6WK246309                      |                                  | \$16,143.89 Sanlando Utilities, Inc.   |
| 110 01 CHEV 1500                             | 1GCEC14V11E249162                      | KEVIN COOPER                     | \$18,690.29 Sanlando Utilities, Inc.   |
| 109 01 CHEV 1500                             | 1GCEC14V31E249471                      | JEFF PINDER                      | \$19,066.93 Sanlando Utilities, Inc.   |
| 217 02 CHEVY C15 FULL                        | 1GCEC14V32Z313941                      | DALE WHITE                       | \$17,238.08 Sanlando Utilities, Inc.   |
| 18 00 CHEV 1500                              | 1GCEC14V6YE249071                      | THOMAS ABENDROTH                 | \$19,049.81 Sanlando Utilities, Inc.   |
| 108 01 CHEV 1500                             | 1GCEC14V91E265755                      | MATTHEW MORRELL                  | \$18,735.55 Sanlando Utilities, Inc.   |
| 113.01 CHEV 1500                             | 1GCEC14W21Z187837                      | JIMMIE HOLLISTER                 | \$17,472.60 Sanlando Utilities, Inc.   |
| 107 01 CHEV 1500                             | 1GCEC14W71Z185310                      | JAMES PENDARVIS                  | \$17,227.78 Sanlando Utilities, Inc.<br>\$16,965.92 Sanlando Utilities, Inc.     |
| 112 01 CHV 1500<br>312 03 CHEV C15 FULL      | 1GCEC14W81Z183727<br>1GCEC14X03Z114378 | SHAWN EBERT<br>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              | \$63,896.30 Sanlando Utilities, Inc.   |
| 304 03 CHEV C15 FULL                         | 1GCEC14X23Z115810                      | JERRY HAHN                       | \$19,372.92 Tierre Verde   |
| 8926 89 FORD F-350                           | 1FDKF37G5KNA56982                      | DUMP TRUCK                       | \$31,061.22 Utilities, Inc. of Florida   |
| 9765 97 PONTIAC GRAND AM                     | 1G2WP5216WF270000                      | NO DRIVER YET                    | \$15,000.00 Utilities, Inc, of Florida   |
| 35 00 CHEV C25 BOOM                          | 1GBGK24R5YF484662                      | CENTRAL FL BOOM TRUCK            | \$35,922.85 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                   | \$18,923.65 Utilities, Inc. of Florida   |
| 222 02 CHEVY C15 FULL                        | 1GCEC14W12Z314210                      | CHARLES SCHWADES                 | \$16,461.98 Utilities, Inc. of Florida   |
| 424 03 CHEV C15 FULL<br>436 04 CHEV C15 FULL | 1GCEC14X04Z274231<br>1GCEC14X24Z201474 | ALLEN FINCH<br>JACK ADKINS       | \$17,763.05 Utilities, Inc, of Florida<br>\$17,503.53 Utilities, Inc, of Florida |
| 301 03 CHEV C15 FULL                         | 1GCEC14X63Z115146                      | STEVE HABERY                     | \$19,053.10 Utilities, Inc. of Florida   |
| 422 04 CHEV C15 EXT CAB                      | 1GCEC19VX4Z270758                      | RICHARD RETZ                     | \$21,654.48 Utilities, Inc, of Florida   |
| 509 05 CHEV C15 4X4 EXT                      | 1GCEK19T35E230984                      | JOHN MARINELLI                   | \$28,037.52 Utilities, Inc. of Florida   |
| 639 06 CHEV C15 4X4 EXT                      | 1GCEK19Z26Z225726                      | BILL COATES                      | \$24,891.62 Utilities, Inc. of Florida   |
| 428 04 CHEV S10 TRAILBLAZER                  | 1GNDT13S442340667                      | BRYAN GONGRE                     | \$27,109.73 Utilities, Inc, of Florida   |
| 512 05 CHEV TAHOE                            | 1GNEC13T85R199267                      | PATRICK FLYNN                    | \$37,478.51 Utilities, Inc, of Florida   |
| 650 06 CHEV TAHOE 4X4                        | 1GNEK13TX6R148941                      | JOHN HOY                         | \$32,505.83 Utilities, Inc. of Florida   |
| 9250 92 DODGE                                | 2B7GB11X5NK163811                      | SEWER VIDEO EQUIP VAN            | \$0.00 Utilities, Inc, of Florida  |
| 242 02 CHEVY IMPALA                          | 2G1WF55E329381533                      | SCOTTY HAWS                      | \$19,351.00 Utilities, Inc. of Florida   |
| 9925 99 CHEV LUMINA                          | 2G1WL52M1X9177423<br>2GCEC19T341374628 | KATHY SILLITOE                   | \$17,132.82 Utilities, Inc, of Florida<br>\$22,987.16 Utilities, Inc, of Florida |
| 453 04 CHEV C15 EXT CAB<br>609 06 CHEV C25   | 2GCEC191341374626<br>2GCEC19VX61115736 | TONY WIERZBICKI<br>SCOTT STEWART | \$22,387.19 Utilities, Inc, of Florida   |
| 129 01 CHEV FULL 1500 4WD                    | 2GCEK19T111381348                      | WILLIAM NEAL                     | \$24,967.07 Utilities, Inc. of Florida   |
| 33 00 DODGE DAKOTA                           | 1B7GG22X7YS753556                      | SPARE                            | \$20,427.35 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 Park Ridge

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.