### CLASS A and B WATER AND/OR WASTEWATER UTILITIES

## FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

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

Exact Legal Name of Utility

## VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (

BINDER 10 of 11

System(s):

Phillips Ravenna Park

> DOCUMENT NUMBER-DATE 09076 OCT-28

## Phillips

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

## Phillips

Docket No. 060253-WS

25.30-440(1) Detailed Map

Test Year Ended December 31, 2005

## <u>MAPS</u>

SUBMITTED TO COMMISSION SEPARATELY

## Phillips

Docket No. 060253-WS

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2005

## **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 Marine			
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
		Chemical	Water	Unit
Courte	System Name	Used	Treatment	Price
County	System Name	Useu	Heatillell	11100
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
The second secon		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
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Caminala	Dhilling	Chlorine	O 2 and	£ 115/00
Seminole	Phillips	Polyphosphate	2-3 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
		and a supplied that the supplied to the suppli	gpd	\$14.00/ gai
	A CALCANIA LA MANAGENTA CONTRACTOR DE LA	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
CALCULATED AND A STATE OF THE S		ELEVER PLANTAGE		The state of the season
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
			5.45	D 4 45/mal
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal
		Chemical	Water	Unit
C	Custom Name	Used	Treatment	Price
County	System Name	USEG	Heatilleit	riice
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
C=10公司 ===+122公司(中國 中国 = 10公司( ) () () () () () () () () () () () ()	- Andrew - Andrew St. de more 17 de particular de la versión de la facilità de la facilità de la facilità de l Canadam - Andrew St. de more 17 de particular de la facilità de la facilità de la facilità de la facilità de l	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

UTILITIES INC OF FL

09/25/2005

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

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit	Price	Feed Rate
PINNELLAS COUNT	Y						ļ	0.07	1.1 1/day
THI WALLES	Lake Tarpon	Liquid Chlorine	Yes	No	420	Gals	\$	0.87	1.1 gal/day
ļ	Luno Tutpon	Ammonia	Yes	No	294	Gals	\$	0.45	0.8 gal/day
PASCO COUNTY							<u> </u>		
	Buena Vista Manor	None	Yes	No			1-	0.07	4.0 collday
	Buena Vista Trailer Pa	Liquid Chlorine	Yes	No	1566	Gals	1 \$	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
	- Clarify								
						<del> </del>			
							-		<del> </del>
			<u> </u>		<u> </u>				<u></u>

4878595961

89/26/2086 89:28

(so far)

(269 days sofar)

PAGE

04/05

09/26/2006

13:52

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86/26/2006

14:31

3526227090

GOLDEN HILLS

UTILITIES INC

Phillips

Docket No. 060253-WS

25.30-440(3) Chemical Analyses

Test Year Ended December 31, 2005

### UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

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

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

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

Phillips Utilities, Inc. PWS ID# 3591008

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe

Area Manager

EC: Patrick Flynn, Regional Director, UIOF

Silletial

Scotty L. Haws, Assistant Operations Manager

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

	MONITORING FREQUENCY: QUARTERLY XQANNUALLY	YEAR: 2005
	QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	TEAR. 2000
SYSTEM INFORMATION		
PWS NAME: Phillips		
PWS ID NUMBER: 3591008	COUNTY: Seminole	
CONTACT PERSON: Scotty Haws	PHONE NUMBER: 407-869-1919 EXT.234	
E-MAIL ADDRESS (optional):S.L.Haws@Utilitiesinc-usa.com	FAX NUMBER (optional): 407-869-6961	

TTHM/HAA5 COMPLIANCE SU	JMMARY FO	OR PWSs M	ONITORING (	ON A QUA	RTERLY OR MORE FREQUENT	BASIS				
TTHM COMPLIANCE SUMMARY					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 guarter*					
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters					Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters					
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)			Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)							
Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)				Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)						

<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 N				
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	14.8	Calculate the arithmetic average all HAA5s samples taken over the last year	7.76	
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 in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
108 Par Place	MRT	7/15/05	0.6	Alexander Lorenzo	7/20/05	E502.2	Advanced Enviromental Laboratories # E 82574	14.8
					<u> </u>			

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L
108 Par Place	MRT	7/28/05	1.2	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	7.76

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please typ	e or print legibly)				
System Name: PHILLIPS	PWS I.D	1.#: 3 5 9 1 0 0 8				
System Type (check one): ☑Community  Address:	•	· ·				
City: SANFORD	State: FCA	ZIP Code:				
Phone #: 407 - 869 - 1919	Fax #: <u>40</u> `	7-869-6961				
E-Mail Address: S, L, HAWS @	UTILITIES INC.					
SAMPLE INFORMATION (to be completed I	by sampler)					
Sample Number: A052439-01	Location Code (if kn	own):				
Sample Date: 7/15/05	Sample Time:	2:35 AM PM (Circle One)				
Sample Location (be specific): 108 PAR P	L.					
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids):	<u>0.6</u> mg/L Field pH:				
	P () ( 0	•				
Sample Type (Check Only One)		mple (Check all that apply)				
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?				
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)				
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution				
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)				
Max Residence Time	Other:					
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:				
☐Near First Customer						
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad- for nitrate or nitrite MCL e	ditional requirements attach	2-550.550(4) for requirements and a results page for each site.				
Sampler's Name: <u>ALEXANDER</u>	WRENZO					
Sampler's Phone #: 407 - 948 - 42	Sampler's Fax #:	407-869-6961				
Sampler's E-Mail Address: NIA						
CERTIFICATION (to be completed by s	ampler)					
I, ALEXANDER LORENZC	),	OPERATOR (Print Title)				
(Print Name)		(Print Title)				
do HEREBY CERTIFY that the abov complete and correct.	e public water system and samp	le collection information is				
Signature: <u>Wikarder To</u>	ringo	Date:				

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 compl ATTACH CURRENT DOH ANALYTE SHEET*	eted by lab - Please type or	print legibly)			
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			
ANALYCIC INCOMATION (to be considered by left					
ANALYSIS INFORMATION (to be completed by lab					
PWS ID (from page 1):	Date Sample	e(s) Received: 7/15/2005 3:40:00			
Lab Assigned Report Number or Job ID A052439	Sample Number (	From page 1) <u>A052439-01</u>			
Group(s) Analyzed Results attached for compliance with chapter	er 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 ☐ Dioxin Only	Radionuclides	☐ Bromate			
☐ Nitrite ☐ Dioxin Only ☐ Asbestos Only	Single Sample	☐ Chlorite			
	Qtrly Composite**	Secondaries			
		All 14			
Were any analyses subcontracted? ✓ Yes ☐ No		Partial			
If yes, please provide DOH certification number E82574					
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACT	FDLAB				
CERTIF	ICATION				
I, Myrna Santiago , Laboratory Manager	P				
(Print Name)					
do HEREBY CERTIFY that all attached analytical data are corre National Environmental Laboratory Accreditation Conference (Ni		I requirements of the			
Mational Environmental Laboratory Accreditation Conference (N		11-			
Signature: WWW Sentago	Date:	8/3/05			
<ul> <li>Failure to provide a valid and current Florida DOH lab certifical analysis results will result in rejection of the report, possible enfo and may result in notification of the DOH Bureau of Laboratory S</li> </ul>	rcement against the public v	nalyte Sheet for the attached water system for failure to sample,			
** Please provide radiological sample dates and locations for ea	ch quarter.				
COMPLIANCE DETERMINATION (to be completed by DEP of	or DOH)				
Sample Collection Info Satisfactory 🙋 Yes 🏾 🛣 No	Sample Analysis Info Sa	atisfactory: 😰 Yes 🍱 No			
Replacement Sample(s) Requested (circle or highlight group(s) above)		ested (circle or highlight group(s) above)			
	ove)				
Bassar/a): 57 are 1 a f		Incomplete Perest			
	Unsatisfactory	<ul><li>Incomplete Report</li><li>★ Analysis Unsatisfactory</li></ul>			
Other:	Onealistactory	a Chaire Chedusiacidity			
Person Notified:	Data	Notified:			
Comments	Date	Notified:			
	Reviewing Official:				



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

A052439

7/15/2005

7/15/05 15:40

7/24/2005

Report No.:

Date Sampled:

Date Received: Date Reported:

Client:

Utilities, Inc.

**Project Name:** 

**Phillips** 

Project Number:

PWS ID#:

Attention:
Phone Number:

Kathy Sillitoe 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: Phillips

Approved By:

Myrna Santlago, Laboratory Manager

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

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

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

Total Number of Pages = \$\frac{1}{2}\$

### Advanced Environmental Laboratories, Inc.

### Analytical Report

Client: Utilities, Inc.

Project Name: Phillips

Date/Time Sampled: 07/15/05

Matrix: Drinking Water

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

Report No.: A052439

PWS ID#:

Client Sample ID: 1

Sampled By: Alexander Lorenz

Site: 108 Par Pl Sample Number: A052439-01

Shipping Method: Client drop off

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert.#
2941	Chloroform		ug/L	0.31	υ	E502.2	0.31	7/20/2005	1:11	E82574
2942	Bromoform		ug/L	2.5		E502.2	0.36	7/20/2005	1:11	E82574
2943	Bromodichloromethane		ug/L	5.7		E502.2	0.38	7/20/2005	1:11	E82574
2944	Dibromochloromethane		ug/L	6.6	/	E502.2	0.28	7/20/2005	1:11	E82574
	pound was analyzed for but not detected	i.			14.8					

MDL Method Reporting Limit

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

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

Client: UTILITIES, INC. (UTL-A)			Project name: PHILIPS					
Date/Time Rcvd: 7/1	5/05 15.40	Log	Log-In request number: A052439					
Received by: BD	M	····	Completed by: KEG					
Cooler/Shipping	Information:							
Courier: □ AEL ⊠ C	lient UPS Por	ny Express □ FedE	x □ Other (describe	e):				
Type: ⊠ Cooler □ Bo		- ,		· · · · · · · · · · · · · · · · · · ·				
Cooler temperature:			maratura blank ar is	O Water masses				
Cooler temperature.	identity the cooler a	I document the ter	Tiperature blank or ic	e water measu	ireme	n.		
Cooler ID	1							
Temp (°C)	2							
Temp taken from	☐ Temp blank ☑ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank☐ Cooler		☐ Temp blank ☐ Cooler		
Temp measured	<ul><li>IR gun</li><li>☐ Thermometer (enter</li></ul>	☐ IR gun ☐ Thermometer (enter	☐ IR gun☐ Thermometer (enter	☐ IR gun☐ Thermometer (	enter	☐ IR gun ☐ Thermometer (enter		
with	ID):	ID):	ID):	ID):		ID):		
Any discrepancies sho	dia be explained in	CHECKLIST	ction below.		YES	S NO	NA	
1. Were custody se	eals on shipping contain				YES	NO	NA /	
2. Were custody pa	apers properly include	d with samples?			1			
	apers properly filled or		labels)?		1	<del> </del>	<del> </del>	
	rrive in good condition abels complete (sample		vsis, preservatives)?		1	<del></del>		
	labels agree with the c		,,5.0,, p. 0.0, r. 0.0, r. 0.0, r.		1			
	ttles used for the tests				1			
	nple preservation tech		e label?		1	<del></del>		
	eceived within holding rials checked for the pr		7		1			
	ubbles present in the \		<u>.                                    </u>		7	+		
			one: 🗆 NO ICE 🗆 BI	LUE ICE	1			
	emperature less than 6				1			
	Is checked and recordence mples are checked by		•				1	
	containers provided by		<del></del>		1	<del></del>		
	ccepted into the labora	<del></del>	······································		1			
17. Was it necessary	to split samples into	other bottles?				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 #: A052439 CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

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

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052439-01	1	THMs (DW)	Drinking Water	7/15/2005	14:35	7/15/05 15:40	7/29/2005		40mL VOC vial

Orlando Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

Date/Time:

Date/Time:

	6601 Southpoint Pkwy. 9610 Princess Palm Ave. 2106 NW 67th Place, Ste. 528 S. North Lake Blvd., \$	Jacksonville, FL • Tampa, FL 33 . 7 • Gainesville	8619 • 813.630. . FL 32606 • 35	9616 • Fax 2 367 1500	813.630.43 • Fay 352 3	27 • E8458!	9 Egaean	• E53076					A	1052	242	<b>S</b> Q	
CLIENT NAME:	Utilities Inc.	PROJECT NA				Philips			BOTTLE		T	T		<b>-00</b>		, ,	
ADDRESS:	200 Weathersfield Ave	P.O. NUMBER	R/PROJECT NUM	BER:					& TYPE	40mL Vials	1		(	1	}	,	1
Altamo	inte Springs, FL 32714	PROJECT LO	CATION:						<b> </b>	4-2-	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	-
PHONE:	402-869-1919	FAX:				<del></del> -								1	l	Ì	
CONTACT:		SAMPLED BY	ALEX	ANDE	R CC	PEN	70		뷥			}	1				
STANDARD	TURN AROUND TIME:				ECIAL INSTRI				ANALYSIS REQUIRED	THM'S							LAB NUMBER
WW=waste wa	ater SW=surface water GW≠grou	nd water DW≂drin	king water		OIL	A=air	SO=soil	SL≃sludge	\\ \	_ <u></u> _	1		ł		ĺ		ᅵ뀠
SAMPLE ID	SAMPLE DES	CRIPTION		Grab Comp	SAM DATE	PLING TIME	MATRIX	NO. COUNT	Preserv	I,T							
1	108 PAR PL	· ,		G	1/15/05	i	DAW,	3		X							-01
						-	0										<del>                                     </del>
:																	-
		······································						<del></del>		<del></del>							-
1-ice		3) T≍(Sodium T					,,,		quish by:		Date	Time	Re	eceived by:	Date	e Tin	ime
Shipment ut	Method Si	ample Kit	Cooler#			1	allxo	erde	Toren	40	1115/05	1240	Buton	a meltin	7/151	87 154	10

3

revised 8/01

received

Received on Ice Yes No

AB Trip Bl.

QC | sent







### 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		
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		
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 INFORMATIO	N (to be completed by sampler – Please typ	e or print legibly)
System Name: Phillips	PWS I.D	.#: 3 5 9 1 0 0 8
System Type (check one): XCommunity	☐Nontransient Noncommunity	☐Transient Noncommunity
Address: CRUSTAL DRIVE		
City: SANforD	State: "11	ZIP Code: 32773
Phone #: 407-869-1919		1-869-6961
E-Mail Address: S.L. HAWS@ Dt		
SAMPLE INFORMATION (to be completed in	by sampler)	MRT
Sample Number: A052630	Location Code (if kn	
Sample Date: 7 - 28 - 05	Sample Time:	205 AM (PM) (Circle One)
Sample Location (be specific): 108 Pc	•	
Disinfectant Residual (Required when reporting	esults for trihalomethanes and haloacetic acids):	1,2 mg/L Field pH:
Sample Type (Check Only One)		mple (Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
☐Max Residence Time	Other:	
☐Ave Residence Time	Sampling Procedure Used or Other Co	mments:
☐Near First Customer	<del></del>	
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: <u>ALEXANDE</u>	R LORENZO	
Sampler's Phone #: 407-948-420		<u>407-869-6961</u>
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by s	ampler)	
I, <u>ALEXANDER LORE</u>	UZO 01	PERATOR .
I, <u>ACEXANDER CORE</u> (Print Name)	,	PERATOR (Print Title)
do HEREBY CERTIFY that the abov complete and correct.	e public water system and samp	le collection information is
Signature: <u>Alexander H</u>	oreni to	

#### 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 A052630 Sample Number (From page 1) A052630 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 Dioxin 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 腰 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 DEP/DOH Reviewing Official: Date Reviewed:



Report No.:

Date Sampled:

**Date Received:** 

Date Reported:

# Advanced Environmental Laboratories, Inc.

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

A052630

7/28/2005

7/28/05 14:35

8/23/2005

Client:

Utilities, Inc.

Project Name:

**Phillips** 

**Project Number:** 

PWS ID#:

Attention:
Phone Number:

Kathy Sillitoe 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: Phillips

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.: A052630

Project Name: Phillips

Date/Time Sampled: 07/28/05 12:05

Matrix: Drinking Water

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

PWS ID#:

Client Sample ID: 1

Site: 108 Par Pl

Sampled By: Alexander Lorenz

Sample Number: A052630-01

Shipping Method: Client drop off

### Disinfection Byproducts

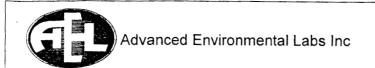
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
				0.81	U	E552.2	0.81	8/4/2005	23:26	E82574
2450	Chloroacetic Acid		ug/L		U					
2451	Dichtoroacetic Acid		ug/L	2.1	ì	E552.2	0.56	8/4/2005	23:26	E82574
2452	Trichioroacetic Acid		ug/L	3.0		E552.2	0.60	8/4/2005	23:26	E82574
2453	Bromoacetic Acid		ug/L	0.36	i	E552.2	0.34	8/4/2005	23:26	E82574
2454	Dibromoacetic Acid		ug/L	2.3	1.7.76	E552.2	0.45	8/4/2005	23:26	E82574

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

MDL Method Reporting Limit

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

The compound was analyzed for but not detected.



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

Client: UT	ILITIES, INC. (UTL-	A)	Project name	: PHILLIPS			
Date/Time Rcvd: 7/2	8/05	14.35 Lo	g-In request number	: A052630			
Received by: RP	G		Completed by	: RPG			
Cooler/Shipping	Information:						
Courier: □ AEL 🖾 C	lient □ UPS □ Por	ny Express 🗖 Fed	Ex D Other (describe	e);			
Type: ⊠ Cooler □ Bo			(				
Cooler temperature:	·		mperature blank or ic	e water meası	ıremer	nt	
Cooler ID	1						
Temp (°C)	2						
Temp taken from	☐ Temp blank ☑ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler		☐ Temp b☐ Cooler	lank
Temp measured with	☐ IR gun☐ Thermometer (enter ID):	☐ IR gun☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer ( ID):	enter	☐ IR gun	meter (enter
<ol> <li>Were custody p.</li> <li>Did all bottles a</li> <li>Were all bottle l</li> <li>Did the sample</li> <li>Were correct bo</li> <li>Were proper sar</li> <li>Were samples re</li> <li>Were all VOA v</li> <li>Were there air b</li> <li>Were samples in</li> </ol>		at (ink, signed, match in (unbroken)? ie #, date, signed, and nain of custody? indicated? iniques indicated on the times? essence of air bubbles? OA vials? et ice? If "No," check	alysis, preservatives)?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<i>'</i>
14. Were sample pH NOTE: VOA sa	emperature less than 6 is checked and recordent is checked and recordent in the containers provided by	ed by Sample control laboratory analysts.	?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1
	cepted 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

Project #: A052630

CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

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

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052630-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	12:05	7/28/05 14:35	8/11/2005		40mL Vial Amber

Orlando Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

LAB NUMBER

revised 8/01

	Advanced	Inc										LAB NUMB	ER.			
حوب	9610 Princess Palm Ave. •	nc. cksonville, FL 32216 • 904.363 Tampa, FL 33619 • 813.630.96 7 • Gainesville, FL 32606 • 352. e. 1016 • Altamonte Springs, F	367.1500 •	13,630,4327 Fax 352,36	7 • E84589 87.0050 • E8	B2620	E53076		. ··			A(	)526	530	• .	
CLIENT NAME:	Utilities Inc.	PROJECT NAME:		F	Phillips			BOTTLE SIZE	٦°							
ADDRESS: 2	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMB	ER:					& TYPE	40mL Vials							1
Altamor	nte Springs, FL 32714	PROJECT LOCATION:														
PHONE:	407-448-1715	FAX:									į.					
CONTACT:	Kathy Sillitoe	SAMPLED BY: ALEXA	NDER	2 60	RENZ	0		H H								_
	TURN AROUND TIME:			CIAL INSTRU				EQUIRED	:							
STANDARD		}						Y						, ,		
RUSH								Sis	i							
								ANALYSIS	⋖					1		3
				OlL	A≃air	SO=soil	SL=sludge	Ž	HAA							[
SAMPLE	T T T T T T T T T T T T T T T T T T T		Grab	T	PLING	T	NO.	Preserv	NH4CI							
ID	SAMPLE DES	CRIPTION	Comp	DATE	TIME	MATRIX	COUNT				10 mm					
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												}				
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			+	<del> </del>	<del> </del>	-	<del>                                     </del>	1		<del>                                     </del>		<b>_</b>				T
}				<u> </u>			<u> </u>	1		<del> </del>		<del> </del>	<del> </del>	<del>├</del>		+
				<del> </del>	<del> </del>	<del> </del>	-	1		<del> </del>	<del>                                     </del>				***	1
			<u> </u>					]			<u> </u>	<u> </u>	<del> </del>	<del>                                     </del>		+
Line	H=(HCI) S=(H2SO4 N=(HN0	O3) T=(Sodium Thiosulfate)			ــــــــــــــــــــــــــــــــــــــ	<del>                                     </del>	Rel	inquish by:	il	Date	Time		Received by:	Date		Time
I-Ice Shipment		Sample Kit Cooler#			1	aliex	irder	Town	N.	7/28/05	1435	14		7/28/0	25 14	36
1					7				Ų.	1	1	T 1		1 '	- 1	

2

3

4

received

2

Via:

Via:

Yes No

RB

AB Trip Bl.

QC | sent

D/T

D/T







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

### Laboratory Scope of Accreditation

Page 1 of 27

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	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
1,1-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
,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
,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
lluminum	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
ursenic	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
teryllium	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
Bromodichioro <b>methane</b>	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

### Jeb Bush Governor





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

Page 2

of 27

### Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			- u= u	
Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 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 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 Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochioromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

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

NON-TRANSFERABLE 06/29/2005-E82574









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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
leptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
leterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
-lexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
ron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury (	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
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
litrite ·	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
xamyi	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 Contaminants, Secondary Inorganic 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

"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







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

Page 4

of 27

### Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Type	Effective Date
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
etrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
etrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
hallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
oluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
oluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
otal coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
otal coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
otal haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
otal trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
otal trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
oxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
ans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
ans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
richloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
richloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
richloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
urbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
inyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
inyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
ylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
ylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
inc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

### UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 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

Philips

PWS ID# 3591008

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe

Area Manager Manager

Enclosure

EC:

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

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)			
System Name: Philips	PWS I.D. #: 3 5 9 1 0 0 8			
System Type (check one): Community	Nontransient Noncommunity			
Address: Coystal Drive				
City: Sauforo	State: 1 ZIP Code: 32773			
Phone #: 407-869-1919	Fax#: 407-869-6961			
E-Mail Address:				
SAMPLE INFORMATION (to be completed	by sampler)			
Sample Number: <u>AD51926</u>	- O / Location Code (If known):			
Sample Date: 6/3/25	Sample Time:			
Sample Location (be specific): Pot e	Phillips Water plant			
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): mg/L Field pH:			
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)			
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?			
Entry Point (to Distribution)	☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550)			
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites** ☐Violation Resolution			
Raw (at well or intake)	☐Clearance (permitting) ☐Replacement (of Invalidated Sample)			
Max Residence Time	Other:			
☐Ave Residence Time	Sampling Procedure Used or Other Comments:			
☐Near First Customer	and the second s			
*See 62-550.500(6) for requirements and restrictions.  NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.  **See 62-550.550(4) for requirements and attach a results page for each site.				
Sampler's Name: Terry Sill	301:			
Sampler's Phone #: 407-869-191	9 Sampler's Fax #: 407-869-6961			
Sampler's E-Mail Address:				
CERTIFICATION (to be completed by	sampler)			
I, TERR W Sylfing (Print Name)	De Jara Title)			
	ve public water system and sample collection information is			
complete and correct.	To public water dystem and sample conection information is			
Signature:	Date: 16/30/05			
Jo acut				

Reporting Format 62-550.730
Effective January 1005 Deviced January 2004

Page 1 of

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

LABORATORY CERTIFICATION ATTACH CURRENT DOH ANAL	·	pleted by lab - Please type or p	print legibly)
LabName: Advanced Environme	ental Labs - Orlando	Florida	Certification #: E53076
Address: 528 S. North Lake Bl	vd., Suite 1016	Certification E	Expiration Date: 6/30/2005
Altamonte Springs, F	L 32701		Telephone #: (407) 937-1594
ANALYSIS INFORMATION (to be	e completed by lab		
PWS ID (from page 1):		Date Sample	(s) Received: 6/3/2005 12:45:00
Lab Assigned Report Number or	Job ID A051926	Sample Number (I	From page 1) A051926-01
Group(s) Analyzed Results attac	hed for compliance with cha	pter 62-550, F.A.C. (check all	that apply):
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17	☐ All 30		Trihalomethanes
Partial	All Except Dioxin	☐ Partial	Haloacetic Acids
✓ Nitrate	Partial	Radionuclides	☐ Bromate
✓ Nitrite	Dioxin Only	Single Sample	☐ Chlorite
Asbestos Only		Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial
Were any analyses subcontracted	d? ✓ Yes 🗌 No		
If yes, please provide DOH certifi	cation number E84589		
ATTACH DOH ANALYTE SHEET	FOR EACH SUBCONTRA	CTED LAB	
	CERT	TIFICATION	
I, Myrna Santiago (Print Name)	, Laboratory Manager	,	
do HEREBY CERTIFY that all att National Environmental Laborator			Il requirements of the
Signature:	Mumo Jantag	<u></u>	4/13/05
* Failure to provide a valid and co analysis results will result in reject and may result in notification of the	tion of the report, possible e	nforcement against the public	nalyte Sheet for the attached water system for failure to sample,
** Please provide radiological san			
COMPLIANCE DETERMINATION	N (to be completed by DE	P or DOH)	
Sample Collection Info Satisfacto	ry 🔯 Yes 🌃 No	Sample Analysis Info S	atisfactory: 🄞 Yes 📓 No
Replacement Sample(s) Requested	d (circle or highlight group(s) abo	ve) Revised Report Requ	ested (circle or highlight group(s) above)
Additional Monitoring Required	d (circle or highlight group(s)	above)	
Reason(s): MCL(s) Exceeded	□ Deter	ction(s)	Incomplete Report
Missing Analyte S Other:	heet(s) Locat	tion Unsatisfactory	Analysis Unsatisfactory
Person Notified:			Notified:
Comments			
Date Reviewed:		OH Reviewing Official:	



A051926

6/3/2005

6/3/05 12:45

6/11/2005

Report No.:

Date Sampled:

**Date Received:** 

**Date Reported:** 



Client:

Utilities, Inc.

**Project Name:** 

**Phillips** 

**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: Phillips

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 = \$\frac{7}{2}\$

R3

# Advanced Environmental Laboratories, Inc.

# Analytical Report

Client: Utilities, Inc.

**Report No.:** A051926

Project Name: Phillips

Date/Time Sampled: 06/03/05

Matrix: Drinking Water

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

PWS ID#:

Client Sample ID: 1

Sampled By: Terry Silhitoe

Site: Point of Entry

Shipping Method: Client drop off

Sample Number: A051926-01

Inorganic Contaminants

	• • • • • • • • • • • • • • • • • • • •										
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert, #	
1040	Nitrate (as N)	10	mg/L	0.19		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: UT	ILITIES, INC. (UTL-	A)	Project name	: PHILLIPS						
Date/Time Rcvd: 6/3	/0512.4	15 Lo	og-in request number	r: A051926						
Received by: RP	G		Completed by	empleted by: RPG						
Cooler/Shipping	Information:									
Courier: □ AEL ⊠ C	lient □ UPS □ Por	ny Express □ Fe	dEx □ Other (describe	e):						
Type: ⊠ Cooler □ Bo			•	, <del></del>						
		,	temperature blank or ic	e water measi	ureme	nt				
Cooler ID	1						<del></del>			
Temp (°C)	2									
Temp taken from	☐ Temp blank ☑ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler		☐ Temp b☐ Cooler				
Temp measured with	☐ IR gun☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter	☐ IR gun	☐ IR gun ☐ Thermometer (ID):	(enter	□ IR gun				
Any discrepancies should be explained in the "Comments" section below.  CHECKLIST  YES 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?  17. Was it necessary to split samples into other bottles?										
Kit ID	Comments:									

# 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 #: A051926

CustomerName: Utilities, Inc.
Collector: Terry Silhitoe

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

Check if Rush	

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051926-01	1	Nitrate (T)-DW	Drinking Water	6/3/2005	11:00	6/3/05 12:45	6/3/2005		250mL Poly
A051926-01	1	Nitrite (T)-DW	Drinking Water	6/3/2005	11:00	6/3/05 12:45	6/3/2005		250mL Poly

Gainesville Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Tampa Receiver:

Date/Time

--

1300

.

ima:

1530



	Advanced Environmental Laboratories 6601 Southpoint Pkwy. • J 9610 Princess Palm Ave. 2106 NW 67th Place, Ste. 528 S. North Lake Blvd., S	acksonville, FL 322 • Tampa, FL 33619 7 • Gainesville, FL 3	• 813.630.96 32606 • 352.	367.1500	13.630.432 Fax 352.3	7 • E84589 67.0050 • E	82620	E53076					A(	) <b>5</b> 19	)26	* ** ,	, 
LIENT NAME:	Utilities Inc.	PROJECT NAME:				Phillips	<u> </u>		BOTTLE SIZE	٦							
DRESS:	200 Weathersfield Ave	P.O. NUMBER/PRO	DJECT NUMBE	ER:					& TYPE	250				Euro	I		
Altamo	nte Springs, FL 32714	PROJECT LOCATI	ON: 74,	400	wil	D											
ONE:	407-448-1715	FAX:	<i>a</i>						] 유								
NTACT:	Kathy Silitoe	SAMPLED BY:	145	liter	$\bar{L}$ $B_{\ell}$	1274	19									ı	
STANDARD RUSH	TURN AROUND TIME:		O REM	MARKS/SPE	GIAL INSTRU	JCTIONS:	1		ANALYSIS REQUIRED	NO3/NO2							LAB NUMBER
WW=waste wa	ater SW=surface water GW=grou	und water DW=drinking	water		OIL	A=air	SO=soil	SL=sludge	₹	Z							72
SAMPLE ID	SAMPLE DES	SCRIPTION		Grab Comp	DATE	PLING TIME	MATRIX	NO. COUNT	Preserv	1					194		
1	NOZ/NO3 POE	. Philips	5	G	6/3/05	1100	DW	1	and and	Х					-		l
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I-Ice	H=(HCI) S=(H2SO4 N=(HN	O3) T=(Sodium Thi	osulfate)						nquish by:		Date	Time	1	eceived by:	Dat	, ,	Time
hipment	j.	· •	Cooler#			1	M	Lill	del		4/3/05	1245	V-X		6/3/	15 /2	245
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et :	√ Via;	AB	D/T			4	<del> </del>				-	-					

revised 8/01

QC | sent

received







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

## Laboratory Scope of Accreditation

Page 1

of 4

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

State Laboratory ID: E84589

EPA Lab Code:

FL01092

(813) 630-9616

E84589

Advanced Environmental Laboratories, Inc. - Tampa

9610 Princess Palm Avenue

Tampa, FL 33619

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	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
Fecal coliforms	SM 9221 B	Microbiology	NELAP	2/14/2003
Tuoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
-Tuoride	SM 4500 F-C	Primary Inorganic Contaminants, Secondary Inorganic 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	BPA 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

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed t	oy sampler – Please typ	pe or print legibly)		-	
System Name: CV51a+ C	Take Phil	1:05 PWS 1.D	). #:			
System Type (check one):   Community	y  Nontrar	nsient Noncommunity	/ ☐Transi	ent No	ncomm	nunity
Address:						
City:		State:	ZIP Code:			
Phone #:						
E-Mail Address:						
•						
SAMPLE INFORMATION (to be completed	by sampler)	to <u>a constant</u> plants p				
Sample Number:		Location Code (if kr	nown):			:
Sample Date:		Sample Time:		AM	PM ·	(Circle One)
Sample Location (be specific):						
Disinfectant Residual (Required when reporting			: mg/L	Fi	eid pH	;
Sample Type (Check Only One)		Reason(s) for Sa	imnia (Chack all that	i analu)		
☐Distribution	☐Routine Compl					
		f MCL Exceedance*	☐Quarterly (Wh			
☐Entry Point (to Distribution) ☐Plant Tap (not for compliance with 62-550)	☐Composite of N		☐Violation Res			11 02-550)
	Clearance (pern		Replacement			Sample)
☑Raw (at well or intake) ☑Max Residence Time		nung)		•		oampie)
☐Ave Residence Time		ure Used or Other Co			<del></del>	
□ Near First Customer	Samping Procedu	are osed or other oc	minents.			
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for action of the contract of the cont	dditional requirement		2-550.550(4) for re a results page for			d
Sampler's Name:		·				· .
Sampler's Phone #:		Sampler's Fax #: _				
Sampler's E-Mail Address:						
CERTIFICATION (to be completed by	sampler)					
ļ,		, , , , , , , , , , , , , , , , , , , ,				
			(Print Title)			
do HEREBY CERTIFY that the above complete and correct.	ve public water s	system and samp	le collection in	forma	ition i	S
Signature:			Date:			

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

LABORATORY CERTIFICATION ATTACH CURRENT DOH ANAL		leted by lab - Please type or	print legibly)
LabName: Advanced Environme	ntal Labs - Orlando	Florida	a 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
ANALYSIS INFORMATION (to be	completed by lab		
PWS ID (from page 1):		Date Sample	e(s) Received: 9/23/2005 10:00:00
Lab Assigned Report Number or 3	Job ID A053619	Sample Number	(From page 1) A053619-01&A053
Group(s) Analyzed Results attack	ned for compliance with chapt	ter 62-550, F.A.C. (check all	that apply):
Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	All 30	All 21	Trihalomethanes
Partial	All Except Dioxin	Partial	Haloacetic Acids
	Partial	Radionuclides	Bromate
Nitrite	Dioxin Only	Single Sample	Chlorite
Asbestos Only		Qtrly Composite**	Secondaries
		_ , ,	Ail 14
Mana any analysis authority atod	12 To Ven The		<b>✓</b> Partial
Were any analyses subcontracted	Total Control		
If yes, please provide DOH certific			<del></del>
ATTACH DOH ANALYTE SHEET	FOR EACH SUBCONTRACT	red Lab	
	CERTIF	FICATION	
I, Myrna Santiago (Print Name)	Laboratory Manager	1	
do HEREBY CERTIFY that all atta National Environmental Laboratory			Il requirements of the
Signature: Myni-a	Wiago	Date:	10/0/05
* Failure to provide a valid and cur analysis results will result in rejecti and may result in notification of the	on of the report, possible enfo	programment against the public	Analyte Sheet for the attached water system for failure to sample,
** Please provide radiological sam	•		
COMPLIANCE DETERMINATION	(to be completed by DEP	or DOH)	
Sample Collection Info Satisfactory	/ ™ Yes ™ No	Sample Analysis Info S	atisfactory: 🧃 Yes 🛅 No
Replacement Sample(s) Requested			ested (circle or highlight group(s) above)
Additional Monitoring Required			(
Reason(s): MCL(s) Exceeded			
Missing Analyte Sh	Detection Detection	on(s) n Unsatisfactory	Incomplete Report
Other:		•	Analysis Unsatisfactory
——————————————————————————————————————		Data	
Comments			Notified:
Date Reviewed:	DEP/DOH	Reviewing Official:	



Report No.:

Date Sampled:

**Date Received:** 

**Date Reported:** 

A053619

9/22/2005

9/23/05 10:00

10/9/2005



Client:

Utilities, Inc.

**Project Name:** 

Crystal Lake R Phillips

**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.

> Grystal Lake Phill: PS Project Name:

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 = 3

# Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Report No.: A053619

Project Name: Crystal Lake

Site: Well

Date/Time Sampled: 09/22/05 14:37

Matrix: Drinking Water

Date/Time Received: 9/23/05 10:00

PWS ID#:

Client Sample ID: 1

Sampled By: Allan Finch

Sample Number: A053619-01

Shipping Method: Client drop off

Secondary DW Standards

Analysis Results Analysis Date DOH Lab Analysis MCL Units Qualifier Analytical Method Lab MDL Contam ID Contam Name Time Cert. # 9/29/2005 0.30 mg/L 0.71 E200.7 0.011 16:38 E82574 1028

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

# Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

**Report No.:** A053619

Project Name: Crystal Lake

Date/Time Sampled: 09/22/05 14:20

Matrix: Drinking Water

Date/Time Received: 9/23/05 10:00

PWS ID#:

Sampled By: Allan Finch

Client Sample ID: 2

Site: 407 W. Crystal

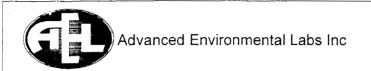
Sample Number: A053619-02

Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time_	DOH Lab Cert. #	_
1028	Iron	0.30	ma/L	0.57		E200.7	0.011	9/29/2005	16:38	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: Date/TimeRcvd: Received by:	UTL Co	ystal Lake	<ul> <li>Project name</li> </ul>	: 2	tem	<u>-e_</u> .						
Date/TimeRcvd:	9-23-05	10.00 Log	-In requestnumber:	A15	-3	1019						
Received by:	KEL		Completed by	. 110	<u> </u>							
Received by.	/ 1 - 0		Completed by	•								
Cooler/Shipping	Information:			$\mathcal{O}$								
Courier: AEL DO	lient 🗆 UPS 🗆 Por	ny Express   FedE	x 🗆 Other (describe	e):								
Type: ⊠ Cooler □ Bo	x   Other (describe	)										
Cooler temperature:	Identify the cooler a	nd document the ten	nperature blank or ic	e water measu	ıremer	nt						
Cooler ID	1											
Temp (°C)	<b>Temp (°C)</b> 3											
Temp taken from	☐ Temp blank	☐ Temp blank ☐ 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 (e ID):	enter	☐ Thermoi ID):	meter (enter					
Other Information Any discrepancies sho		the "Comments" sec	tion below.		YES	s NO	NA					
1. Were custody se	eals on shipping contai				1	T	<b>/</b>					
	apers properly include				1							
	apers properly filled or		labels)?		/							
	rrive in good condition				/							
	labels complete (sampl		ysis, preservatives)?	T-411-4	/							
	labels agree with the control				1							
	mple preservation tech		e lahel?	3 - 2 10 - 10	1	1						
	eceived within holding		- 10001.		1	1						
	vials checked for the pr		)				1					
	oubbles present in the \						1					
	n direct contact with w		one: □ NO ICE □ BI	LUE ICE	/							
	temperature less than 6				/							
,	ds checked and recordently are checked by						1					
	e containers provided b				1	+ +						
	ccepted into the labora				1							
17. Was it necessary to split samples into other bottles?												
Kit ID	Comments:											
		v										

# Advanced

## CHAIN OF CUSTODY RECORD

Environmental Laboratories, Inc.

□ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354

□ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

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

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

528 S. North Lake Blvd.. Suite 1016. Altamonte Springs, FL 32701 • (407) 937-1597

A053619

CLIENT NAME:	Wa Orlando: 526 S.	North Lake Blvd., Suite 10	PROJECT NAM					SIZE	1		1 1	1 1		
[14:17:4:05]	Inc. of F	lovida	Crystal	Lake	Plant		Ì	& TYPE	1					
ADDRESS:	Inc, of Fleathersfield	Aug	P.O. NUMBER /	PROJECT N	JMBER:			A R	_					L
100 W	earner stresa	777111	PROJECT LOCA	ATION:				N E A Q					ļ	A B
PHONE:	9-1919 (40	, 32(19 X:						L U						N
(407)86°	9-1919 (40	7)869-6961	SAMPLED BY:	A / /				S R I E S D						M B
Ka	thy Sillatoe				tinch	C∘78	06							E R
/	OTIME:	REMARKS / SPEC	CIAL INSTRUCTIO	AL INSTRUCTIONS:										
STANDARD									2					
									122					
□ RUSH									H					
WW=waste water	SW=surface water	GW≖ground water 【	<b>DW</b> =drinking water	OIL A	=air <b>SO</b> =s	oil SI	=sludge	Preserv			-			
			Grab		PLING	,		ANA ARATA						
SAMPLE ID	SAMPLE	DESCRIPTION	Composit	DATE	TIME	MATRIX	CONT.							
1	Well		G	4/22/05	1437	Dm	1		X					/
2	407 W.	Crystal	G	9/22/05	1420	から	1		*					2
						<del> </del>								
							ļ							ļl
								11	/				/	14
							23-6	57				19/2	3/05	0
	$S = (H_2SO_4)  N$				nguished by:		Date	Time		/ Recei	ved by:		ate	Time
Shipment Out: / / Vi	Method Sample Ki ia: RB	t Cooler # D/T D/T	1 2	Lucius )	Kinach c	7806	1-66-05	1000	1	11.6-3	y-	14/2	405	1000
	AB	D/T	3						+					
Het: / / V	ia: Trip Bl.		4											
Received on ice: Fl v	Jes Franco OC 🗆	sent 🔾 re	eceived								revised 8/01			

### Jeb Bush Governor





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

## Laboratory Scope of Accreditation

Page 3

of 27

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water	Method/Tech	Catagory	Certification	Effective Date
Analyte		Category	Type NELAP	1/21/2005
Endothall	EPA 548.1 EPA 508	Synthetic Organic Contaminants Synthetic Organic Contaminants	NELAP	3/24/2005
Endrin		· · · · · · · · · · · · · · · · · · ·	NELAP	4/4/2002
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	1/21/2005
Ethylbenzene	EPA 524.2	Other Regulated Contaminants		3/24/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2003
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
Methoxychior	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
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515,3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"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



**From:** Scotty Haws <s.l.haws@utilitiesinc-usa.com> **To:** 'Kathy Sillitoe' <k.sillitoe@utilitiesinc-usa.com>

**Date:** Friday, August 19, 2005 10:24 AM **Subject:** Phillips System - Iron Analysis

Kathy,

Lets plan on getting an Iron Sample from the plant and at 407 W. Crystal and send to the lab for analysis in the near future, to see where we stand with feeding the Polyphosphate.

Also does any of your operators have a PO4 Kit used to measure the polyphosphate residual in the water?

407 W. Crystal 1420 1420 9-22-05 Crystal Plant Well 1437 9-22-05

# Scotty L. Haws

Assistant Operations Manager

Utilities, Inc. of Florida and Affiliated Companies

200 Weathersfield Avenue

Altamonte Springs, FL 32714

Phone: (407) 869-8588, ext. 234

Fax: (407) 869-6961

Email: s.l.haws@utilitiesinc-usa.com

Allaw, pick up Bottles From LAD SO WE CAN COMPICTE THIS

### CHAIN OF CUSTODY RECURD hoonsyh

LAB NUMBER:

NUVUNCEU	
Environmental	Laboratories, Inc.

☐ Tampa:

□ Jacksonville:
601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
□ Tampa:
9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
□ Găinesville:
97 Odando:
98 S. North Lake Blvd.. Suite 1016. Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page \_\_\_\_ of \_\_\_\_

		NOTH LAKE BIVG., Suite 1	To, Allamonte Springs, i		001 1004 1 dx (4	07,001-100			—т	т т				
CLIENT NAME	i:		PROJECT NAME	::			E	SIZE	-					
[32] 17] 3338	Inc. of F	or Ha	Crystal	Lake	Plant			TYPE						
ADDDECC.			PO, NUMBER / F	PROJECT NU	MBER:									_
	eather sheld		PROJECT LOCA	TION:		<del></del>		A R N E						A
PHAMMEN!	C SAMAGE FA	32714					}	A Q L U						В
PHONE:	∫ FA) >?-/?/? (40	X: 7 \969~696 I						SR						N U M
CONTACT	other Sillertoe		SAMPLED BY:	Allar.	Sinch	C. 78	0.j-	S D						B
TURN AROUN		REMARKS / SPE	CIAL INSTRUCTIO							R				
							İ	Ì						
STANDARD	)								ैं					
RUSH		1												
WW=waste water	r <b>SW</b> =surface water	GW=ground water	DW=drinking water	OIL A	air SO=s	oil SL	-=sludge	Preserv						
Waste Water			Grab		PLING		LNO	u filos						
SAMPLE ID	SAMPLE	DESCRIPTION	Composite	DATE	TIME	MATRIX	CONT.							
ţ	Wall		3	1/22/03	1437	DW	İ		√.					:
Ž.	407 W.	Crustal	(5	9/2.705	1420	20	į		¥					7
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	İ													
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				-		1	-							
					<u></u>		ļ							
I = Ice H = (I	$HCI) S = (H_2SO_4) N$				nquished by:		Date	Time			eceived by		Date	Time
Shipment	Method Sample K	it Cooler #_	1	Eller !	himself c	78-06	1.23.0	1000	`-	<u> </u>	٠٠ يالي المراجع الم	L 40°	45.52	
Out: / /	Via: RB AB	D/T D/T												
Ret: / /	Via: Trip Bl.		3											
			4			l		<u> </u>			revised	8/01		

{	

# Phillips

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005



See page 4 for instructions.

366	page 4 for instructions.	•										
		for the Month/Year of: January 20	04									
Α.	Public Water System (F	PWS) Information										
	PWS Name: Phillips				PWS Identification N	lumber: 3591008						
	PWS Type:	Community Non-Transient Nor	n-Community Transic	ent Non-Community	Consecutive							
	Number of Service Co	nnections at End of Month: 7		Total Population Serve								
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patric	k Flynn		Contact Person's Title	: Regional Director							
	Contact Person's Maili	ing Address: 200 Weathersfield Ave.		City: Altamonte Sprin		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.												
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
	Plant Address: 200 Wo	eathersfield Ave.		City: Altamonte Sprin	igs State: Fl	Zip Code: 32714						
	Type of Water Treated	i by Plant: X Raw Ground Water	Purchased Finished	Water								
	Permitted Maximum I	Day Operating Capacity of Plant, gallor	ns per day: 79,000									
	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D											
	Licensed Operators		License Class	License Number	Day(s)/Shif	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.						
						-						
			<b>.</b>	<u> </u>								
П	. Certification by Lea	d/Chief Operator			· · · · · · · · · · · · · · · · · · ·							
		eatment plant operator licensed in Flor	rida am the lead/chief opera	tor of the water treatmen	t plant identified in Part I of t	his report. I certify that the						
		is report is true and accurate to the bes										
		d 60 or other applicable standards refe										
pla	int were prepared each o	day that a licensed operator staffed or v	visited this plant during the n	nonth indicated above: (	1) records of amounts of cher	nicals used and chemical feed						
		, appropriate treatment process perform	mance records. Furthermore	, I agree to retain these a	dditional operations records a	at the plant site for at least ten						
yea	ars and to make them av	vailable for review upon request.										
	m. 1. 1 1 /	- ha -/2/04	Michael I Caralet		05(42							
<u>_</u>	nulul 2 60	water = 2/3/04	Michael J. Gavaletz		C5642	(1						
Sig	gnature and Date	/ )	Printed or Typed Name		License N	umber						
		$\mathcal{U}$										

PWS	PWS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida - PNILLIS												
				f: January 20									
Ult 🔲	raviolet	Radiation	Other (	activation/Rem (Describe):		Free Cl			chlorine I	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	ılorine (C	hloramines)	Chlorine Dioxide
			C	Calculations of	CT Calcu	lations Lowest CT			mion, if A	plicable* UV	Dose	Lowest	
		Not Quantity		Lowest Residual Disinfectant Concentration (C) Before or at	Contact Time (T) at C	Before or			Minimum CT	Lowest	Minimum UV Dose	Residual Disinfectant Concentration	
Day of the Month	Hours Plant in	of Finished Water Produced, gal	Peak Plow	First Customer During Peak	Point During Peak Flow,	During Peak Flow.	of Water	pH of Water if	Required,	UY Dose, mW-	Required, mW-	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
1 1	24	27,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	*C	Applicable	min/L	sec/cm²	sec/cm*	System, mg/L	System Components Out of Operation
2	24	21,000		<del> </del>	<del> </del>	<del>                                     </del>			<del> </del>	<del> </del>	}	112	
3	24	27,000						<del>                                     </del>	<del> </del>	<del></del>		40 09	
4	24	36,000							<del></del>		<del>                                     </del>	0/7	
5	24	26,000										1,0	
6	34	13,000		ļ								Dr 8	
8	24 24	23,000 20,000			<del> </del>		ļ					1.0	
9	74	17/100		<del> </del>	}		<b></b>		<b> </b>			1.0	
10	<u> </u>	12,000				<del> </del>	<del></del>	<del> </del>	<del> </del>			1.0	
11	24	21,000				<del> </del>		<del></del>	<del> </del>	<del> </del>		1-1-	
12	24	22,000			<del></del>				<u> </u>	<del>                                     </del>	<del>                                     </del>	0,8	
13	24	16.000										1.0	
14	24	51,900										0.8	
15	24	23,000										0.8	
16 17	24 24	15,000		ļ	<b></b>							1.0	
18	<del>- \$U -</del>	17,000	<del> </del>	<del> </del>	<del> </del>				<u> </u>		<b></b>	<u>                                     </u>	
19	24	20,000	L	<del> </del>	<del> </del>		<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del></del>	
20	34	14,000	<del></del>	<u> </u>	<del> </del> -		<del> </del>		<del> </del>		<del> </del>	1.0	
21	24	8.000	<del></del>			<b></b>	<del>                                     </del>		<del> </del>	<del> </del>	<del> </del>	1.2	
22	74	19(100)							<b></b>			1.0	
23	24	13,000										1.0	
24	24	18,000										0,8	
25	24	26,000		<u> </u>									
26	34	26,000		ļ	<b></b> _	<b> </b>	<u> </u>	ļ	<b></b>			1.0	
27	24	16,000	<u> </u>	<del> </del>	<u> </u>	<del> </del>					<b> </b>	1.0	
29	24	20,000 25,000		<del> </del>	<del> </del>	<b> </b>	<b></b>		<del> </del>	<del> </del>	<del> </del>	1.0	
30	31	15,000			<del>                                     </del>	<del> </del>	<del> </del> -	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.0	
31	<del>~~~</del>	12,000	<del> </del>	<del> </del>	ļ	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.8	
Total	588 W	600,000	<del> </del>		<b></b>	<u> </u>	<u> </u>	<del></del>	1	1	1	1 0.0	<u> </u>
Average	)	19,000	1										
Maxim	ım	27,000	]										

D--- 2

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





566	page 4 for instructions	•										
Π.	General Information	for the Month/Ye	ar of: February 20	004		<del></del>						
Α.	Public Water System (I	PWS) Information										
	PWS Name: Phillips						PWS Identification N	umber: 3501008				
	PWS Type: 🖂 C	Community	Non-Transient Non-	-Community   Transier	t Non-Community	$\Box$ Cc	onsecutive	unioci: 3371008				
	Number of Service Co	nnections at End o	of Month: 76				End of Month: 266					
	PWS Owner: Utilities,	Inc. of Florida					JAP OF WICHIN, U					
	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 Teler				Contact Person's Fa	ax Numbe	er: 407-869-6961					
- 1	Contact Person's E-Ma	ail Address: p.c.fly	nn@utilitiesinc-usa.c	com		,						
	Water Treatment Plant											
i	Plant Name: Utilites, I						Plant Telephone Num	ber: 407-869-1919				
	Plant Address: 200 We				City: Altamonte Sp	prings	State: Fl	Zip Code: 32714				
	Type of Water Treated		Raw Ground Water	Purchased Finished V	Vater							
	Permitted Maximum D	Day Operating Cap	acity of Plant, gallon	s per day: 79,000								
	Plant Category (per su	bsection 62-699.31			Plant Class (per su	bsection 6	62-699.310(4), F.A.C.):	D				
	Licensed Operators		Name	License Class	License Number		Day(s)/Shift					
	Lead/Chief Operator:	Mike Gavaletz		С	5642		Mon - Fri 8 a.n					
	Other Operators:	Terry Sillitoe		12749		Sat. 8 A.M	4:30 P.M.					
i												
1												
						-						
						,,						
1		<u> </u>										
II.	Certification by Lead	d/Chief Operator										
				da, am the lead/chief operato	r of the water treatm	ent plant	identified in Part Lofth	is report. I certify that the				
inic	ormation provided in the	is report is true and	accurate to the best	of my knowledge and belief	I certify that all dr	inkino wa	ater treatment chemicals	used at this plant conform to				
IA9	r international Standard	d 60 or other applic	cable standards retere	enced in subsection 62-555.3	20(3) FAC Lalso	certify th	hat the following addition	mal operations records for this				
piai	n were prepared each d	iay that a licensed (	operator statted or vi	sited this plant during the mo	onth indicated above	e (1) reco	ords of amounts of chem	icals used and chemical feed				
rate	s; and (2) if applicable,	, appropriate treatn	nent process perform	ance records. Furthermore, I	agree to retain thes	e additior	nal operations records at	the plant site for at least ten				
yea	rs and to make them av	allable for review	upon request.									
	mukael 1	bounter	3/4/04	Michael J. Gavaletz			05(42					
Sig	nature and Date	Carrier 1	(1				<u>C5642</u>					
J.5	marane and Date V	( /		Printed or Typed Name			License Nu	mber				

D--- 1

PWS	dentifica	tion Number	r: 3591008		T P	lant Name	: Utilit	es, Inc. of	f Florida				
Means Ul	of Achie	eving Four-L Radiation	og Virus In	of: February 2 nactivation/Rem (Describe):	ioval: *	Free Cl			Chlorine I		Oz		Combined Chlorine (Chloramines)
Type	of Disinfo	ectant Residu		ned in Distribut			ree Ch		☐ Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or I			our-Log	Virus Inactiv	vation, if Ap				
					CT Calcu	lations		UV		Dose			
Day of the Month	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at Pirst Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp,	pH of Water, if Applicable	mg-	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/on <sup>2</sup>	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	٧ڇ.	16,000	<del> </del>	<u> </u>			<u> </u>						
2	24	17,000		<del> </del>			<u> </u>	<del> </del> _	<del> </del>	<u> </u>	<del> </del>	0.6	
4	24 24	14,000	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	ļ	0.8	
5	<del>2</del> 7	16,000		<del></del>		}	<del> </del> -	<del> </del>	+	<del>  </del>	<del> </del>	10	
6	24	19,000		ļ	<del></del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.0	
7	24	17, 000			<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	+	<del> </del>	<del> </del>	0.1	
8	24	21,000		+		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		
9	24	21,000	<del> </del>		<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	1.0	
10	24	15,000			<del> </del>	<del>                                     </del>	┼──	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	-0.B	<del></del>
11	24	2000		<del></del>			1	1	<del>                                     </del>	<del>                                     </del>		1.0	
12	24	18 000	<b> </b>	1	<del>                                     </del>		1	<del>                                     </del>	<del>                                     </del>		<del>                                     </del>	0.8	
13	24	74, 000						1	1			40	
14	24	13'000										0.9	
15	24	17,000											
16	24	17.000										1.0	
17	24	15,100										(.0	
18	24	241000					<b> </b>					0.8	
19	24	18,000	ļ		<del></del>	<b> </b>	<del> </del>			1	1	1.0	
20	24 24	7 <b>3</b> '000	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>		<del> </del>	<del> </del>	(,0	
22	3y	14,800	<del> </del>	<b></b>	<del> </del>	<del></del>		<del> </del>	<del></del>	<del>}</del>	<del> </del>	0.9	
23	24	24,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	╂	+	+	┼	<del> </del>	0, 8	
24	24	22,000	<del> </del>	- <del> </del>	<del> </del> -	<del>                                     </del>		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	1.0	
25	24	18,000	<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	1	+	0.9	
26	24	20,000	<b> </b>	1	1	1	1	<del> </del>	<del> </del>	1	<del>                                     </del>	1.0	
27	14	14,000	<del> </del>	·		T	+			1	<del> </del>	0.8	
28	24	20,000	1		1		<del>                                     </del>			1	1	0.7	
29	24	20,000									1		
30								<u> </u>			<u> </u>		
31													
Total		533 000	-										
ATOM	~	10,000											

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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.	•											
I.	General Information	for the Month/Year of: March 2004											
Α.	Public Water System (F	PWS) Information											
	PWS Name: Phillips				PWS Identi	fication Number: 3591008							
	PWS Type: 🖂 C	Community Non-Transient Non-	Community   Transie	nt Non-Community	Consecutive								
	Number of Service Co	nnections at End of Month: 76		Total Population Serv	ved at End of Month:	266							
	PWS Owner: Utilities,	Inc. of Florida											
Contact Person: Patrick Flynn Contact Person's Title: Regional Director													
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714													
Contact Person's Telephone Number: 407-869-1919  Contact Person's Fax Number: 407-869-6961													
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com													
B.	Water Treatment Plant												
1	Plant Name: Utilites, I				Plant Telep	hone Number: 407-869-1919							
	Plant Address: 200 We			City: Altamonte Spri	ngs State: Fl	Zip Code: 32714							
	Type of Water Treated		Purchased Finished \	Water									
		Day Operating Capacity of Plant, gallons	s per day: 79,000										
	Plant Category (per subsection 62-699.310(4), F.A.C.): D												
	Licensed Operators	Name	License Class	License Number	Da	ay(s)/Shift(s) Worked							
	Lead/Chief Operator:	Mike Gavaletz	C	5642	Me	on - Fri 8 a.m 4:30 p.m.							
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8 A.M 4:30 P.M.							
		·											
П	. Certification by Lead	d/Chief Operator											
		eatment plant operator licensed in Florio	la am the lead/chief operato	or of the water treatmen	nt plant identified in	Part Lof this report Logrify that the							
info	ormation provided in thi	is report is true and accurate to the best	of my knowledge and helief	f I certify that all drin	king water treatment	chemicals used at this plant conform to							
NS	F International Standard	d 60 or other applicable standards refere	enced in subsection 62-555.3	320(3), F.A.C. I also c	ertify that the follow	ing additional operations records for this							
pla	nt were prepared each d	lay that a licensed operator staffed or vis	sited this plant during the m	onth indicated above: (	1) records of amoun	ts of chemicals used and chemical feed							
rate	es; and (2) if applicable,	appropriate treatment process performa	ance records. Furthermore,	I agree to retain these	additional operations	records at the plant site for at least ten							
yea	irs and to make them av	ailable for review upon request.			•	·							
	mulas 1 6	ravate 4/5/04	Michael J. Gavaletz		(	C5642							
Sig	nature and Date		Printed or Typed Name			License Number							
_	_	//			-								

PWS	dentifica	tion Numbe				lant Name							
III. D	aily Data	a for the Mo	onth/Year o	of: March 200	4								
Means	of Achie	eving Four-I	og Virus In	activation/Rem		Free Cl	lorine		hlorine D	Dioxide	Oz	one 🔲 (	Combined Chlorine (Chloramines)
		Radiation		(Describe):					·				
Type o	f Disinfo	ectant Residu	ıal Maintair	ned 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 CT Calcul		ur-Log	Virus Inactiv	ation, if Ap		Dece		
					C1 Calcul	Lowest CT	**************************************			UV	Dose	Lowest	
Day of the	Hours Plant in	Net Quantity of Finished Water	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Customer During Peak Flow,	Temp. of Water,	pH of Water, if	Minimum CT Required, mg-	Lowest Operating UV Dose, mW-	Minimum UV Dose Required, mW-	Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C ´	Applicable	min/L	sec/cm²		System, mg/L	System Components Out of Operation
2	24	21,000	· · · · · · · · · · · · · · · · · · ·									1.0	
$\frac{2}{3}$	24	2(1000										1.0	
4	2 <del>1</del>	18.000										0.8	
5	24	17,000						<del></del>				(.0	
6	ĴΥ	28.00°									<del> </del>	0.8	
7	24	18,000											
8	39	18 000										(.0	
9	29	23,000										(.0	
10	24 24	⊇\$,000 ⊇\$,000		<u> </u>								0,9	
12	<u> </u>	17,000										0.9	
13	34	28 000						<b></b>				0.9	
14	24	26,000				·		<del></del>				0:1	
15	24	26,000										1.0	
16	24	16 000										(.0	
17	<u>2</u> Ψ	15,000										0.9	
18 19	24 24	15,000									<u> </u>	1.0	
20	24	20,000	·	<b> </b>			<del> </del>	<del> </del>	<del>                                     </del>	ļ <u>.</u>	<del> </del> -	0.8	
21	24	30,000	<del></del>	<del> </del>			<del> </del>	<del> </del>	<del> </del>	ļ	<del> </del> -	5.8	
22	<u> 24</u>	<b>3</b> 0.000	<del></del>				<b> </b>	<del> </del>	<del> </del>	ļ	<del> </del>	1.0	
23	74	29,000							<b> </b>	Ì	<b> </b>	1.5	
24	24	23/669									<b> </b>	1.0	
25	24	20,000										1.4	
26	34	in 000		<b> </b>				<b></b>				(-)	
27 28	24	36,000		<del>                                     </del>	<del></del>			<u> </u>	<u> </u>	<u> </u>		0.9	
29	24	3(000		<del> </del>							<del> </del>	1.0	
30	<u> 2</u> 4	22,000	<u> </u>	<del> </del>			<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>		1.0	
31	ŽÝ-	36000		<del>                                     </del>			<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.8	
Total		726,000		<del></del>	·	·	-	<u></u>	<del></del>	·	L	V.V	
Average Maxim		36, <b>6</b> 00											

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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	•						المراقب المراق				
1.	General Information	for the Month/Year of: April 2004	<del></del>					The state of the s				
Α.	Public Water System (1	PWS) Information		······································			<del></del>					
	PWS Name: Phillips					<del></del>	PWS Identifica	ation Number: 3591008				
	PWS Type:	Community Non-Transient Non-	Community	Transien	t Non-Community	ПСс	onsecutive	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		onnections at End of Month: 76			Total Population Se			66				
	PWS Owner: Utilities	Inc. of Florida					<u> </u>					
	Contact Person: Patric	k Flynn			Contact Person's Tit	le: Regi	onal Director					
	Contact Person's Mail	ing Address: 200 Weathersfield Ave.			City: Altamonte Spr		State:	Fl Zip Code: 32714				
	Contact Person's Telephone Number: 407-869-1919  Contact Person's Fax Number: 407-869-6961											
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
B.	Water Treatment Plant											
	Plant Name: Utilites, I						Plant Telephor	ne Number: 407-869-1919				
	Plant Address: 200 W	eathersfield Ave.			City: Altamonte Sp	rings	State: Fl	Zip Code: 32714				
	Type of Water Treated			nased Finished V	/ater							
		Day Operating Capacity of Plant, gallons	s per day: 79	,000		,						
		bsection 62-699.310(4), F.A.C.): V			Plant Class (per sub	section (	62-699.310(4), F.	A.C.): D				
	Licensed Operators	Name		License Class	License Number			s)/Shift(s) Worked				
	Lead/Chief Operator:	Mike Gavaletz		C	5642		Mon -	Fri 8 a.m 4:30 p.m.				
	Other Operators:	Terry Sillitoe	Sat.	8 A.M 4:30 P.M.								
П	. Certification by Lea	d/Chief Operator										
		eatment plant operator licensed in Florid	la am the le	ad/chief operato	r of the water treatm	ent plant	identified in Par	t Lof this report Leartify that the				
inf	ormation provided in th	is report is true and accurate to the best	of my know	ledge and belief	I certify that all dri	nking w	ater treatment ch	emicals used at this plant conform to				
NS	F International Standar	d 60 or other applicable standards refere	enced in sub	section 62-555.3	20(3), F.A.C. I also	certify the	hat the following	additional operations records for this				
pla	nt were prepared each	day that a licensed operator staffed or vi-	sited this pla	int during the mo	onth indicated above	(1) reco	ords of amounts of	of chemicals used and chemical feed				
rate	es; and (2) if applicable	, appropriate treatment process perform	ance records	. Furthermore, l	agree to retain these	addition	nal operations red	cords at the plant site for at least ten				
yea	ers and to make them av	vailable for review upon request.					-	<del>-</del>				
	mukael 1 6	- A cleiny										
	mulay o	way 5/5/04	Michael J.				C56					
Sig	nature and Date	/ )	Printed or	Typed Name		-	Lice	ense Number				

PWS	WS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida												
111.	aily Da	ta for the M	onth/Year	of: April 2004									
Mean	of Achi	eving Four-	og Virus In	nactivation/Ren	noval· *	Free C	bloring		hlorine I	Viewide	□ O:		
U	traviolet	Radiation		(Describe):	iovai.	Tree C	HIOI HIC		morme i	Jioxide	O:	zone 🔲 (	Combined Chlorine (Chloramines)
				ned in Distribut	ion System:	M	ree Ch	Iorina	[]Com	hina I Cl	.i (C	11-1	
-75		La constant	an ivianitan	T Calculations, or	TV Days to D		ree Cii	torme	Com	ioinea Cr	norme (C	hloramines)	Chlorine Dioxide
					CT Calcu	lations	Jui-LOR	viius (nacu)	andi, ii A		Dose		
1.5			4.50	1		Lowest CT		100			-	Lowest	
				Lowest Residual	Disinfectant	Provided	n einen					Residual	
				Disinfectant Concentration	Contact Time (T) at C		T.L					Disinfectant	
		Net Quantity		(C) Before or at		at First Customer	Temp.	ting series .	Minimum	Lowest	Minimum	Concentration at Remote	
Day of		of Finished		First Customer	Point During	During	of	pHof	Required	HV Dose	UV Dase Required	Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water Produced, gai	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water.	Water, if	me-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Mondi	) Y	35,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm²	sec/cm²	System, mg/L	System Components Out of Operation
2	<b>3</b> 4	22,000			}	<del> </del>	<del> </del>		ļ	<b></b>		1,0	
3	24	23.000	<del></del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<b> </b>	0,8	
4	24	23,000 <b>33</b> ,000			<del> </del>	<del> </del>	<del> </del> -	<del> </del>	<del> </del>	ļ		0.9	
5	24	33,000 31,000				<del> </del>	<del> </del>	<del> </del>	<del> </del> -	<del> </del>	<del> </del>		
6	24	31,000				<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	1.0	
7	QΥ	36,000				<del>                                     </del>			<del> </del>			0,9	
8	24	41,000									<del>                                     </del>	1.0	
9	24	21,000										0.7	
10	34	29,000		<del> </del>	<b> </b>							0.7	
12	<del>2</del> 4	33,000		<del> </del>	<b> </b>	<del> </del>	<u> </u>						
13	<del>- 1</del> 24	18,000	<del></del>	<del> </del>		<del> </del>	<del> </del>	ļ			<u> </u>	1.0	
14	37	2(,000	<del></del>	<del> </del>	}	<del> </del>	<b></b>	<b> </b>	<u> </u>	ļ		0.8	
15	24	19,000		<del> </del>		<del>}</del>		<del> </del>		<del> </del>	<del> </del>	1.0	
16	24	19,000		<del> </del>		<del> </del>		├	<del> </del>	<del> </del>		0.8	
17	2 <b>Y</b>	23,000				<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>		1.0	
18.	24	29,000			1			<del>                                     </del>		<del> </del>	<del> </del>	-2	
19	₹¥	30,000									<u> </u>	1.0	
20	30	36,000										(.)	
21	29 29	31,000	<del></del>	<u> </u>								1.0	
23	24	24,000		<del> </del>			L					0.8	
24	24	33,000 52,000				<del> </del>	<b></b>	<b></b>				1.0	
25	24	17,000	<del></del>	<del> </del>	ļ	<del> </del>		<del> </del>	ļ			0,8	
26	24	20,000		<del> </del>	<del> </del>	<del> </del>	<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		
27	29	40,000		<del> </del>	<del> </del>	<del> </del>	├	<del> </del>	<del> </del>	<del> </del>		1.2	
28	29 29	25,000		<del> </del>	<del></del>	<del> </del>	1.0						
29	24	24,000				<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.0	
30	24	17,000		† <del></del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<u> </u>	<del>                                     </del>	<del>                                     </del>	<del> </del>	6,2	
31								1	l	<del> </del>	<del>                                     </del>	· · · · · ·	
Total		845,000								<del>•</del>	<del></del>		
Averag		38000											

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<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 LILE COPY LIV

See page 4 for instructions.

	page 4 for instructions							The state of the s	
1.	General Information	for the Month/Year of:	May 2004	····					
A.	Public Water System (1	PWS) Information							
	PWS Name: Phillips				·		PWS Identification No	umber: 3591008	
	PWS Type:	Community Non-Tra	ansient Non-Community	Transie	nt Non-Community	ПСо	nsecutive	antoer, 9371000	
	Number of Service Co	onnections at End of Month:	76				nd of Month: 266		
	PWS Owner: Utilities					201100000	no of Month.		
	Contact Person: Patric				Contact Person's T	Citle: Regio	onal Director		
	Contact Person's Mail	ing Address: 200 Weatherst	ield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714	
	Contact Person's Telep	phone Number: 407-869-19	19		Contact Person's F			1	
_	Contact Person's E-Ma	ail Address: p.c.flynn@utili	tiesinc-usa.com		Commer T Crocking 1	ux rumbe	4. 407 007 0701	***************************************	
В.	Water Treatment Plant	Information							
	Plant Name: Utilites, I	Inc. of Florida					Plant Telephone Num	ber: 407-869-1919	
	Plant Address: 200 W				City: Altamonte S	prings	State: Fl	Zip Code: 32714	
	Type of Water Treated		und Water Purch	hased Finished V	Vater	<u> </u>	<del>*************************************</del>		
	Permitted Maximum I	Day Operating Capacity of I	Plant, gallons per day: 79	9,000					
	Plant Category (per su	bsection 62-699.310(4), F.A	A.C.): V		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D	
	Licensed Operators	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	16	Licensa Class	License Number		Day(s)/Shift	s) Worked	
	Lead/Chief Operator:			С	5642		Mon-Fri 8 a.n		10.00
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8 A.M		
								· · · · · · · · · · · · · · · · · · ·	
П	. Certification by Lead	d/Chief Operator							
I, tl	he undersigned water tre	eatment plant operator licen	sed in Florida, am the le	ad/chief onerato	r of the water treats	nent plant	identified in Part Lofth	is report. Leartify that the	
		, appropriate treatment proc vailable for review upon requ		. Furthermore, l	agree to retain thes	se addition	al operations records at	the plant site for at least te	n
,		and the rest review upon requ	icst.						
	mulail	1 Garrely 6/41	OY Michael J.	Gavaletz			CECAO		
Sig	nature and Date	0111		Typed Name			C5642		
_	( )	//	i inited of	rypeu manie			License Nu	mber	

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	77 1		T		]						37,000	bt	31
											36,000	7/2	30
	60										00075	万で	58
	8,0										उठा न्ट्र	he	28
	01										ON ON	pt	77
	8,0										000 25 000 25 000 05	λŧ	76
	01										55,000	トモ	57
	01										32,000	he	74
											132 000	ለፒ	73
	6,0										34:000	٨٢	77
	6.0										37,000	Ye	17
	12										32 XX	1º	70
	0.										000 B C	he	61
	0.1										22,000	42	. 81
	17										000,000	ht	Ll
											44,000	ゟ゙゙゙゙゙゙	91
	[·]										Ono LC	λc	SI
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System Components Out of Operation	J/gm ,maley?	un/oss			Applicable	06	Jaim-sm	səmum	Flow, mg/L	Rate, god		Operation	Month
Entergency or Abnormal Operating Conditions; Repair	Lowest Residual Distrifectant Concentration at Remote Point in Point in	SOM ACT	Spinstering Open VU	10	Yo.Hq Yasaci, II	Marci.	Posk Flow,	Disinfectant Contact Time (T) at C Measurement Point During	Lowest Residual Disinfectant Concentration (C) Before or at First Customer First Customer	Peak Flow	Met Quantity of Finished	swoll ni Inal9	Day of
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				Florida	s, Inc. of	Utilite	ant Name:	ld		3291008	tion Number	dentifica	I SMd
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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

FILE COPY

see	page 4 for instructions.					0 0 000				
1.	General Information	for the Month/Year of: June 2004								
A.	Public Water System (P	WS) Information								
	PWS Name: Phillips					PWS Identification N	umber: 3591008			
		Community Non-Transient Non-	Community Transi	ent Non-Community	Co	nsecutive				
		nnections at End of Month: 76	<del></del>	Total Population Served at End of Month: 266						
	PWS Owner: Utilities,									
	Contact Person: Patricl			Contact Person's	Title: Regio	onal Director				
		ng Address: 200 Weathersfield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714			
		hone Number: 407-869-1919		Contact Person's I		r: 407-869-6961				
		il Address: p.c.flynn@utilitiesinc-usa.c	om							
В.	Water Treatment Plant									
	Plant Name: Utilites, I					Plant Telephone Num	iber: 407-869-1919			
	Plant Address: 200 We			City: Altamonte S	Springs	State: Fl	Zip Code: 32714			
	Type of Water Treated		Purchased Finished	Water						
		Day Operating Capacity of Plant, gallons								
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per s	ubsection 6	52-699.310(4), F.A.C.):	D			
	Licensed Operators		License Clas			Day(s)/Shif				
	Lead/Chief Operator:		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.			
		1/22 : 8/2								
	I. Certification by Lea		d th. l 1/1/1/16	to a Call a sent and to a	tus ant mlant	identified in Dort Loft	his report. I certify that the			
I,	ine undersigned water tr	eatment plant operator licensed in Flori is report is true and accurate to the best	aa, am the lead/chief opera	itor of the water treat	ımenı pıanı drinking ve	ter treatment chemical	e used at this plant conform to			
N	iorniacion provided in in SF International Standar	d 60 or other applicable standards refere	anced in subsection 62.55	(320(2) EAC Isl	en certify th	hat the following additi	onal operations records for this			
nl	ant were prepared each	day that a licensed operator staffed or vi	sited this plant during the	month indicated abo	ve: (1) reco	ords of amounts of cher	nicals used and chemical feed			
ra	tes: and (2) if applicable	, appropriate treatment process perform	ance records. Furthermore	E I agree to retain the	ese addition	nal operations records a	at the plant site for at least ten			
ve	ars and to make them as	vailable for review upon request.	ance records. Turniermore	o, ragice to retain the	ose addition	an operations records				
•	•	• •								
	mulail	1 Garate 7/1/04	Michael J. Gavaletz			C5642				
Si	gnature and Date		Printed or Typed Name			License N	umber			
		( )								

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# FOR PWSe TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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Emergency or Abnormal Operating Conditions; Repair	Management Service	SHOT AC	gniserago	CL	right and the	dwej	Customer	Ingmoment/	is to croted (D)		Vot Quantity	4. 19	
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ombined Chlorine (Chloramines)		0[]			<u> L</u>			· · · · · · · · · · · · · · · · · · ·	June 2004	nth/Year of	t for the Moi	stad dia	a a
				lorida	s' juc. of l	Utilite	ant Name:	ld		3591008	tion Number:	leoffical	1 SM
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<sup>\*</sup> Refer to the instructions for this report to determine which plants must provide this information



# **WATER** FILE GOPY

See	page 4 for instructions.							
	General Information Public Water System (P	for the Month/Year of: July PWS) Information	1 2	.004				
	PWS Name: Phillips						PWS Identification N	umber: 3591008
	PWS Type:	Community Non-Transient Non-Co	ommunity	Transien	t Non-Community	Co	nsecutive	
		nnections at End of Month: 76			Total Population So	erved at E	and of Month: 266	
	PWS Owner: Utilities,	Inc. of Florida						
	Contact Person: Patric			]	Contact Person's T	itle: Regio	onal Director	
	Contact Person's Maili	ing Address: 200 Weathersfield Ave.			City: Altamonte Sp		State: Fl	Zip Code: 32714
		phone Number: 407-869-1919			Contact Person's F		er: 407-869-6961	
		ail Address: p.c.flynn@utilitiesinc-usa.con	n					
B.	Water Treatment Plant	Information						
	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	i by Plant: Raw Ground Water	Purch	ased Finished V	Vater			
	Permitted Maximum I	Day Operating Capacity of Plant, gallons p	er day: 79	,000				
	Plant Category (per su	absection 62-699.310(4), F.A.C.): V			Plant Class (per su	bsection 6	52-699.310(4), F.A.C.):	D
	Licensed Operators	Name	Problem of the Con-	License Class	License Number		Day(s)/Shift	t(s) Worked
				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.
		RAYMONA A PARRISH		C	12740			
	▲ 발교로 되었다는 말 말라면 # - [19] - "하다 나는 19] - 19] - 19]							
Щ	l. Certification by Lea	d/Chief Operator	4b - 1-	- 4/-L:-6	- of the wester trents	mont plans	t identified in Part Loft	this report. Leartify that the
1,	the undersigned water to	reatment plant operator licensed in Floridanis report is true and accurate to the best of	i, am me ie fav know	ladge and belief	of the water near	nem piam	ater treatment chemical	ins report. I certify that the
in'	formation provided in the	rd 60 or other applicable standards referen	ced in sub	section 62-555	2003) FAC Lals	o certify t	hat the following additi	ional operations records for this
DI.	or microanonai otanuai ant were prepared each i	day that a licensed operator staffed or visit	ted this pla	ant during the m	onth indicated abov	e: (1) reco	ords of amounts of chem	nicals used and chemical feed
La.	tes: and (2) if applicable	, appropriate treatment process performan	ice records	. Furthermore.	I agree to retain the	se additio	nal operations records a	at the plant site for at least ten
ve	ars and to make them	vailable for review, upon request.					•	•
, •								
	Koman TX	, MMe/ 8-2-6004	Michael J.	Gavaletz			C5642	
Si	grature and Date	torrish 8-2-2004	Printed or	Typed Name			License N	umber

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Binespency or Absormal Operating Conditions; Repair or Mainsonance Work that Involves Taking Water System Components Out of Operation	Foliation States	UV Dose Required, m.W.:	Spinaring Operating sect VU -Wm -Tro/cos	(13) -	" No Hq "M when! IT oldeniqqA	Venta Venta (camp		Antomorous Manager Straight		Peak Flow Page 200	Net Quantity of Finished Water Produced, gal	Hours Plant in Plant in Operation	Day of the Month
	Lowest Residual Disinfectant Concentration		JAN TAN	Minimi			Especial CT Insured CT	CT Calenta Distribecturk Contract Turns (1) at (1)	Lowest Residual Interpretation Interpretation				
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ombined Chlorine (Chloramines)	One and	2O 🗌	əbixoi	orine D	(C)	lorine	иО ээт	Val: *	ctivation/Kem	snl suriV go	eving Four-Lo	of Achie	Means
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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.				RE .	* many many many many many many many many
ì.	General Information	for the Month/Year of: August 20	જ્ય			
Α.	Public Water System (P	WS) Information				
	PWS Name: Phillips				PWS Identification N	Number: 3591008
		Community Non-Transient Non-Co	mmunity   Transier	nt Non-Community C	Consecutive	
	Number of Service Con	nnections at End of Month: 76		Total Population Served at	End of Month: 266	
į	PWS Owner: Utilities,	Inc. of Florida				
	Contact Person: Patricl			Contact Person's Title: Reg		
		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 Num	ber: 407-869-6961	
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com	1			
В.	Water Treatment Plant					
	Plant Name: Utilites, I				Plant Telephone Nur	
	Plant Address: 200 We			City: Altamonte Springs	State: Fl	Zip Code: 32714
	Type of Water Treated		Purchased Finished \	Water		
		Day Operating Capacity of Plant, gallons po	er day: 79,000			
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	62-699.310(4), F.A.C.)	: D
	Licensed Operators	Name	License Class			
	Lead/Chief Operator:	Mike Gavaletz	С	5642		a.m 4:30 p.m.
	Other Operators:	Terry Sillitoe	c	12749	Sat. 8 A.M	4:30 P.M.
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			<del></del>	<del></del>		
				<u> </u>		
	<ol> <li>Certification by Lea</li> </ol>					
I, t	the undersigned water tr	eatment plant operator licensed in Florida,	am the lead/chief operat	or of the water treatment pla	nt identified in Part I of	this report. I certify that the
int	formation provided in th	is report is true and accurate to the best of	my knowledge and belie	f. I certify that all drinking	water treatment chemica	ils used at this plant conform to
		d 60 or other applicable standards reference				
		day that a licensed operator staffed or visite, appropriate treatment process performance				
ve	ars and to make them as	, appropriate treatment process performant vailable for review upon request.	ce records. rurmenmore,	i agree to retain these additi	onai operations records	at the plant she for at least ten
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	mulay 1	Javats 8(3/04)	Michael J. Gavaletz		C5642	
Si	gnature and Date		Printed or Typed Name		License 1	Number

# TREATING RAW GROLIND WATER OR PLIRCHASED FINISHED WATER

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Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Rosidual Disinfoquat ga Romodo Polita in Polita in Distribution Distribution System maken	boninged With	Select Art	minimum CT Maquingdi Maringdi Maringdi	No Ekg. Tr. Tade W	duaj	Provided Provided Before or a First Customer Dwing Peak Flow.	Ontable State of Time of Time (T) at	Concentration (C) Before or at First Customer First Customer	Peak Flow	Net Quentity Of Finished Water	Plant in	To yac
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See page 4 for instructions.

		or the Month/Year of:	Jept 2004					
۸.	Public Water System (P	WS) Information						
	PWS Name: Phillips						PWS Identification No	umber: 3591008
	PWS Type:	ommunity Non-Tra	ansient Non-Community	Transier	nt Non-Community	ПС	nsecutive	
	Number of Service Con	nnections at End of Month:	76		Total Population S	erved at E	and of Month: 266	
Ì	PWS Owner: Utilities,	Inc. of Florida						
	Contact Person: Patrick	k Flynn			Contact Person's T	itle: Regi	onal Director	
	Contact Person's Maili	ng Address: 200 Weatherst	field Ave.		City: Altamonte S	orings	State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number: 407-869-19	19		Contact Person's F	ax Numb	er: 407-869-6961	
	Contact Person's E-Ma	il Address: p.c.flynn@utili	tiesinc-usa.com					
В.	Water Treatment Plant	Information						
	Plant Name: Utilites, 1	nc. of Florida					Plant Telephone Num	
	Plant Address: 200 We	eathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated	by Plant: 🔀 Raw Gro	ound Water Purc	hased Finished \	Water			
	Permitted Maximum D	Day Operating Capacity of	Plant, gallons per day: 79	9,000				
		bsection 62-699.310(4), F.			Plant Class (per su	bsection	62-699.310(4), F.A.C.):	D
	Licensed Operators	* Nar	ne	License Class	License Number		Day(a)/Shift	(s) Worked
	Lead/Chief Operator:	Mike Gavaletz		С	5642		Mon - Fri 8 a.ı	
	Other Operators;	Terry Sillitoe		С	12749		Sat. 8 A.M.	- 4:30 P.M.
	Character and the Land							
	I. Certification by Lea		mand in Florida and the l	1/-1:-6			tidantified in Dort Loft	his remort I cortify that the
I, i	ine undersigned water tr	eatment plant operator lice	nsed in Fiorida, am the i	lead/chief operat	or of the water treat	ment plan	t identified in Part 1 of the	his report. I certify that the s used at this plant conform to
N	SF International Standar	d 60 or other applicable sta	ie to the best of my know	wieuge and belle	220/3) FAC 1216	uuknig w	hat the following addition	onal operations records for this
nl	ant were prepared each	doo of outer applicable sur lay that a licensed operator	staffed or visited this n	lant during the m	onth indicated above	ve: (1) rec	ords of amounts of chen	nicals used and chemical feed
ra	tes: and (2) if applicable	annonriate treatment pro	cess performance record	ls Furthermore.	I agree to retain the	se additio	nal operations records a	at the plant site for at least ten
		ailable for review upon rec					Parametra	#
, -		•	•					
	mukail	(sasals 10)	5/04 Michael.	J. Gavaletz			C5642	
Si	gnature and Date	Garate 101	Printed o	r Typed Name			License N	umber

PWS		tion Numbe				lant Name	: Utilite	s, Inc. of	Florida	- PHIL	URS		
Means	of Achie	a for the Mo eving Four-L Radiation	og Virus In	li: Sept 20 activation/Rem (Describe):		Free Ch	lorine	ОС	hlorine D	Dioxide	Oz	one [] (	Combined Chlorine (Chloramines)
Type	of Disinfo	ectant Residu	ual Maintain	ed in Distribut	ion System:	⊠ Fı	ree Chl	orine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
Type Day of the	Hours Plant in Operation 24 24 24 24 24 24 24 24 24 24 24 24 24	Radiation	Other (	Describe):  ed in Distribut Calculations Distribut Concessive (C) Refer on Plat Greens During Page		E FI	ree Chl	orine  Life math	Com	bined Ch	Manufacture (C	Horamines)  Constitution  Residual:  Distribution  Residual:  Police in  J. D.  O. 6.  O. 6.  O. 6.  O. 6.  O. 6.  O. 6.  O. 7.  O. 9.  J. D.  J. D.	Chlorine Dioxide  Brace System Components Out of Operation  PLANT RAN ON TUTER CONUSCT  But I Worked
21 22 23 24 25 26 27 28 29 30	29 29 29 29 29 29 29 29 29 29 29 29 29 2	27, 000 27, 000 29, 000 23, 000 19, 000 11, 000 11, 000 11, 000 11, 000 11, 000										0.8 i.0 1.2 i.0 (.1	I PLANT RAN ON INTERCONNECT
Total Avera	<b>1</b>	454,000											

D--- 2

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



See page 4 for instructions	<b>.</b>				tIL	L GUPY
<del></del>	for the Month/Year of: Oct 200	٠٧				
A. Public Water System (	PWS) Information					
PWS Name: Phillips	. Woj internation				PWS Identification ?	Number: 3591008
	Community Non-Transient Non-	Community Transien	t Non-Community		nsecutive	
	onnections at End of Month: 76	Community     Transie.			and of Month: 266	
PWS Owner: Utilities				<u> </u>		
Contact Person: Patri			Contact Person's 7	itle: Regi	onal Director	
Contact Person's Mai	ling Address: 200 Weathersfield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714
Contact Person's Tele	phone Number: 407-869-1919		Contact Person's F	ax Number	er: 407-869-6961	
Contact Person's E-M	ail Address: p.c.flynn@utilitiesinc-usa.c	com				
B. Water Treatment Plan						
Plant Name: Utilites,						mber: 407-869-1919
Plant Address: 200 W			City: Altamonte S	prings	State: Fl	Zip Code: 32714
Type of Water Treate		Purchased Finished V	Vater			
	Day Operating Capacity of Plant, gallon	s per day: 79,000			· · ·	
	ubsection 62-699.310(4), F.A.C.): V				62-699.310(4), F.A.C.	
Licensed Operators					Day(s)/Shi	
Lead/Chief Operator:		C	5642			a.m 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749		Sat. 8 A.M	l 4:30 P.M.
				<u> </u>		
				<del> </del>		
				L		
II. Certification by Le						
I, the undersigned water to	reatment plant operator licensed in Flori	ida, am the lead/chief operato	r of the water treat	ment plan	t identified in Part I of	this report. I certify that the
NSF International Standa	his report is true and accurate to the best rd 60 or other applicable standards refer	of my knowledge and belief	. I certify that all o	Irinking W	ater treatment chemica	ils used at this plant conform to
nlant were prepared each	day that a licensed operator staffed or vi	isited this plant during the m	20(3), F.A.C. I als	so certily t	nat the following addi	micals used and chemical feed
rates; and (2) if applicable	e, appropriate treatment process perform	ance records. Furthermore	l 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.	and records. Turtuermore,	i ugree to retuin une	oo aaanno	nar operations revolus	at the plant bits for at least ton
	62vate 11/4/04	Michael J. Gavaletz			C5642	
Signature and Date		Printed or Typed Name			License 1	Number

PWS	S Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida												
	Daily Data for the Month/Year of: 0 < 200 \ ans of Achieving Four-Log Virus Inactivation/Removal: *   Free Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines)												
Means	of Achie	eving Four-L Radiation	og Virus In	activation/Rem (Describe):	oval: *	Free Ci	lorine		hlorine D	ioxide	Oz	zone 🔲 (	Combined Chlorine (Chloramines)
			ual Maintain	ed 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 Po	or-Log	Virus Inactiv	ation if Ar	olicable*	THE MENT		L'action de la contraction de
					CT Calou	lations			7. 174. 17	UV	Doge		And the second s
				Lowest Residual	Disinfectant	Lowest CT Provided			1.3			Lowest	
				Distinfectant	Contact Time	Before or		Design.	A STANK			Residual .	
				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Disinflotent Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.		_ cτ∵	Operating	UV Dose	at Ramote Potot in	
the	Plant in	Water	Peak Flow	During Peak	Poak Flow,	Peak Flow,	of Water	pH of Water, if	Me-	UV Dose, mW-	Required.	Pospt in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month	Operation	Produced, gal	Rate, and	Flow, mg/L	minutes	mg-min/L	•c	Applicable	min/L	sco/cm²	BOCKGIN.	System, mg/L	System Components Out of Operation
1	29	23,00									L	1.0	
3	24	36000 14,000	ļ									0.8	
4	24	77,049				<del> </del>		ļ					
5 🐬	24	19.000		<del> </del>				<del> </del>			ļ	1.0	
6	24	16,000					<del></del>		<del>                                     </del>		<del></del>	1:3	
7	24	3 1000							<del>                                     </del>			1.5	
8		23,000										1.1	
10	24	13.000	<b></b>									(cl	
11	5A 5A	34,000 35,010		<del> </del>	<u> </u>	<del></del>	ļ				<u> </u>	<del> </del>	
12	24	32,010	<b></b>	<del>}</del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	<b></b>		1.0	
13	24	26,000			<del> </del>	<del> </del>	<del> </del>	<del></del>	<del> </del>			6,8	
14	77	26,000						<u> </u>	<b> </b>	<del></del>	<del> </del>	1.0	
15	24	27,000									· · · · · · · · · · · · · · · · · · ·	1.0	
16	24	14,600	<b>}</b>									0.9	
18	777	33,000	<del> </del>	<del> </del>	<b></b>	<del> </del>	ļ	ļ			<b> </b>		
19	21	34,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	ļ	<b>}</b>	<u> </u>	1.0	
20	24	31/000	<u> </u>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del> -	<del> </del>	0.8	
21	24	32,000					<b></b>		<del>                                     </del>	<del> </del>	<del>                                     </del>	1.0	
22	⊇vi	29,000								<del>                                     </del>	<del>                                     </del>	_0.8_	
23	24	20,000	ļ									(-)	
25	74 74	35,050			<u> </u>	<b>ļ</b>			<b> </b>	<u> </u>			
26		33,000	<del> </del>	1	<del> </del>	<del> </del>	<b> </b>	<del> </del>		<b> </b>	<u> </u>	0.6	
27	24	29,600		<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		0,8	
28	24	42,000						<del> </del>	<del>                                     </del>	<del> </del> -	<del>                                     </del>	1/0	
29	24	27,000						<u> </u>	1	<u> </u>	<del> </del>	0.8	
30		38,00										2,8	
31 Total	2.4	41,000		L									
Averag		38,000	{				-						

Maximum 42 900

\* 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:   Nov 2004					
Α.	Public Water System (F	PWS) Information					
	PWS Name: Phillips					PWS Identification Nu	mber: 3591008
		Community Non-Transient Non-Commun	ity Transie	nt Non-Community	ПСо	nsecutive	
		nnections at End of Month: 76		Total Population S	Served at E	and of Month: 266	
	PWS Owner: Utilities,	Inc. of Florida					
	Contact Person: Patric	k Flynn		Contact Person's	Title: Regio	onal Director	
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714
	Contact Person's Teler	phone Number: 407-869-1919		Contact Person's I		er: 407-869-6961	
	Contact Person's E-Ma	nil 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	eathersfield Ave.	<u> </u>	City: Altamonte S	Springs	State: Fl	Zip Code: 32714
	Type of Water Treated	l by Plant: 🛛 Raw Ground Water 🔲 Pu	rchased Finished			· <del>M </del>	
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:	79,000	<u>-                                    </u>			
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per si	ubsection (	52-699.310(4), F.A.C.): 1	D
	Licensed Operators	Name	License Class				
	Lead/Chief Operator:	Mike Gavaletz	С	5642		Mon-Fri 8 a.m	
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8 A.M	4:30 P.M.
	47.00						
H	. Certification by Lea	d Chief Operator					
		eatment plant operator licensed in Florida, am the	e lead/chief operat	or of the water treat	ment nlant	identified in Part I of th	is report. I certify that the
inf	ormation provided in th	is report is true and accurate to the best of my kn	owledge and belie	f. I certify that all d	inom piam irinkino w	ater treatment chemicals	used at this plant conform to
NS	SF International Standar	d 60 or other applicable standards referenced in s	ubsection 62-555.	320(3), F.A.C. I als	so certify the	hat the following addition	nal operations records for this
pla	int were prepared each o	lay that a licensed operator staffed or visited this	plant during the m	onth indicated above	ve: (1) reco	ords of amounts of chemi	cals used and che sed
rat	es; and (2) if applicable.	, appropriate treatment process performance reco	rds. Furthermore,	I agree to retain the	ese addition	nal operations records at	the plant site for
ye	ars and to make them av	vailable for review upon request.					
	milan	Travelle 12/2/04 Michael	11.0-11			05/40	
<del></del>	munus	The way	I J. Gavaletz	· · · · · · · · · · · · · · · · · · ·		C5642	
Si	gnature and Date	Printed	or Typed Name			License Nu	mber

Wears of Scheme   Condition   Condit   Condition   Condition   Condition   Condition   Condition   C												00 1-	9	Average
PWS destrikation furniber 2591008  PWS alemited to Manuber 2591008  PWS alemited for Manuber 2591008  PWS al				1								COURTING		LatoT
Phys Identification Numbers 3591008    Physical Education Numbers 3591008   Physical Education   Physical Educatio		79				<del></del>	<del> </del>							
Physical Relation   Comparing to Property   Physical Relation				<del> </del>									<u> </u>	
Pby Identification Number: 3591008    Phys. Identification Number: 3591008   Phys. Identificatio													۸T	
Phys Identification Number: 3591008   Phint Name: Utilities, Inc. of Tolicities   Combined Chlorine		g:co					<del> </del>					-001LC1	N.	
PWS   Identification Number: 5.59   1008												040,00	Ŋτ	
PWS   Identification Number: 539 1008   Pws   Identification Number: 539 108   Pws   Identific		P, 0					-					- Cen (C)	٨٢	97
PWS   dentification Number: 559 1008   Plant Nume: Utilities, Inc. of Florida   Means of Active wite Foundation   Active wite   Means of Active wite   Means o		g'a					<del>                                     </del>					CCM-111	Vr	
PWS Identification Number; 3591008  PWS Identification Number; 359												000,001		- 54
PWS Identification Number: 3591008  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 35000  PWS Identification Number: 350000   PWS Identification Number: 35000000000000000000000000000000000000													<u> 70</u>	
PWS Identification Number: 3591008    Part   Marrie   Mar							<del> </del>						76	
PWS Identification Number: 3591008    Part   Descriptor   Chlorine Dioxide   Chlorine Dioxide   Chlorine Dioxide   Chlorine Dioxide   Chlorine Dioxide   Chlorine Dioxide   Chlorine Dioxide   Chlorine Dioxide   Chlorine Dioxide   Chlorine		8,0					<b></b>			******				
PWS Identification Number: 3591008   Plant Name: Utilites, Inc. of Florida   Oxone   O		50										- CO 37		
PWS Identification Number: 3591008    Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Plorida   Plant Name: Utilities, Inc. of Plant N		01										200 VE	- 10°	01
PWS Identification Number: 3591008    Plant Name of Politice   Plant Name: Utilities, Inc. of Ploride   Plant Name of Politication Number: 3591008   Plant Name: Utilities, Inc. of Ploride   Plant Name of Politication   Other (Describe):		8,0										000,68	- K-	
PWS Identification Number: 359 1008    PWS Identification Number: 359 1008   Pws Identification Number: 359 1008   Means of Children   Older (Children   Order   Older (Children   Order   Older (Children   Older		0.1												
PWS Identification Number: 3591008  PWS Identification Number: 3591008    Interview   Post		01											hree his	CI -
PWS Identification Number: 3591008   Plant Name: Utilities, Inc. of Florida      Inc. Distriction Number: 3591008   Plant Name: Utilities, Inc. of Plorine Chlorine C														
PWS Identification Number: 3591008   Plant Name: Utilities, Inc. of Florida   Month State   Combined Chlorine												C00 85		
PWS Identification Number: 3591008    Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Of Activities Fourth Plant Name: Utilities, Inc. of Plorine Chloramines)   Prec Chlorine Control of Section of Planticons   Prec Chlorine   Combined Chlorine (Chloramines)   Prec Chlorine   Chlorine Control of Section of Planticons   President		0')										20,45		
PWS Identification Number: 3591008    Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Florida   Plant Name: Utilities, Inc. of Relations of Active Inc. Plant Inc.		<u> </u>												
PWS Jennification Number: 3591008    Phys Jennification Number: 3591008   Plant Name: Utilites, Inc. of Florida   Inc. Data for the Achieving Pour-Log Virus Inactivation/Kemoval: *   Free Chlorine   Combined Chlorine (Chloramines)														
PWS Jennification Number: 3591008    Phys Jennification Number: 3591008   Plant Name: Utilites, Inc. of Florida   Inc. Data for the Achieving Pour-Log Virus Inactivation/Kemoval: *   Free Chlorine   Combined Chlorine (Chloramines)												000 65	<u> </u>	
PWS Identification Number: 3991008    Plant Daris for the Alement Feet of Prince of Pr		8,0										47.00		
Plant   State   Combined Chlorine   Chlori												2007	h <del>Ť</del>	
PWS Identification Number: 3591008    It   Daily   Date   Describe												000 8		
PWS Identification Number: 3591008   Plant Name: Utilites, Inc. of Florida												37.000		
PWS Identification Number: 3591008    Means of Achieving Four-Log Virus Inactivation/Removal: *   Free Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines)												000 14		
PWS Identification Number: 3591008    Means of Achieving Four-Log Virus Inactivation/Removal: *   Free Chlorine   Combined Chlorine (Chloramines)														
PWS Identification Number: 3591008  Means of Achieving Four-Log Virus Inactivation/Removal: *    Inactivation   Other (Describe):   Tree Chlorine   Chlorine Dioxide   Ozone   Combined Chlorine (Chloramines)   Ozone   Combined Chlorine Dioxide   Ozone   Oz												COLY		
PWS Identification Number: 3591008  Means of Achieving Four-Log Virus Inactivation/Removal: *  In 1) Achieving Four-Log Virus Inactivation/Removal: *  In 1) Achieving Four-Log Virus Inactivation/Removal: *  In 1) Intraviolet Radiation		8'Q							}			47 000		
PWS Identification Number: 3591008  III. Dails Data for the Stantin of Plant Name: Utilites, Inc. of Florida  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Dioxide	notiared to the unanogmed metry?	Jam marks		TIES/COST	17/mm	stanlage	94		<b>solution</b>	How, mg/L	Rate, and	hroduced, gal	Operation	
PWS Identification Number: 3591008  III. Dails Data for the Stantin of Plant Name: Utilites, Inc. of Florida  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Dioxide	Section of Administration More that Involves Taking Water	montactions.	10.7	Wal	-500	Il mark		Peak Flow.			Peak Plow	Total W	ni inalq	od).
PWS Identification Number: 3591008  III. Dails Data for the Stantin of Plant Name: Utilites, Inc. of Florida  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Dioxide		SECRETAL ME	control (		Penlino G	In Half		pulnix	mirrord bruce	First Customer		bothini 10	smoH .	Day of
PWS Identification Number: 3591008  III. Dails Data for the Stantin of Plant Name: Utilites, Inc. of Florida  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Dioxide		DOMESTIC STREET		198401	unumma.	2 3	1.0		A-711	(C) Before or at	82.4.4	vitinanO toM		
PWS Identification Number: 3591008  III. Dails Data for the Stantin of Plant Name: Utilites, Inc. of Florida  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Dioxide		Diffingoors	Olas and		Santa.		to water	to atome	SHILL TOWNS	Montantinono.				
PWS Identification Number: 3591008  III. Dails Data for the Stantin of Plant Name: Utilites, Inc. of Florida  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Dioxide		Residual	整 特	Alt S	115.43	3. 3.		DODIAGLA	Distillectent.	TOWART ICERICIES		1		
PWS Identification Number: 3591008  III. Daily Data for the Month Carr of:  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Combined Chlorine Dioxide Combined Chlorine Dioxide Compined Chlorine Dioxide Compined Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Compined Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Compined Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine		Lowest	25				0.00	LOWER CT	traige of	1318			Ŷ.	
PWS Identification Number: 3591008  III. Daily Data for the Month Carr of:  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Combined Chlorine Dioxide Combined Chlorine Dioxide Compined Chlorine Dioxide Compined Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Compined Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Compined Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine		30 32	4.0	IMD.	100	1 4 2	1900	<b>FUOTI</b>	CI Coloni	nake.		1		
PWS Identification Number: 3591008  III. Daily Data for the Month Carrott.  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide Chlorine Chl	A STATE OF THE STA		167 277	* oldesile	HOR IT AP	Apout) (11)	A BOTOM	O'H oth the Ho	IV Dose, to Des	Calculations, or L	L)			
PWS Identification Number: 3591008  III. Daily Data for the Month Carroll.  Means of Achieving Four-Log Virus Inactivation/Removal: * Tree Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)  Ultraviolet Radiation Other (Describe):	Chlorine Dioxide	hloramines)	Orine (C	oined Chl	Com	orine	ee Chl	14 X	on System:	ed in Distributi	al Maintain	ectant Kesidu	IUISICI IC	1 ype c
PWS Identification Number: 3591008  III. Daily Data for the Month Vent of:  Means of Achieving Four-Log Virus Inactivation/Removal: *   Tree Chlorine Dioxide Ozone Combined Chlorine (Chloramines)					<del>````</del>					Describe):	) Jamo []			
PWS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida  II. Daily Data for the Month Carr of: 100 2004	combined Chlorine (Chloramines)	oue ⊃	zo 🗀	əpixoi	n auuoiu	n	SHITOL	ก. ออาา 🗀	OASE:	Decembe).	Sin early Su	Padiation	taloiver	1111
PWS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida	( , ==1407 , 140 p==14000		<u> </u>	-F:	<u> </u>		20:20	10 00-3 L	* 1240	AAAA T	wi amiV po	1-mod prive	ida A 10 :	Means
Land to the second of the seco										COL VOLA	o aco Adan	a for the Mo	te(I die	a iii
Land to the second of the seco					riorida	sa, inc. of	online :	ant Name	id I		8001600	Jaquinai nom	ימבווווים	CAL
	VIZIVAL GIUCINI I GIOVIII	2010 1 210	VITTE	AA CINI						1110 1711				

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



See page 4 for instructions.

	General Information f	ar the Month/Voor of	a - 70'	211	<del></del>			
	Public Water System (P		c - 200	<del>/                                    </del>				
A.		ws) information	····		<del></del>			
	PWS Name: Phillips						PWS Identification N	umber: 3591008
		ommunity Non-Transient Non	i-Community	Transie	nt Non-Community		nsecutive	
		nnections at End of Month: 76	<del></del>	<del></del>	Total Population S	Served at E	nd of Month: 266	
	PWS Owner: Utilities,							
	Contact Person: Patrick				Contact Person's 7			
		ng Address: 200 Weathersfield Ave.			City: Altamonte S		· State: Fl	Zip Code: 32714
		hone Number: 407-869-1919			Contact Person's F	ax Number	r: 407-869-6961	
	Contact Person's E-Mai	il Address: p.c.flynn@utilitiesinc-usa.	com					
В.	Water Treatment Plant I							
	Plant Name: Utilites, In						Plant Telephone Num	ber: 407-869-1919
	Plant Address: 200 We				City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated			nased Finished V	Vater			
	Permitted Maximum D	ay Operating Capacity of Plant, gallor	ns per day: 79	,000				
	Plant Category (per sub	osection 62-699.310(4), F.A.C.): V			Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D
	Licensed Operators	Name	a approximately on the limite.	License Class	License Number	2-14-7 A - 13-15-15	Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Mike Gavaletz		С	5642		Mon-Fri 8 a.n	
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8 A.M	4:30 P.M.
	Planting Charle							
	One: Operators as a second of the second of							
	3 2 3 3 1 2 3 1 3 T							
							<del></del>	
_				· · · · · · · · · · · · · · · · · · ·				
	. Certification by Lead							
		atment plant operator licensed in Flori						
		s report is true and accurate to the best						
		60 or other applicable standards refer						
		ay that a licensed operator staffed or v						
		appropriate treatment process performable for review upon request.	iance records	. Eurinermore,	agree to retain the	se additiona	ai operations records at	the plant site for at least ten
ye	ars and to make them ava	mable for review upon request.	RAUMO	NO ALAN	MARRISH		. C-12	740
E	Lean VHI.	10 mind 1/2/2006	Michael I	Gavaletz	* - , - , ,		C5642	
14	LANGE OF AND I	ailable for review upon request.	Drinted or	Tuned Name			License Nu	mbar
/P)	gnature and Date	,	rinica or	i ypeu ivanie			License inu	illoci

FWS	identific	ation Numbe	r: 3591008			Plant Name	e: Utili	tes, Inc. of	Florida	- PH.	LICS		
111. 1	Daily Da	ta for the M	onth/Year	of:	·								
				activation/Ken	noval: *	Free C	hlorine		hlorine L	Dioxide	□ O <sub>2</sub>	one I	Combined Chlorine (Chloramines)
וט 🔲 ו	traviolet	Radiation	Other	(Describe):						) IOAIGO		[]	comonica emornie (emoranimes)
Type	of Disinf	fectant Resid	ual Maintair	ned in Distribut	ion System:	⋉F	ree Ch	lorine	Com	hined Ch	Jorine (C	hloramines)	Chlorine Dioxide
	<del></del>		C	T Calculations, or I	UV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if An	plicable*	norme (C	( inorammes)	
1					CT Calcu	lations					Dose		
		1			4.	Lowest CT			1.3			Lowest	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	· · ·
				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Disinfectant Concentration	
		Net Quantity		(C) Before or at	Measurement	Customer	Temp.	·	CT CT	Operating	UV Dose	at Remote	
Day of	Hours   Plant in	of Finished Water	Danis Elem	First Customer	Point During	During	of	pH of		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair
		Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow,	Peak Flow, mg-min/L	Water, °C	Water, if Applicable	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Sec. 156.	14	139,000		1.00, 11.00	- manacos	THE-MAY C		Applicable	min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of Operation
22		111,000				<del> </del>	<del> </del>					0,8	
45°370		104,000										1.7	
~74		111,000									l	0.8	
#35%		138,000											
765		139,00										0.7	
20756 38886		124,000			ļ		ļ					1.0	
379/T	-	140,000		· · · · · · · · · · · · · · · · · · ·			<del> </del>	<del> </del>			ļ	918	
10%		105,000			<del></del>	<del></del>					ļ	1-40	
1411		116,000		<del>                                     </del>			<del> </del>					1.0	
*12	4	141,000			<b></b>		<del> </del>				-	010	
×13%	V	141,000										1,0	
14	24	125,000										1,2	······································
£15%		21,000										110	
:16.		19,000					<u></u>					11	
1172 2184		16,000					<b></b>	ļ				0.8	
3 19		23:000		ļ				ļ				1.0	
€20£	-	23,000										7.0	
21		17,000					<del>                                     </del>					0.8	
22		21.000	· · · · · · · · · · · · · · · · · · ·				<del></del>					1,0	
23		21,000										1,3	
₹24₽		17,000										1.4	
25.		14.000										1,2	
-26		19.00											
27		19.000										1,0	
29		18,000			<del></del>							40	
30	<del>- 1/-  </del>	33,000										1.0	
31.9	24	15,000										1,6	
Total	法含数。	2083.000	V	·	<del></del>	·		ئـــــــــــــــــــــــــــــــــــــ					
	6.58.43N. /	77445	*									•	

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Average 15 67,000

Maximum 141,000

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: January/2005				
Α.	Public Water System (F	PWS) Information				
	PWS Name: Phillips				PWS Identification N	lumber: 3591008
	PWS Type:	Community Non-Transient Non-Communit	y Transier	nt Non-Community	Consecutive	
	Number of Service Co	nnections at End of Month: 77		Total Population Se	erved at End of Month: 270	
	PWS Owner: Utilities,	Inc. of Florida				
	Contact Person: Patric	k Flynn		Contact Person's Ti	tle: Regional Director	
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp.	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	ail Address: p.c.flynn@utilitiesinc-usa.com				
В.	Water Treatment Plant	Information				
	Plant Name: Utilites, I				Plant Telephone Nun	nber: 407-869-1919
	Plant Address: 200 Wo	eathersfield Ave.		City: Altamonte Sp	orings State: Fl	Zip Code: 32714
	Type of Water Treated	by Plant: Raw Ground Water Purc	chased Finished V			
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per day: 7	9,000			
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per sub	osection 62-699.310(4), F.A.C.)	: D
	Licensed Operators	Name	License Class	License Number		R(s) Worked
	Lead/Chief Operator:	Roy Mericle	С	13808		.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	l 4:30 P.M.
	. Certification by Lea	10::00		· - · · · · · · · · · · · · · · · · · ·		
			1/1/2	0.1		
ı, ı inf	ormation provided in the	eatment plant operator licensed in Florida, am the	lead/cnief operato	or of the water treatm	ent plant identified in Part I of t	this report. I certify that the
NS	SF International Standar	is report is true and accurate to the best of my known d 60 or other applicable standards referenced in sul	wieuge and belief	2002) EAC John	inking water treatment chemical	is used at this plant conform to
pla	int were prepared each of	lay that a licensed operator staffed or visited this p	lant during the m	onth indicated above	c (1) records of amounts of cher	nicals used and chemical feed
rat	es; and (2) if applicable	, appropriate treatment process performance record	is Furthermore	I agree to retain thes	e additional operations records a	at the plant site for at least ten
ye	ars and to make them av	ailable for review upon request.		- abioe to tetant thes	o accidonal operations records a	at the plant site for at least tell
	11	)				
_/	1690	MG 2-2-5 Roy J. M	ericle		C13808	
Si	gnature and Date 2		r Typed Name	· · · · · · · · · · · · · · · · · · ·	License N	lumber

D--- 1

PWS	dentifica	ation Number	r: 3591008		P	lant Name	: Utilit	es, Inc. of	Florida					
	Daily Data for the Month/Year of: January/2005  ans of Achieving Four-Log Virus Inactivation/Removal: *													
						Free Cl	lorine	ПС	hlorine D	ioxide	Oz	one 🔲 (	Combined Chlorine (Chloramines)	
Uli	raviolet	Radiation	Other (	(Describe):										
Type o	of Disinf	ectant Residu	ıal Maintain	ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide	
	7.12		C	l' Calculations, or l	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ar	plicable*				
	***				CT Calcu	ations	***			UV	Dose *			
				Lowest Residual	Disinfectant	Lowest CT Provided:			,			Lowest Residual		
				Disinfectant	Contact Time			46.90				Disinfectant		
[14.40] [4.40]				Concentration	(T) at C	at First		la Ker	Minimum	Lowest	Minimum	Concentration		
Day of	Hours	Net Quantity of Finished	A-10.00	(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	f	CT Required,	Operating	UV Dose	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow.	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water	
Month	Operation	Produced, gal		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	24	24,000										0.9		
2	24	21,000		<u> </u>		<b></b>			<b>↓</b>			ļ.,,,		
4	24 24	22,000 25,000	ļ	-					<del> </del>		ļ	1.5		
5	24	26,000	ļ	<u> </u>				<del> </del>			<del> </del>	1.6		
6	24	21,000		<del> </del>					<del> </del>	<del> </del>	<del> </del>	1.6		
7	24	20,000					<del> </del>	<del> </del>	<del> </del>	<b></b>		1.5		
8	24	12,000			1				<u> </u>		<b>†</b>	1.5		
9	24	31,000				<u> </u>								
10	24	32,000										1.5		
11	24	19,000	ļ	ļ	<b> </b>	<b> </b>	┞—	ļ	ļ	ļ	ļ	1.0		
12	24 24	19,000 28,000				ļ	<b> </b>	ļ	-	<b></b>	<del>}</del>	1.1		
14	24	17,000	<del> </del>	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	0.6		
15	24	15,000	<del> </del>		<del></del>	<del> </del>	<del> </del>	<del> </del> -	<del> </del>	<del> </del>	<del> </del>	1.0		
16	24	20,000	<del>                                     </del>	1		<del>                                     </del>		<del> </del>	†	<del> </del>	<del>                                     </del>			
17	24	21,000				<u> </u>	<del></del>			<b>.</b>		1.3		
18	24	31,000										1.0		
19	24	14,000										1.3		
20	24	27,000			<u> </u>	ļ	ऻ		<u> </u>	ļ	<u> </u>	1.0		
22	24	23,000 18,000		<del> </del>		<u> </u>	<del> </del>	<del> </del>	<del> </del>	ļ	<b> </b>	1.5		
23	24	22,000		+	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.2		
24	24	22,000	<del> </del>	<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.6		
25	24	25,000			<b> </b>	1	1	<b> </b>	1	<del>                                     </del>		1.6		
26	24	15,000			<u> </u>					1		1.5		
27	24	26,000										1.6		
28	24	20,000								1		1.5		
30	24 24	13,000 27,000	ļ		<u> </u>	1	ļ		ļ	ļ	ļ	1.5		
31	24	28,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>		<del> </del>	<del> </del>	1 - , ,		
Total		684,000	<del> </del> -	<u> </u>	·	<u> </u>	<u> </u>	1	1	<u> </u>		1.50	<u> </u>	
Averag	ge .	22,064	1											
Maxin		32,000	1											

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





See page 4 for instructions.

					W			
		for the Month Year of: February/200	05					
A.	Public Water System (F	PWS) Information			·····			
	PWS Name: Phillips						PWS Identification Nu	mber: 3591008
		Community Non-Transient Non-	Community	Transier	nt Non-Community	Cons	secutive	
	Number of Service Co	nnections at End of Month: 76			Total Population Se	rved at Enc	of Month: 266	
	PWS Owner: Utilities,							
	Contact Person: Patric				Contact Person's Ti	tle: Region	al Director	
		ng Address: 200 Weathersfield Ave.			City: Altamonte Spr		State: Fl	Zip Code: 32714
		phone Number: 407-869-1919			Contact Person's Fa		407-869-6961	
		nil Address: p.c.flynn@utilitiesinc-usa.c	om	-				
B.	Water Treatment Plant	Information	<del>Y-15</del>				<del></del>	
	Plant Name: Utilites, I	nc. of Florida			<del></del>	1	Plant Telephone Numb	per: 407-869-1919
	Plant Address: 200 We	eathersfield Ave.			City: Altamonte Sp		State: Fl	Zip Code: 32714
	Type of Water Treated	by Plant: Raw Ground Water	Purchase	d Finished V				
	Permitted Maximum I	Day Operating Capacity of Plant, gallons	per day: 79,000	0				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V	<del></del>		Plant Class (per sub	section 62	-699.310(4), F.A.C.): I	O
	Licensed Operators	Name	Li	cense Class	License Number	· · · · · · · · · · · · · · · · · · ·	Day(s)/Shift(	s) Worked
	Lead/Chief Operator:	Roy Mericle		С	13808		Tue - Fri 8 a.m.	<del></del>
	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.
				······································				
						··		
	. Certification by I ca				·			
			1 11 11	1:0			1 10 11 7 11 61	· · · · · · · · · · · · · · · · · · ·
inf	ine unuersigned water tr	eatment plant operator licensed in Florid	da, am the lead/o	chief operate	or of the water treatm	nent plant i	dentified in Part I of th	is report. I certify that the
NS	SF International Standar	is report is true and accurate to the best d 60 or other applicable standards refere	or my knowiedg	ge and belle	i. I certify that all dr	inking wate	er treatment chemicais	used at this plant conform to
pla	int were prepared each	lay that a licensed operator staffed or vis	cited this plant o	luli 02-333 luring the m	onth indicated above	o certify that	de of amounts of chemi	icals used and chemical feed
rat	es; and (2) if applicable	, appropriate treatment process performs	ance records F	uring uic iii urthermore	I soree to retain thes	e additions	al operations records at	the plant site for at least ten
ye	ars and to make them av	vailable for review upon request.		a. a.oo.,	r aproc to retain thes	~ additiona	n operations records at	are browne pres toy at rease tour
	0							
	lov.	When 2-28-05	Roy J. Mericle	e			C13808	
Si	gnature and Date		Printed or Tyr	oed Name			License Nu	mber

PWS	Identifica	ation Numbe	r: 3591008		P	lant Name	: Utilit	es, Inc. of	Florida				
111. 1	aily Dat	a for the Me	outh Year o	f: February/2	2005								
Mean	of Achi	eving Four-I	og Virus In	activation/Rem	ioval: *	Free Cl	nlorine	□ C	hlorine D	Dioxide	Oz	one 🗌 (	Combined Chlorine (Chloramines)
		Radiation		(Describe):									
Type	of Disinf	ectant Resid	ual Maintain	ed in Distribut	ion System:		ree Ch				lorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or			our-Log	Virus Inactiv	vation, if Ap				
1			<u> </u>		CT Calcu					UV	Dose	¥	
1				Lowest Residual	Disinfectant	Lowest CT Provided		1				Lowest Residual	
ł,		l .		Disinfectant	Contact Time	Before or	1	}	]	1	Minimu	Disinfectant	
				Concentration	(T) at C	at First	1	ļ	Minimu	Lowest	m UV	Concentration	
ļ		Net Quantity	}	(C) Before or at	Measurement	Customer	Temp.	Į	m CT	Operating		at Remote	
Day of		of Finished		First Customer	Point During	During	of	pH of	Required,	UV Dosc,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair
the Month	Plant in	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water System Components Out of Operation
1 VIOITUI			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	20,000 16,000	<b> </b>							<b> </b>		1.3	
3	24	20,000	<del> </del>			ļ	ļ	<b></b>	<del> </del> -	<u> </u>		1.2	
4	24	17,000	<del></del>	<del> </del>	<del>                                     </del>	ļ			<del> </del>			1.5	
5	24	19,000	<del> </del>		<b> </b>	<del> </del> -	<del> </del>	ļ	<del> </del>	ļ	<del> </del>	0.9	
6	24	26,000		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	ļ			<del> </del>	0.9	
7	24	26,000		<del> </del>		<del> </del>			<del> </del>			1.0	<u> </u>
8	24	21,000		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>		0.6	
9	24	20,000		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>		1.0	
10	24	19,000		<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del> -	<del> </del>	<del> </del>	1.0	<del> </del>
11	24	25,000		<del></del>	<del></del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del> -	0.7	
12	24	15,000		<del> </del>	f	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	1.0	
13	24	24,000	<b></b>			T		1	<del>                                     </del>	<del>                                     </del>	<del> </del>		
14	24	25,000		†		<del>}</del> -	<b> </b>	<b></b>	<del>                                     </del>	<b>†</b>	<del> </del>	1.0	
15	24	25,000				1						1.7	
16	24	23,000					<b>†</b>		1			0.9	
17	24	26,000										1.1	
18	24	19,000										0.7	
19	24	16,000										0.6	
20	24	26,000	<b> </b>			<u> </u>							
21	24	27,000	<u> </u>	<u> </u>								2.0	
23	24	27,000	<b></b>	<u> </u>	<b></b>		<u> </u>	<u> </u>				1.4	
24	24	19,000 23,000		<del> </del>	ļ	ļ	<b> </b>	ļ	<del>                                     </del>	<del></del>		1.7	
25	24	21,000	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	ļ	ļ	<del></del>		<del> </del>	1.5	
26	24	16,000	<del> </del>	<del> </del>	<u> </u>	<u> </u>	<del> </del>	<del> </del>	<del> </del>		<del>                                     </del>	1.4	
27	24	21,000		<del> </del>	<del> </del>		<del> </del>		<del> </del>	<del>                                     </del>	<del> </del>	1.5	<del> </del>
28	24	21,000	<del> </del>	<del> </del>	<del>}</del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	+	1.5	
29	24	21,000		<del>†</del>	<del> </del>	<del> </del>	╂	<del> </del>	<del> </del>	<del> </del>	1	1.5	+
30	24	<b>T</b>	<del> </del>	<del>†</del>	<del> </del>	+	+	<del>                                     </del>	+	+	<del>                                     </del>	<del> </del>	<del> </del>
31	24	<del>                                     </del>	<del> </del>	† · · · · · · · · · · · · · · · · · · ·	<del> </del>	<del> </del>	+	+	+	+	+	+	<del>                                     </del>
Total	<u> </u>	603,000	<b>†</b>	·	1	.1	1	<u> </u>	<del></del>	ــــــــــــــــــــــــــــــــــــــ	<del></del>	<del>-l</del>	
Averag	ze	21.535	1										

27,000

Maximum

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



See page 4 for instructions.

300	page 4 for instructions.							
Ī.	General Information	for the Month/Year of: March/2005						
A	Public Water System (P	'WS) Information						
	PWS Name: Phillips						PWS Identification N	(umber: 3591008
- (	PWS Type:	Community Non-Transient Non-C	Community	Transien	t Non-Community	☐ Co	onsecutive	
		nnections at End of Month: 77			Total Population Se			
ı	PWS Owner: Utilities,	Inc. of Florida						
1	Contact Person: Patricl	k Flynn			Contact Person's Ti	itle: Regio	onal Director	
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.			City: Altamonte Sp	rings	State: Fl	Zip Code: 32714
	Contact Person's Telep	phone Number: 407-869-1919			Contact Person's Fa	ax Numbe	er: 407-869-6961	
l		ail Address: p.c.flynn@utilitiesinc-usa.co	om					
	Water Treatment Plant							
	Plant Name: Utilites, I						Plant Telephone Num	nber: 407-869-1919
1	Plant Address: 200 We				City: Altamonte Sp	orings	State: Fl	Zip Code: 32714
	Type of Water Treated			nased Finished V	Vater <sup>†</sup>			
		Day Operating Capacity of Plant, gallons	per day: 79	0,000				
		bsection 62-699.310(4), F.A.C.): V				bsection 6	62-699.310(4), F.A.C.):	D
	Licensed Operators	Name		License Class	License Number		Day(s)/Shift	t(s) Worked
	Lead/Chief Operator:	Roy Mericle		C	13808		Tue - Fri 8 a.	m 4:30 p.m.
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8 A.M.	- 4:30 P.M.
		Ray Parrish		С	12740		Mon 8 A.M.	4:30 P.M.
								····
į							······································	
						*****		
	<u> </u>	<u> </u>						
П	. Certification by Lea	d/Chief Operator						
		eatment plant operator licensed in Florid	a, am the le	ad/chief operato	or of the water treatn	nent nlant	t identified in Part I of t	his report. I certify that the
info	ormation provided in th	is report is true and accurate to the best of	of my know	ledge and belief	. I certify that all dr	inking wa	ater treatment chemical	s used at this plant conform to
NS	F International Standard	d 60 or other applicable standards referen	nced in sub	section 62-555.3	20(3), F.A.C. I also	certify the	hat the following additi	onal operations records for this
pla	nt were prepared each d	lay that a licensed operator staffed or vis	ited this pla	ant during the me	onth indicated above	e: (1) reco	ords of amounts of chen	nicals used and chemical feed
rate	es; and (2) if applicable.	, appropriate treatment process performa	nce records	s. Furthermore,	I agree to retain thes	e addition	nal operations records a	at the plant site for at least ten
yea	ars and to make them av	vailable for review upon request.						
	115	2/ 77/	D 1.1.1				G12000	
	497	Vu 5-31-5	Roy J. Me		·····		C13808	
Sig	gnature and Date		Printed or	Typed Name			License N	umber

Da -- 1

PWS	WS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida													
III. D	III. Daily Data for the Month/Year of: March/2005  Means of Achieving Four-Log Virus Inactivation/Removal: *													
Means	of Achie	eving Four-L	og Virus In	activation/Rem	oval: *	Free Cl	lorine	ПС	hlorine D	Dioxide	Oz	one 🗀 (	Combined Chlorine (Chloramines)	
UI UI	traviolet l	Radiation	Other (	(Describe):		<del></del> -							(0.1101.111.00)	
Type	of Disinfo	ectant Residi	ual Maintain	ed in Distribut	ion System:	⊠F	ree Ch	orine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide	
	***		C	Calculations, or I	JV Dose, to De	monstrate Fo	ur-Log '	Virus Inactiv	ation, if Ap	plicable*				
					CT Calcul		- M	7.83		UV	Dose			
			4.0	Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual		
			1	Disinfectant	Contact Time	Before or						Disinfectant		
		Net Quantity		Concentration (C) Before or at	(T) at C	at First	•		Minimum	Lowest	Minimum	Concentration		
Day of	Hours	of Finished		First Customer	Measurement Point During	Customer During	Temp, of	pH of	CT Required	UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water	
Month	Operation 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	
$\frac{1}{2}$	24	16,000 19,000	<u> </u>				<u> </u>					1.4		
3	24	16,000			ļ		<del></del>					1.1		
4	24	15,000	<del>                                     </del>				<del> </del>		<del> </del>		<del> </del>	1.0		
5	24	12,000			· · · · · · · · · · · · · · · · · · ·		<del></del>				<del> </del>	1.0		
6	24	26,000									<b> </b>	1.0		
7	24	27,000										1.0		
8	24	21,000	ļ									0.5		
10	24 24	20,000 21,000	<u> </u>									1.2		
11	24	12,000		<del> </del>	<del> </del> -			ļ				1.6		
12	24	15,000	<del> </del>	<del></del>	<del> </del>				<b>-</b>	<del> </del>	<del>                                     </del>	1.1		
13	24	28,000								<del> </del>		1.1		
14	24	28,000					<del>                                     </del>					1.5		
15	24	16,000										1.6		
16	24	22,000										0.6		
17	24	12,000		<del></del>								0.8		
19	24 24	13,000 18,000	ļ				<b> </b>					1.0		
20	24	20,000		<del>                                     </del>			<del> </del>					0.8		
21	24	21,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	$\vdash$	<del> </del>	<del> </del>	<del> </del>	<del> </del>	2.0		
22	24	18,000	<u> </u>			<del> </del>		<del> </del>	<del> </del>	<del> </del> -	<del> </del>	0.5		
23	24	16,000	Ť	1					i			1.0		
24	24	20,000									<u> </u>	1.2		
25	24	14,000										1.3		
26	24	17,000	<b> </b>									1.0		
27	24	26,000 26,000	<b> </b>	<del> </del>		ļ	<u> </u>	ļ	ļ	ļ	ļ			
29	24	18,000	<del> </del>	<del> </del>		<b></b>	<del> </del>		<del> </del>		<del> </del>	1.4		
30	24	30,000	<del> </del>	<del> </del>			<del> </del>	<del> </del>	<del> </del>		<del> </del>	1.4		
31	24	14,000	-	<del> </del>		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del> -	1.50		
Total		597,000	1	•	<u> </u>	<del></del>	·	·	·	<del></del>	A			
Averag	e.	19,258	1											

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Maximum 30,000

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

#### TILL GUPY



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

See page 4 for instructions. 1. General Information for the Month Vencot: April/2005 A. Public Water System (PWS) Information PWS Name: Phillips PWS Identification Number: 3591008 PWS Type: **⊠** Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 77 Total Population Served at End of Month: 270 PWS Owner Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave. Zip Code: 32714 City: Altamonte Springs State: Fl Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961 Contact Person's E-Mail Address: p.c. flynn@utilitiesinc-usa.com B. Water Treatment Plant Information Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919 Plant Address: 200 Weathersfield Ave. Zip Code: 32714 City: Altamonte Springs State: Fl Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000 Plant Category (per subsection 62-699,310(4), F.A.C.): V Plant Class (per subsection 62-699,310(4), F.A.C.): D Licensed Operators License Class Name License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Roy Mericle C 13808 Tue - Fri 8 a.m. - 4:30 p.m. Other Operators: Terry Sillitoe C Sat. 8 A.M. - 4:30 P.M. 12749 Ray Parrish C Mon 8 A.M. - 4:30 P.M. 12740 IL 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. C13808 Roy J. Mericle Signature and Date Printed or Typed Name License Number

PWS	Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida													
	H. Daily Data for the Month/Year of: April/2005  Means of Achieving Four-Log Virus Inactivation/Removal: *  Free Chlorine													
						F 01	.1		(L.1	· · · · · · · · · · · · · · · · · · ·	170		Sambined Chlorine (Chloremines)	
Mean	s of Acm traviolet	eving rour-i	og virus in	acuvauon/Rem	ioval; *	Free Cl	norme	ЦС	niorine L	pioxide	O <sub>2</sub>	cone	Johnshied Chlorine (Chlorantines)	
Type	of Dicinf	Nation Doord	vol Maintain	(Describe): ned in Distribut	an Crestana	ME	ree Ch	la-ina	Com	hinod Ch	larina (C	hloramines)	Chlorine Dioxide	
1 ype	OI TAISHII	ectani Resid	uai Manuaii	T Calculations, or	On System:	V F	ree Ch	ЮППС Viene Imagric			noune (C	moranimes)	Chlotine Dioxide	
				1 Calculations, or	CT Calcui		MI-TOR	Att DR TURNOTA	vation, it A		Dose		•	
1 1		1				Lowest CT				<u>``</u>	700	Lowest		
		Ì		Lowest Residual	Disinfectant	Provided		l	<u>'</u>			Residual		
		j	]	Disinfectant	Contact Time	Before or					Minimu	Disinfectant		
		Net Quantity		Concentration	(T) at C	at First	m		Minimu	Lowest	m UY	Concentration at Remote		
Day of	Hours	of Finished	ļ	(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	m CT Required,	Operating UV Dose.	Dose Required,		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	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/om <sup>2</sup>	sec/cm²	System, mg/L	System Components Out of Operation	
1	24	21,000										1.2		
2	24	18,000										1,3		
13	24	28,000												
4	24	29,000										2.0		
5	24	24,000										1.7		
6	24	20,000			<b></b>							1,7		
7	24	3,000	ļ				<u> </u>		<u> </u>		<u> </u>	0.6		
8	24	0	<del> </del>	ļ		ļ		<del> </del>	<del> </del>	<u> </u>	<u> </u>	0.9	Running off interconnect	
9	24	3,000	<del> </del>	<del> </del>	<b> </b>	<u> </u>	<del> </del>		<u> </u>		<b>↓</b>	0,9		
11	24	7,000	ļ	ļ		<b>ļ</b>	<u> </u>	ļ	<u> </u>	<u> </u>	<b></b>			
112	24	7,000 6,000	<del> </del>	<del> </del>	<del></del>	<del> </del>	<del> </del>	ļ	<del> </del>	<b></b>	<del> </del>	2.0		
13	24	9,000	<del> </del>	<del> </del>		<del> </del>	<del> </del>			<del> </del>	<del> </del>	1.0	<u> </u>	
14	24	8,000	<del> </del>	<del></del>	<del></del>	<del> </del>	<del> </del>	ļ	<del> </del>	<del> </del>	<b></b>	1.0	<del></del>	
15	24	2,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	┼──	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.8		
15	24	9,000	<del> </del>	<del> </del>		<del> </del>	├	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.1		
17	24	4,000	<del> </del>	<b></b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	+	<del> </del>	<del> </del>	<del> </del>		
18	24	5,000	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1,2	<del> </del>	
19	24	6,000		<del> </del>	<u> </u>	<del>                                     </del>	<b>†</b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.7		
20	24	17,000	†		<del> </del>	<del>                                     </del>	1	1	<b>†</b>	<del> </del>	<del>                                     </del>	1,0		
21	24	22,000		I	1		1	1	T	1	1	1.1		
22	24	18,000		L			T	]	1	1	]	1.0		
23	24	6,000					I					1.4		
2.4	24	4,000												
25	24	4,000										1,0		
2.5	24	10,000										0,8		
27	24	4,000	<del> </del>	<del></del>	ļ		1				<u> </u>	0.8		
28	24	6,000	<del> </del>	<u> </u>	ļ		<b></b>	1				1.0		
29	24	9,000	<del> </del>	<del> </del>	<b></b>	<b>ļ</b>	1	<b></b>	<del></del>		<del></del>	1,0		
30	24	24,000	<del> </del>	<del> </del>	<del> </del>	<u> </u>	<del> </del>	<u> </u>	<b></b>	<b></b>	<del> </del>	1,3		
	<u> </u>	222 000	<del> </del>	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u></u>			<u> </u>		
Total Avera	,	333,000 11,100	-1											
Maxin	ها الساحة بنتاك	29,000	4											
I MIGHT	2 Cat   1	* ***・********************************	1											

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





See page 4 for instructions.

	- Page : .e. monderions.	·	<u> </u>								
		for the Month/Year of: May 2005									
A.	Public Water System (P	WS) Information									
	PWS Name: Phillips					PWS Identification 1	Number: 3591008				
	PWS Type:	Community Non-Transient Non-Comm	unity Transien	t Non-Community	Co	nsecutive					
	Number of Service Co	nnections at End of Month: 77		Total Population Se	erved at E	nd of Month: 270					
	PWS Owner: Utilities,	Inc. of Florida	· · · · · · · · · · · · · · · · · · ·								
	Contact Person: Patric	k Flynn_		Contact Person's T	itle: Regio	onal Director					
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Sp	rings	State: Fl	Zip Code: 32714				
	Contact Person's Telep	hone Number: 407-869-1919		Contact Person's Fa	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, 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		Purchased Finished V	Vater							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per da	ay: 79,000								
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.)	): D				
	Licensed Operators	Name Name	License Class	License Number		Day(s)/Shi	ft(s) Worked				
	Lead/Chief Operator:	Kathy Sillitoe	С	13094	<del></del>		Fri. Days				
	Other Operators:	Terry Sillitoe	В	12749		Thur.Fri	.Sat. Days				
		Roy Mericle	С	13808		TuesFri. Days	From 5/1 Thru 5/17				
		Alexander Lorenzo	С	13756		Mon. &	Wed. Days				
	]	Roger Holsapple	_ c	7436		Tues	s. Days				
					,	<del>-</del>					
	:										
					·	· · · · · · · · · · · · · · · · · · ·					
H	. Certification by Lea	d/Chief Operator									
		eatment plant operator licensed in Florida, am	the land/shiof amounts	n of the wester treet	aant ulant	identified in Deat Laf	this man and I postific that the				
inf	ormation provided in th	is report is true and accurate to the best of my	the read/chief operato	of the water treath	inking wa	ter treatment chemics	de 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) FAC Lalso	certify th	nat the following addit	cional operations records for this				
рп	int were prepared each d	lay that a licensed operator staffed or visited th	is plant during the mo	onth indicated above	e: (1) reco	rds of amounts of che	micals used and chemical feed				
rai	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										
ye	ars and to make them av	ailable for review upon request.	,	<u> </u>		,	•				
	U Com					_	· ·				
۵.	Kall Sill	to 63-05 K	Athy Sillito	E		C-13	.094				
SI	gnature and Date	Printe	ed or Tybed Name			License N	Jumher				

PWS	S Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida  Daily Data for the Month/Year of May 2005													
III. D	1. Daily Data for the Month/Year of: May 2005 leans of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
					oval: *	Free Ch	lorine	Пс	hlorine D	ioxide	Oz	one C	Combined Chlorine (Chloramines)	
		Radiation		(Describe):									·	
Type o	of Disinfe	ectant Residu	ial Maintain	ed in Distributi	on System:		ree Chl				lorine (C	hloramines)	Chlorine Dioxide	
			CI	Γ Calculations, or U			ur-Log \	Virus Inactiv	ation, if Ap					
					CT Calcul			e aus deligas ered e	24 75	UV	Dose			
				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual		
				Disinfectant	Contact Time	Before or				1 - 10 1 - 10		Disinfectant		
		Na Octob		Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration	1 m	
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	CT	Operating UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, 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	
<del></del>	24	33,000												
2	24	33,000 22,000	<del></del>	ļ			ļ					1.8	A	
4	24	32,000		<del> </del> -		<del> </del>	<b></b>					1.6		
5	24	22,000					<b></b>	<u> </u>		<u> </u>		1.5		
6	24	21,000		<del> </del>	<u> </u>	<del></del>	┣	<del> </del>				1.6		
7	24	24,000		<u> </u>	· ·							1.6		
- 8	24	30,500		<u> </u>	† <del></del>		<b> </b>	<del></del>	<del> </del>		<del> </del>			
9	24	30,500										1.8		
10	24	26,000										1.5		
11	24 24	35,000										1.5		
13	24	15,000 26,000						ļ		<b></b>		1.5	Interconnect with City of Lake Mary - 12,000 Gals.	
14	24	25,000	<u> </u>	<del> </del>	<del></del>				<b></b>	<del> </del>		1.1		
15	24	40,500		<del> </del>	<del></del>		<del> </del>			<u> </u>	<del> </del>	1.0		
16	24	40,500					<del> </del>		<del> </del>	<del> </del>	<del>                                     </del>	2.0		
17	24	22,000					<del></del>	·	<b></b>	i	<del> </del>	1.8	Interconnect with City of Lake Mary - 5,000 Gals.	
18	24	34,000							1			1.6	<u> </u>	
19	24	25,000										1.4		
20	24 24	25,000										1.2	Interconnect with City of Lake Mary - 10,000 Gals.	
22	24	36,000 0							<b></b>		ļ	0.3		
23	24	0	<del></del>	<del> </del>	<del> </del>	<del> </del>			ļ	<del> </del>	<del> </del>	1.2	Interconnect with City of Lake Mary - 44,800 Gals.	
24	24	0	i	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.9	Interconnect with City of Lake Mary - 44,800 Gais.	
25	24	4,000	<u> </u>	<del>                                     </del>		<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>		<del> </del>	1.2	Interconnect with City of Lake Mary - 650 Gals.	
26	24	44,000		<u> </u>		·			<del>                                     </del>	<del>}</del>	<del>}</del>	1.0	interconnect with the or batter way of ours.	
27	24	43,000							1		<b>†</b>	1.3		
28	24	28,000										1.3		
29	24	48,500			ļ									
30	24 24	48,500 36,000		ļ			ļ	ļ	<u> </u>	Į		1.3		
Total	1	850,000	<del> </del>	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>	1.00		
Averag	e	27.419	1										•	

Maximum

D--- 2

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

WS Identification Number: 3591008 P	Plant Name: Utilites, Inc. of Florida
V. Summary of Use of Polymer Containing Acrylamide, Poly	ymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May 2005
Is any polymer containing the monomer acrylamide used at the	water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
Polymer Dose, ppm =	Acrylamide Level, % <sup>†</sup> =
Is any polymer containing the monomer epichlorohydrin used a	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> =
Is any iron or manganese sequestrant used at the water treatmen	nt 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 silicate	e as $SiO_2 =$
If sodium silicate is used, the amount of added plus naturally or	ccurring 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.

						.,,	
		or the Month/Year of: June/2005					
١.	Public Water System (P	WS) Information					
-	PWS Name: Phillips					PWS Identification Nu	ımber: 3591008
	PWS Type: 🕅 C	ommunity Non-Transient Non-Commun	ity Transier	t Non-Community	Con	secutive	
	Number of Service Cor	nnections at End of Month: 77		Total Population Ser	ved at Er	nd of Month: 270	
	PWS Owner: Utilities,	Inc. of Florida					
	Contact Person: Patricl	(Flynn		Contact Person's Titl	e: Region		
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Spri	ngs	State: Fl	Zip Code: 32714
		hone 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					
В.	Water Treatment Plant						
	Plant Name: Utilites, I	nc. of Florida				Plant Telephone Num	
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Spr	ings	State: Fl	Zip Code: 32714
	Type of Water Treated	by Plant: Raw Ground Water P	rchased Finished V	Vater			
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day	: 79,000				
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per subs	section 62	2-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Kathy Sillitoe	С	13094		Mon-Fr	Days
	Other Operators:	Alexander Lorenzo	С	13756		Mon Th	ur. Days
	<b>,</b>	Terry Sillitoe	В	12749		Thur. Fri. &	Sat. Days
	. Certification by Lea	d/Chief Operator					
		eatment plant operator licensed in Florida, am th	e lead/chief operate	or of the water treatme	ent plant	identified in Part I of th	ais report. I certify that the
iní	formation provided in th	is report is true and accurate to the best of my ki	nowledge and helie	f I certify that all dri	nking wa	ter treatment chemicals	s used at this plant conform to
NS	SF International Standar	d 60 or other applicable standards referenced in	subsection 62-555	320(3) F.A.C. Lalso	certify th	at the following addition	onal operations records for this
pla	ant were prepared each of	lay that a licensed operator staffed or visited this	plant during the m	onth indicated above:	(1) reco	rds of amounts of chem	nicals used and chemical feed
rat	tes; and (2) if applicable	, appropriate treatment process performance reco	ords. Furthermore.	I agree to retain these	addition	al operations records a	t the plant site for at least ten
ye	ars and to make them av	vailable for review upon request.		•		•	-
١	) (	•				0.10004	
	Kould by		Sillitoe			C-13094	
Si	gnature and Date	Printed	or Typed Name			License N	umber

D--- 1

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine	WS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida													PWS	
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*  CT Calculations  UV Dose  Lowest Residual Disinfectant Concentration (C) Before or at First Customer the Plant in Month Operation Provided, gal Rate, gpd Flow, mg/L  Temp. During Peak Flow, mg/L  Temp. During Peak Flow, mg/L  Temp. Temp. During Peak Flow, mg/minutes  Temp. Temp. During Peak Flow, mg/minutes  Temp. Tem	Means of Achieving Four-Log Virus Inactivation/Removal: *														Means
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*  CT Calculations  UV Dose  Lowest Residual Disinfectant Concentration (C) Before or at First Customer the Plant in Month Operation Provided, gal Rate, gpd Flow, mg/L  Temp. During Peak Flow, mg/L  Temp. During Peak Flow, mg/L  Temp. Temp. During Peak Flow, mg/minutes  Temp. Temp. During Peak Flow, mg/minutes  Temp. Tem	ne Dioxide	s) _	hloramines)	lorine (C	bined Ch	Com	orine	ree Chl	⊠ F	ion System:	ed in Distribut	ual Maintain	ectant Residi	of Disinf	Type
Contact Time   Concentration   Contact Time   Con					plicable*	ation, if Ap	Virus Inactiv	ur-Log	monstrate Fo	JV Dose, to De	Calculations, or U	C		1 1 1 1 1 1	
Lowest Residual Disinfectant Contact Time Co				Dose "	UV		4694.9		lations	CT Calçu			4.5		
2     24     18,000     1.20       3     24     17,000     1.20       4     24     17,000     1.10       5     24     19,000     1.10	ce Work that Involves Taking Water	op En	Residual Disinfectant Concentration at Remote Point in Distribution	UV Dose Required, mW-	Operating UV Dose, mW-	CT * Required, mg-	pH of Water, if	Temp. of Water,	Provided Before or at First Customer During Peak Flow,	Contact Time (T) at C Measurement Point During Peak Flow,	Disinfectant Concentration (C) Before or at First Customer During Peak		of Finished Water Produced, gal	Plant in Operation	the
3     24     17,000     1.20       4     24     17,000     1.10       5     24     19,000     1.10		_ _							<b></b>						1
4     24     17,000     1.10       5     24     19,000     1.10											ļ				
5 24 19,000		+						<del> </del>	<b> </b>	<del></del>					_
			1.10					<b></b>	<del> </del>						
6 24 19,000			140					<del> </del>	<del> </del>	·			19,000	24	6
7 24 19,000 1.80		_						<b></b>	<del> </del>		1			24	7
8 24 23,000 1.70		┪┈	1.70												
9 24 23,000 1.40			1.40												
10 24 20,000 1.40															
11     24     16,000     1,30       12     24     21,500     1,30			1.30						<b></b>						
		-							<b></b>	ļ					
V.60 Conceud Bacts		Co		ļ		<del></del>			<del> </del>	<del> </del>	<del></del>				
14 24 17,000 15 24 22,000 1.60		-		<b></b>		<u> </u>		<del> </del>	<del></del>	<del>                                     </del>					
16 24 18,000 1.10		+		<b></b>		<del></del>	<del> </del>		<del> </del>	<del> </del>					
17 24 18,000 130				<del>                                     </del>		<b> </b>	<b></b>	<del> </del>	<del> </del>				18,000	24	17
18 24 18,000		$\top$		<b></b>				l					18,000		
19 24 25,500		_	· }												
20 24 25,500 1.00			1.00												
21 24 16,000 1.00											ļ				
22   24   19,000     1,20     1,000     1,000     1,000     1,000     1,000									ļ	ļ	<u> </u>	ļ			
24 24 10000					<b></b>			\	<del> </del>	-		<b></b>			
25 21 25 000					<b> </b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>			
25 24 25,000 26 24 26,500		$\dashv$	1.60	ļ		<u> </u>	<del> </del>	ļ	<del> </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>			
27 24 26,500			1 20	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>			
28 24 21,000				<del> </del>	<del> </del> -	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<b> </b>			28
29 24 15,000		$\dashv$		<del> </del>		<del> </del>			<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·		15,000		
30 24 17,000		-		<del> </del>	<del>                                     </del>								17,000		
31 24		士												24	
Total 596,000										-		1			
Average												-			

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



oce	page 4 for instructions.					
I.	General Information	for the Month/Year of: July/2005	5			
	Public Water System (F					
	PWS Name: Phillips				PWS Identification N	lumber: 3591008
[	PWS Type:	Community	on-Community  Transic	ent Non-Community	Consecutive	
L	Number of Service Co	nnections at End of Month: 77		Total Population Served at	End of Month: 270	
	PWS Owner: Utilities,	Inc. of Florida				
	Contact Person: Patric	k Flynn		Contact Person's Title: Reg	gional Director	
l	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
	Contact Person's Telep	phone Number: 407-869-1919		Contact Person's Fax Num	ber: 407-869-6961	
Ĺ	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-us	sa.com			
	Water Treatment Plant					
L	Plant Name: Utilites, I				Plant Telephone Nun	nber: 407-869-1919
ļ	Plant Address: 200 We			City: Altamonte Springs	State: F1	Zip Code: 32714
Ļ	Type of Water Treated			Water		
- 1	Permitted Maximum I	Day Operating Capacity of Plant, gall	ons per day: 79,000			
ļ	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	62-699.310(4), F.A.C.):	: D
	Contact Section			A Party of the Control of the Contro	The second second	Tel Worked with the state of th
			C	13094	Mon I	ri. Days
	Oher Drawing	Alexander Lorenzo	c	13756	Mon T	hur. Days
		Terry Sillitoe	В	12749	Thur 5	Sat. Days
Ì						
-	HER THE REAL PROPERTY AND A STATE OF THE SECOND SEC					
11.	Certification by Lea-	d/Chief Operator				
I, th	e undersigned water tr	eatment plant operator licensed in Flo	orida, am the lead/chief operat	or of the water treatment pla	nt identified in Part I of t	this report. I certify that the
into	rmation provided in th	is report is true and accurate to the be	est of my knowledge and belie	f. I certify that all drinking v	water treatment chemical	Is used at this plant conform to
IN21	r International Standar	d 60 or other applicable standards ref	ferenced in subsection 62-555.	320(3), F.A.C. I also certify	that the following additi-	onal operations records for this
pıaı	n were prepared each of	lay that a licensed operator staffed or	r visited this plant during the n	nonth indicated above: (1) red	cords of amounts of cher	nicals used and chemical feed
vea	s, and (2) if applicable,	, appropriate treatment process performing allable for review upon request.	rmance records. Furthermore,	I agree to retain these addition	onal operations records a	it the plant site for at least ten
y va	is that to make them av	anable for review upon request.				
_}	Your Su	July 8-4.05	KAthy Silliter Printed or Typed Name	o£	<u>C-1309</u>	i4
Sig	nature and Date		Printed or Typed Name		License N	umber

PWS	VS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida  Daily Data for the Month/Year of: July/2005															
111. 1	Daily Da	ta for the M	onth/Year o	f: July/2005												
Mean	s of Ach	ieving Four-I	og Virus In	activation/Rem	noval: *	☐ Free Ch	lorine	☐ Chlo	orine Di	oxide	□ Oz	one 🛛 (	Combined Ch	lorine (Chle	oramines)	
ווז רוו	+	Dadiation		<b>(D)</b>										•	-	
Type	of Disin	fectant Resid	ual Maintair	ned in Distribut	ion System:	⊠ F:	ree Chlor	rine [	Comb	ined Ch	lorine (C	hloramines)	☐ Chlor	ine Dioxide	;	**
			Flavorities I all the	ed in Distribut	A	garagastan is pro-	Contraction of the	a s commentence	Caree Career St	1.5%	MINI		or sales		Signature 1	istraka
	5		Both Charles and selection	No miles to the Art Co.											MATERIAL ST	Mark to
The same									ent et di	The second second		i div				right in
	3	his or and		A second				1.52				in Colored (1) Brothesinsk 1954				da Para
		1	belianisma para la Tra					and the state of the state of					t in the second			
	e de familie	Later and the second	1.	for their or the same return	a de la companya de l	The second			المراجعة والمساور	. None		Sec. 1237 1- 236	Section of the	121111111111111111111111111111111111111		one Repeir
			Park age	and the second			a de la la la la la la la la la la la la la									a Wara
The light	24	20,000	(		Sitters and the Co					7.7.7.3.8	W	0.8		\$. ,		To the second
<b>医</b> 管 4位	24	15,000	L	† <del></del>	<del> </del>		<del>                                     </del>					0.8				· · · · · · · · · · · · · · · · · · ·
	24	21,500														
	24	21,500		ļ		ļ						0.6				
7.63	24	26,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>						0.8			·	
7.0	24	30,000		<del> </del>	<del> </del>	<del> </del>						0.8				
<b>10.</b> 20.	24	20,000				<b>†</b>			<del>-</del>			0.8				
9-9-1	24	18,000										0.7				
10 %	24	24,500 24,500		ļ	ļ											
178	24	18,000	<del> </del>	<del>}</del>	<del> </del>							0.4	<del></del>			
100	24	22,000	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del>  -</del>		<del></del>			1.6 1.6				<del></del>
Mar Lin	24	16,000				<b>†</b>	<del></del>					1.2	<del></del>			
Part.	24	17,000										0.6				
	24	18,000 23,500		<del> </del>	<u> </u>	ļ						0.8				
	24	23,500		<del> </del>	ļ	<del> </del>						0.6			<del></del>	
100	24	32,000			<del>}                                    </del>	<del> </del>						0.6 1.2				
<b>国文</b> "法	24	26,000										0.8				
	24	21,000	<b></b>									1.0				
11/23	24	30,000	<del> </del>	ļ	ļ	<b></b>						0.8				
24	24	27,500	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>  -</del>					1.0				
My 2	24	27,500		1		<del> </del>	<del>  </del> -		<del></del>			1.0				
	24	29,000										0.2		<del></del>		
	24	28,000 31,000		<b></b>								1.2				
2000	24	32,000	<del> </del>	<del> </del>	<del> </del>	<b> </b>						1.2				
	24	18,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>  -</del>					1.0				
10	24				<del> </del>	<del>                                     </del>						1.0				
	The said of the	706,000			<del>~ ^ ,_/</del>		·	······································			·					
91		23,533	l													

32,000

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



see	page 4 for instructions.							
ī.	General Information f	or the Month/Year of: August/2005						
<u>4. ]</u>	Public Water System (P	WS) Information						
	PWS Name: Phillips			•			PWS Identification No	ımber: 3591008
[	PWS Type: $\boxtimes$ C	ommunity Non-Transient Non-C	Community	Transien	t Non-Community	Co	nsecutive	
	Number of Service Cor	nnections at End of Month: 77			Total Population Serv	ved at E	and of Month: 270	
	PWS Owner: Utilities,	Inc. of Florida						
- [	Contact Person: Patrick	(Flynn			Contact Person's Title	e: Regio		
	Contact Person's Mailin	ng Address: 200 Weathersfield Ave.			City: Altamonte Sprin	ngs	State: Fl	Zip Code: 32714
Į	Contact Person's Telep	hone Number: 407-869-1919			Contact Person's Fax	Numbe	er: 407-869-6961	
l	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.co	om					
	Water Treatment Plant							
Į	Plant Name: Utilites, Is						Plant Telephone Num	ber: 407-869-1919
	Plant Address: 200 We				City: Altamonte Spri	ings	State: Fl	Zip Code: 32714
ı	Type of Water Treated			ased Finished W	/ater			
- 1	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: 79	0,000				
		bsection 62-699.310(4), F.A.C.): V			Plant Class (per subs	ection 6	62-699.310(4), F.A.C.):	D
	Licensed Operators	Name		License Class	License Number		Day(s)/Shift	(s) Worked
	Lead/Chief Operator:	Kathy Sillitoe		С	13094		Mon-Fr	i Days
	Other Operators:	Alexander Lorenzo		C	13756		Mon Th	ur. Days
	•	Terry Sillitoe		В	12749		Thur. Fri. &	Sat. Days
		Allan Finch		С	7806		Mon-Fr	i Days
	·							
311	. Certification by Lead	d/Chiaf Operator						
		eatment plant operator licensed in Floric	lo om the le	ad/ahiaf amanata	u of the wester treatmen	nt plant	tidentified in Dout Laft	sis report. I cortify that the
infe	ormation provided in thi	is report is true and accurate to the best	of my know	ledge and belief	or of the water treatme	ent piani Skipa w	i idelitifica ili Part I of ti atar traatment chemicali	s used at this plant conform to
NS	F International Standard	d 60 or other applicable standards refere	enced in sub-	section 62-555 3	20(3) FAC Lalson	certify t	hat the following addition	onal operations records for this
pla	nt were prepared each d	lay that a licensed operator staffed or vis	sited this pla	ant during the mo	onth indicated above:	(1) reco	ords of amounts of chem	sicals used and chemical feed
rate	es; and (2) if applicable,	appropriate treatment process performa	ance records	. Furthermore, l	agree to retain these	addition	nal operations records a	t the plant site for at least ten
yea	ars and to make them av	ailable for review upon request.			G			•
Ì		litre 7.6.05	Kathy Sill	itoe			C-13094	
Sig	nature and Date			Typed Name			License N	ımber
-	•			- J Poo I tunio			25.001100 110	

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PWS	/S Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida													
	H. Daily Data for the Month/Year of: August/2005													
Means	of Achie	eving Four-L			ioval: *	Free Cl	ılorine		hlorine D	Dioxide	☐ Oz	cone 🔲 🤇	Combined Chlorine (Chloramines)	
		Radiation		(Describe):										
Type (	of Disinfo	ectant Residu		ed in Distribut		⊠F	ree Ch	lorine			lorine (C	hloramines)	Chlorine Dioxide	
			C	Γ Calculations, or l			ur-Log	Virus Inactiv	ation, if Ap		9			
					CT Calcul					UV	Dose			
				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	발표를 위한다고 있다. 1985년 - 1985년	
		-		Disinfectant	Contact Time	Before or			ANAX	*		Disinfectant		
				Concentration	(T) at C	at First			Minimum	Lowest	Minimum	Concentration		
1		Net Quantity		(C) Before or at	Measurement	Customer	Temp,		cr		UV Dose	at Remote		
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	· mW-	Distribution	or Maintenance Work that Involves Taking Water	
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	•°C	Applicable	min/L	sec/cm*	sec/cm*	System, mg/L	System Components Out of Operation	
1	24	51,000										0.80		
2	24	19,000			<u> </u>	<b></b>						0.70		
3	24	17,000		<u> </u>	<b></b>	ļ						1.10		
<del>                                     </del>	24	26,000 33,000		ļ	ļ							1.00		
6	24	20,000		ļ	ļ <u>.</u>			ļ				0.90		
7	24	20,000		ļ	<u></u>			<u> </u>				1.00		
8	24	22,000							<b></b> _					
9	24	20,000			<b></b>					<u> </u>		0.90		
10	24	20,000							<u> </u>		ļ	0.80		
11	24	21,000	ļ				ļ	<del></del>				0.70		
12	24	24,000	}	<del> </del>				ļ			<u> </u>	0.70		
13	24	24,000	<del> </del>	<del> </del>		ļ	<b></b>	<del> </del>			<del> </del>	0.70		
14	24	23,000	<u> </u>	<del> </del>	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	1.00		
15	24	23,000	<del> </del>			<del> </del>		<del> </del>	<del> </del>		ļ	0.20		
16	24	30,000		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>			<del> </del>	1.00		
17	24	26,000	<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>		<del> </del>	0.80		
18	24	29,000	<b></b>	<del> </del>	<del> </del>	<del>                                     </del>		1	<del> </del>		<del> </del>	0.70		
19	24	21,000	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	0.70		
20	24	22,000	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del>                                     </del>	0.40		
21	24	33,500	T	†	<del> </del>	<del> </del>	<b>†</b>	<del> </del>	<del> </del>		<del> </del>	0.40		
22	24	33,500			<del> </del>	<u> </u>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	0.40		
23	24	30,000					<del>                                     </del>	<b>†</b>	<del> </del>		<del> </del>	0.40		
24	24	41,000			<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>		<del> </del> -	1.00		
25	24	28,000		1		·	1	<del>                                     </del>	<del> </del>		<del>                                     </del>	0,80	Bacts collected	
26	24	19,000		1		†		<del>                                     </del>			<del> </del>	0.60	Data concetta	
27	24	28,000		1	1	T		1		<del>                                     </del>	<del>                                     </del>	1.00		
28	24	24,000			1	1	1	1	<b>—</b>		<del>                                     </del>	1		
29	24	24,000			1	<u> </u>	<del>                                     </del>	<del></del>		<del> </del>		0.80	İ	
30	24	40,000			† ·		1	<del>                                     </del>	<b> </b>	1		0.70	<u> </u>	
31	24	22,000			1	1			<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	0.50		
Total		816,000		<del></del>		*		<del></del>	.1	1	1		<u> </u>	
Averag	e	26,322	1											

Maximum

Da ~ ~ ?

<sup>\*</sup> 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: September /2	.005								
Α.	Public Water System (I	PWS) Information	··.			DIVIC LI	N				
	PWS Name: Phillips						Number: 3591008				
		Community Non-Transient Non-Community		nt Non-Community		nsecutive					
		nnections at End of Month: 77		Total Population Se	erved at E	and of Month: 270					
	PWS Owner: Utilities.				<del></del>						
	Contact Person: Patric			Contact Person's Ti		onal Director					
		ing Address: 200 Weathersfield Ave.		City: Altamonte Sp	rings	State: Fl	Zip Code: 32714				
		bhone Number: 407-869-1919		Contact Person's Fa	ax Numbe	er: 407-869-6961					
	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.co	om								
В.	Water Treatment Plant										
	Plant Name: Utilites, I					Plant Telephone N	umber: 407-869-1919				
	Plant Address: 200 W	eathersfield Ave.		City: Altamonte Sp	orings	State: Fl	Zip Code: 32714				
	Type of Water Treated	by Plant: X Raw Ground Water	Purchased Finished V		<u> </u>						
	Permitted Maximum I	Day Operating Capacity of Plant, gallons				<del></del>					
		bsection 62-699.310(4), F.A.C.): V		Plant Class (per sul	bsection 6	62-699.310(4), F.A.C	i.); D				
	Licensed Operators	Name	License Class	License Number			hift(s) Worked				
	Lead/Chief Operator:	ALLAN FINCH	С	7806			n-Fri Days				
	Other Operators:	Terry Sillitoe	В	12749		Thur. Fr	i, & Sat. Days				
		Roger Holsapple	С	7436	····		end Checks				
		Domenic Gentillucci	C	12562	<del></del>		end Checks				
					·						
	1.1										
	·										
	. Certification by Lea										
I, tl	he undersigned water tre	eatment plant operator licensed in Florida	a, am the lead/chief operato	r of the water treatm	ent plant	identified in Part I o	f this report. I certify that the				
inte	ormation provided in th	is report is true and accurate to the best o	f my knowledge and belief.	I certify that all dri	inking wa	ter treatment chemic	cals used at this plant conform to				
142	F International Standard	d 60 or other applicable standards referer	iced in subsection 62-555.3	20(3), F.A.C. I also	certify th	at the following add	itional operations records for this				
piai	nt were prepared each d	lay that a licensed operator staffed or visi	ited this plant during the mo	onth indicated above	: (1) recor	rds of amounts of ch	emicals used and chemical feed				
rate	s; 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	irs and to make them av	ailable for review upon request.									
	1 May 14	1. 1235	4.11 27 3								
<del> (</del>	your runc	h 10-3-05	Allan Finch			C-7806					
Sig	nature and Date		Printed or Typed Name			License	Number				

PWS	PWS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida													
HI. D	III. Daily Data for the Month/Year of: September /2005													
Means	of Achi	eving Four-L	og Virus In	activation/Rem		Free Cl	lorine	□С	hlorine I	Dioxide	Oz	one 🗌 (	Combined Chlorine (Chloramines)	
		Radiation		(Describe):										
Type	of Disinf	ectant Residu		ned in Distribut			ree Ch				lorine (C	hloramines)	Chlorine Dioxide	
	."		C	T Calculations, or l		monstrate Fo	ur-Log	Virus Inactiv	ation, if Ap		Dose			
					C1 Calcu	Lowest CT				UV	LOSC	Lowest		
				Lowest Residual	Disinfectant	Provided				to the part		Residual		
				Disinfectant	Contact Time	Before or						Disinfectant		
		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum CT	Lowest	Minimum UV Dose	Concentration at Remote		
Day of		of Finished	100	First Customer	Point During	During	of	pH of	Required	UV Dose,	Required.	Point in	Emergency or Abnormal Operating Conditions; Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water	
Month 1	Operation 24	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm <sup>2</sup>	sec/cm²		System Components Out of Operation	
2	24	27000	<del></del>	<del> </del>								2.4		
3	24	17000										0,4 0,5		
4	24	22500		<del> </del>								8.5		
5	24	22500										0.6		
6	24	26000										0.5		
7	24	18000										0.8		
8	24	21000										0.7		
9	24 24	16000										0:7		
11	24	16000 24500										0.9		
12	24	24500		<del></del>								~ ~		
13	24	29000										0,7		
14	24	27000		<del> </del>								0.8		
15	24	73006									-	0.8		
16	24	18000										6,7		
17	24	36000										2,4		
18	24	26000												
19 20	24 24	26000										0,2		
21	24	30000										6.7		
22	24	20000										0.8		
23	24	21000		<del>                                     </del>								0.0		
24	24	22000										1,0		
25	24	25000										1,0		
26	24	25000										0,6		
27	24	35000										0.6		
28	24	17000										0.7		
29 30	24 24	26000										۲,0		
31	24	21000										0.6		
Total		714.000		<u> </u>	<u> </u>						L			
Average		23,800												

Maximum

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



See	page 4 for instructions.						•	ILL OUI .				
		for the Month/Year of: October/2005										
<u>A.</u>	Public Water System (P	WS) Information										
	PWS Name: Phillips						PWS Identification No	umber: 3591008				
	PWS Type: $\boxtimes$ C	community Non-Transient Non-C	ommunity Tra	nsien	t Non-Community	Cor	secutive					
	Number of Service Cor											
	PWS Owner: Utilities, Inc. of Florida											
	Contact Person: Patricl	k Flynn		Contact Person's Title: Regional Director								
	Contact Person's Maili	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 F	ax Number	r: 407-869-6961					
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.co	m									
B. Water Treatment Plant Information												
	Plant Name: Utilites, I	nc. of Florida					Plant Telephone Num					
	Plant Address: 200 We	eathersfield Ave.			City: Altamonte S	orings	State: Fl	Zip Code: 32714				
	Type of Water Treated		Purchased Finis	hed V	Vater							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: 79,000									
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): V			Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):					
	Licensed Operators	Name	License (	Class	License Number		Day(s)/Shift	t(s) Worked				
	Lead/Chief Operator:	ALLAN FINCH	С		7806		Mon-Fr	ri Days				
	Other Operators:	Terry Sillitoe	В		12749	Thur. Fri. & Sat. Days						
	}	Roger Holsapple	С		7436	Weekend Checks						
	l	Domenic Gentillucci	C		12562	Weekend Checks						
87	I. Certification by Lea	d/Chief Operator										
	the undersigned water tr	eatment plant operator licensed in Florid	a am the lead/chief o	perato	or of the water treat	nent plant	identified in Part I of t	his report. I certify that the				
int	formation provided in th	is report is true and accurate to the best of	of my knowledge and	belief	<ol> <li>I certify that all d</li> </ol>	rinking wa	iter treatment chemical	s used at this plant conform to				
N!	SF International Standar	d 60 or other applicable standards referei	nced in subsection 62-	-555.3	320(3), F.A.C. I als	o certify th	at the following additi	onal operations records for this				
nla	ant were prepared each o	day that a licensed operator staffed or vis	ited this plant during	the m	onth indicated abov	e: (1) reco	rds of amounts of chen	nicals used and chemical feed				
ra	tes; and (2) if applicable	, appropriate treatment process performa	nce records. Furthern	nore,	I agree to retain the	se addition	al operations records a	at the plant site for at least ten				
ye	ars and to make them av	vailable for review upon request.										
	May hime	h 11-1-05	Allan Finch				C-7806					
Si	gnature and Date		Printed or Typed Na	me			License Number					

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PWS	PWS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida												
III. D	II. Daily Data for the Month/Year of: October/2005												
Means	of Achie	eving Four-L	og Virus In	activation/Rem	ioval: *	Free Ch	lorine	С	hlorine D	ioxide	Oz	one 🔲 (	Combined Chlorine (Chloramines)
		Radiation		Describe):									
Type (	of Disinfo	ectant Residu		ed in Distribut Calculations, or l			ree Chl				lorine (C	hloramines)	Chlorine Dioxide
	l			Calculations, or t	CT Calcul		ur-Log \	virus inactiv	ation, if Ap	UV I	Doca		
					C1 Calcul	Lowest CT				UV	Juse	Lowest	
				Lowest Residual	Disinfectant	Provided	1, 1		1577			Residual	
1		,		Disinfectant	Contact Time	Before or						Disinfectant	
		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum CT	Lowest Operating		Concentration at Remote	
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,		Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of Operation
2	24	19000										8.8	
3	24	27,500		·								0.7	COLLECTED 3 Sample
4	24	17.000										6.7	Collected 5 Samples
5	24	21,000										0.6	
6	24	17,000										016	
7	24	20,000			<b></b>							0.6	
8	24	20,500		<del></del>	<b>-</b>							1.0	
10	24	26.500									<del> </del>	0.7	
11	24	24 000									<del> </del>	0.7	
12	24	17.000				, , , , , , , , , , , , , , , , , , ,						0.8	
13	24	19,000										0.7	
14	24	18,000										0,7	
15	24 24	18,000									<u> </u>	0,6	
17	24	26,000	<del></del>		<del></del>		<del> </del>	<del> </del>		<u> </u>	<del> </del>	0.7	
18	24	25,000		<del></del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.7	
19	24	27,000			<del>                                     </del>		<del> </del>	<del>                                     </del>	<del> </del>			0.7	
20	24	36,000										0.6	
21	24	16,000										0.6	
22	24	17,000										0.5	
23	24	33,000											
24	24	33,000	<b></b> _	<del> </del>	<del> </del>			<del> </del>	<del></del>	ļ		0.5	
26	24	19.000	<del></del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>			0.6	
27	24	33.000			<del>                                     </del>	<b></b>		<del>                                     </del>	<del>                                     </del>		<del>                                     </del>	6,5	
28	24	17.000										0,6	
29	24	20,000										0.8	
30	24	25,500			ļ								
Total	24	25,500	ļ	<u> </u>		L		<u></u>		<u> </u>	<u> </u>	0,6	
10141		703000	l										

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.

			<del></del>									
		or the Month/Year of: November/2005										
	lic Water System (P	WS) Information										
	S Name: Phillips				-	PWS Identification N	umber: 3591008					
	'S Type: ⊠ C	Community Non-Transient Non-Commun	ity 🔲 Transie	nt Non-Community	Co	nsecutive						
		nnections at End of Month: 77	···	Total Population S	erved at E	nd of Month: 270						
	S Owner: Utilities,											
	ntact Person: Patrick		Contact Person's T	Contact Person's Title: Regional Director								
Cor	ntact Person's Maili	ng Address: 200 Weathersfield Ave.	City: Altamonte Sp		State: Fl	Zip Code: 32714						
Cor	ntact Person's Telep	hone Number: 407-869-1919		Contact Person's F	ax Numbe	r: 407-869-6961						
Cor	ntact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com										
	er Treatment Plant											
	nt Name: Utilites, In					Plant Telephone Num	nber: 407-869-1919					
	nt Address: 200 We			City: Altamonte Sp	orings	State: FI	Zip Code: 32714					
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water											
Per	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000  Plant Category (per subsection 62-699.310(4), F.A.C.): V  Plant Class (per subsection 62-699.310(4), F.A.C.): D											
			Plant Class (per subsection 62-699.310(4), F.A.C.): D									
	censed Operators	Name	License Class	License Number		Day(s)/Shift	(s) Worked					
		ALLAN FINCH	C	7806		Mon-Fri Days						
Oth	ner Operators:	Terry Sillitoe	В	12749		Thur. Fri. & Sat. Days						
		Alex Lorenzo	C	13756	Mon-Fri Days							
		Kathy Sillitoe	С	13094	Mon-Fri Days							
	And The second											
سيبا						· · · · · · · · · · · · · · · · · · ·						
II. Ce	ertification by Leac	I/Chief Operator										
, the ur	ndersigned water tre	eatment plant operator licensed in Florida, am the	lead/chief operato	r of the water treatn	nent nlant i	identified in Part Lofth	is report. I certify that the					
nforma	ition provided in thi	s report is true and accurate to the best of my known	wledge and belief	Legrify that all dr	inking wat	ter treatment chemicals	used at this plant conform to					
NSF Int	ternational Standard	60 or other applicable standards referenced in su	ubsection 62-555 3	20(3), F.A.C. Lalse	certify th	at the following addition	anal operations records for this					
olant w	ere prepared each d	ay that a licensed operator staffed or visited this	plant during the mo	onth indicated above	e: (1) recor	ds of amounts of chem	icals used and chemical feed					
ates; as	nd (2) if applicable,	appropriate treatment process performance recor	rds. Furthermore	I agree to retain thes	se addition	al operations records a	t the plant site for at least ten					
ears ar	nd to make them ava	ailable for review upon request.					tine plant one for at least tell					
1 /		· · ·										
Ka	DSIL	Tas 12-1-05 Kathy S	Sillitoe			C-13094						
Signatu	re and Date		or Typed Name			License Ni	ımber					

PWS	PWS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida												
TI (III)	III. Daily Data for the Month/Year of: November/2005												
Means	of Achie	eving Four-I	og Virus In	activation/Rem	2005	Free C	م سنس م		N. 1		<u> </u>		
Πui	traviolet	Radiation	Other	(Describe):	Ovai.	Free C	niorine		Chlorine I	Dioxide		zone [_]	Combined Chlorine (Chloramines)
Type	of Disinfo	ectant Residu	ual Maintain	ed in Distribut	ion System:	N E	ree Ch	1		1 1 01			
7			C	r Calculations, or	IV Dose to De	monetrate E	ree Cn	iorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
					CT Calcul	ations	Jui-LVR	virus macuy	ration, it Ap	pheable	Dose		
					2000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Lowest CT		A Land State			LAUSE	Lowest	
	77 march			Lowest Residual		Provided			0.0			Residual	
1 4	ed) 3			Disinfectant Concentration	Contact Time	Before or						Disinfectant	
	W	Net Quantity	1	(C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest	Minimum	Concentration	
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required	at Remote Point in	
Month	Plant in	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
1	24	24,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C _	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of Operation
2	24	21,000										0.60	
3	24	24,000							-			0.60	
4	24	12,000										0.70 0.60	
5	24	17,000							<u> </u>			0.60	
7	24	22,000										0.00	
8	24	22,000 15,000										0.60	
9	24	17,000										0.60	
10	24	30,000										0.70	Collected 3 Bacts
11	24	18,000										0.70	
12	24	24,000										0.60	
13	24	24,000										0.70	
14	24	24,000										0.70	well maint.
15	24	22,000 25,000										0.60	
17	24	31,000										0.60	
18	24	18,000										0.70	
19.	24	19,000							<del>  </del>			0.70	
20	24	23,500										0.60	
21	24	23,500										0.60	
22	24	47,000 18,000										0.70	
24	24	21,000										0.80	
25	24	13,000										0.60	
26	24	13,000										0.60	
27	24	26,000							-			0.80	
28	24	26,000										1.00	Flushed system 4,150 gallons
29	24	10,000										1.60	1 tusticu system 4,130 gations
30 31	24	10,000										1.20	
Total	24	640,000											monthly interconnect usage 13,100 gallons
Avorage		21,222											

47,000

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



610

See page 4 for instructions.

							V4					
I.		or the Month/Year of: December/2005										
٩.	Public Water System (P	WS) Information										
	PWS Name: Phillips					PWS Identification Nu	mber: 3591008					
	PWS Type:	Community Non-Transient Non-Comm	unity 🔲 Transier	nt Non-Community	Cor	nsecutive						
	Number of Service Con	nnections at End of Month: 77		<b>Total Population S</b>	erved at Er	nd of Month: 270						
	PWS Owner: Utilities,											
	Contact Person: Patricl	k Flynn		Contact Person's Title: Regional Director								
	Contact Person's Maili	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 F	ax Number	r: 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 S	orings	State: Fl	Zip Code: 32714					
	Type of Water Treated		Purchased Finished V	Water								
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000											
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D												
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(	s) Worked					
	Lead/Chief Operator:	ALLAN FINCH	С	7806		Mon-Fri	Days					
	Other Operators:	Terry Sillitoe	В	12749		Thur, Fri. &	Sat. Days					
		Alex Lorenzo	С	13756	Mon-Fri Days							
		Kathy Sillitoe	С	13094		Mon-Fri	Days					
	Candiffered by Land											
	. Certification by Lea		4h - 1 - 1/-1:-6	C41		it do ti but out out						
		eatment plant operator licensed in Florida, am										
		is report is true and accurate to the best of my										
		1 60 or other applicable standards referenced in										
		lay that a licensed operator staffed or visited th										
ıa:	es, and (2) if applicable	appropriate treatment process performance re ailable for review upon request.	cords. Furthermore,	agree to retain the	se addition	ai operations records at	the plant site for at least ten					
ye	ars and to make them av	anabic for review upon request.										
,	May finh	1-2-06 Allai	n Finch			C-7806						
<del> </del>	gnature and Date				<del></del>							
Sł,	gnature and Date	Prini	ted or Typed Name			License Nu	шоег					

PWS	WS Identification Number: 3591008 Plant Name: Utilites, Inc. of Florida												
III. D	III. Daily Data for the Month/Year of: December/2005												
Means	Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)												
UI 🔲	Ultraviolet Radiation Other (Describe):												
Туре	of Disinfo	ectant Residu		ed in Distributi	on System:	ΧF	ree Ch	lorine	Com	hined Ch	lorine (C	hloramines)	Chlorine Dioxide
	Kalendari		C	l'Calculations, or	UV Dose to De	monstrate Fo	our-Log	Virus Inactiv	ation if A	policable*	norme (C	moranines)	Chlorine Dioxide
				Will Day Service	CT Calcul	ations	XV.		A Carl		Dose		
					14	Lowest CT						Lowest	
	A SALES			Lowest Residual	Disinfectant	Provided	100	30 J. Y.		4.00		Residual	
				Disinfectant Concentration	Contact Time (T) at C	Before or at First		A STATE OF THE STA				Disinfectant	Marian Carlos Ca
		Net Quantity			Measurement	Customer	Temp.	on the second services of the		Lowest	Minimum UV Dose	Concentration at Remote	
Day of	Hours	of Finished		Pirst Customer	Point During	During	of	pH of				Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW•	Distribution	or Maintenance Work that Involves Taking Water
1 Intontin	24	Produced, gal	Rate, gpd	Flow, mg/L	a minutes .	mg-min/L	•°C ⊹	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of Operation
2	24	17.000								ļ		0.9	
3	24	8,000		<del> </del>								_ پیچ	
4	24	22,500								ļ		6.9	
5	24	22500										2.0	Collected 3 Bact's
6	24	15,000										0.8	Contected of Darks
7	24	15,000										6,9	Plant went on interconnect
8	24	6,000										0,9	LK Mary PSF at interconnect 1 not
10	24	15,000										0,9	allowing Plant to comback on-line, adj Plant
11	24	25,000							ļ			1,0	
12	24	25,000										1.0	
13	24	28.000										8.9	
14	24	30,000										6.8	
15	24	35,000										0,9	
16	24	36,000										0.9	
18	24	23,000					<b> </b>			<u> </u>		_ <u> </u>	
19	24	22,500					<del> </del>	<del></del>					
20	24	24,000					<del> </del> -					0.7	
21	24	21,000					<del> </del>				<u> </u>	0.7	
22	24	23.000										6.7	
23	24	18,000										0.8	
24	24	22,000										0.7	
25	24	24,500		ļ									
27	24	21,000				···						0.7	
28	24	19,000					<del> </del>	<u> </u>				0.7	Flushed 8000 gal
29	24	34,000		-			<del> </del>	<del> </del>		<del> </del>		0.6	
30	24	27,000								<del>                                     </del>	<del> </del>	0.8	
31	24	30,000										0.7	
Total		679,000									•		
Average		21900	]										
Maxim	um	75.000	1										

<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 Plant Name: Utilites, Inc. of Florida PWS Identification Number: 3591008 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: Polymer Dose, ppm = Acrylamide Level, % = B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows: Polymer Dose, ppm = Epichlorohydrin Level, %<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): 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 $SiO_2 =$

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

<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.

### Phillips

Docket No. 060253-WS

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2005



## Department of Environmental Protection

oribitistics
oribitistics

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

KMD/jp Enclosures

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

19.1 Millips 610.

## State of Florida Department of Environmental Protection Central District

#### SANITARY SURVEY REPORT

Plant Name	PHILLIPS SECTION	County	Seminole	_ PWS ID #	3591008
Plant Location	PHILLIPS SECTION 422 W Crystal, Sanford, FL 32771			Phone _	407-869-1919
Owner Name	Utilities, Inc. of Florida			Phone	407-869-1919
Owner Address	200 Weathersfield Ave., Altamonte Sprin	gs, FL 32714/	Fax: 407-869	-6961	
Contact Person	Patrick Flynn, p.c.flynn@utilitiesinc-usa.co	om Title: Re	gional Directo	r Phone	407-869-1919
This Survey 1	0/6/05 Last Survey Date	10/30/02	Las	t C.I. Date	4/3/03
PWS TYPE & C	CLASS		TER SOURC		
	(5D)		JND; Number		
☐ Non-transie	nt Non-community		ency Water	Source <u>35902</u>	201 City of Lake
☐ Non-Comm	unity	Mary t	hrough a 3" au	itomatic interc	onnect
		Emerg	ency Water	Capacity: <u>Ur</u>	nknown
PWS STATUS			-		
	ystem with approval number & date		RY_POWER S		
Serial #1795	dated 1/10/56	□ `Yęs	☐ None		uired
WC59-2030	dated 11/18/83	Source			
		Capacity of	Standby (k	W)	
Unapproved	d system	Switchove	r: 🗀 Autom	atic 🔲 Mar	iual
		Standby F	Plan: 🗀 Xes	☐ No	
	A CHARACTERISTICS	Hrs Opera	ated Under D	oad	
Single-family h	home subdivision	What equi	pment does	it operate?	
			pumps		
Food Service:	☐ Yes ☐ No ☒ N/A		Service Pur		
		☐ Trea	itment Equip	ment	
	MAINTENANCE	Satisfy 1/2	2 max-day de	mand? TY	s No Unk
	tor: 🛛 Yes 🗌 No 🔲 Not required	Comments	s	_	_ \_
	Certification Class-Number				
Allan Finch C-	7806 & Terry Sillitoe B-12749				-
	Yes No Not required	TREATME	ENT PROCE	SSES IN US	E
	tion Frequency	<u>Disinfect</u>	ion-hypochlor	ination; Ortho	-polyphosphate
Hrs/day: Requi	ired N/A Actual N/A	corrosion	inhibitor (per	10/12/05 ema	ail from Kathy
	uired3Actual_5+1 wknd_	Sillitoe)			
Non-consecut	tive Days? ☐ Yes ☐ No ☒ N/A				
	ed regularly? 🔯 Yes 🔲 No 🔲 N/A	What addi	tional treatm	ent is needed	1?
	om MORs? ⊠ No 🔲 Yes 🗌 N/A	None at t	his time		
	show correct plant address.	For contro	l of what defi	ciencies?	
	ned and isolation valves are exercised	_N/A_			
	e indicate these exercises on the MORs.				
	vice Connections77	DISTRIBU	ITION SYST	EM	
Population Serv	ved <u>270</u> Basis <u>3.5/syc. cx.</u>	Flow Meas	suring Device	Flov	v Meter
Average Day (fr	rom MORs) <u>46,008</u> gpd	Meter Size	& Type _3'	Neptune	
Max. Day (from	MORs) 141,000 gpd 6/02	Backflow !	Prevention D	evices: 🔯 Y	′es 🗌 No
Max-day Design		Cross-con	nections N	one observed	
	stem exceeded the design capacity in		oss-connecti		rogram: Yes
	286.62%, November 2004: 161.62% &				]No □N/A
December 2004			Cross-conn		
			ogical samplir		
			ants/disinfection		
		received			

PWS ID#	3591008
Date	10/6/05

#### **GROUND WATER SOURCE**

	VATER SOURCE	1 .		
Well Number		1		
Year Drille		~1955		
Depth Drilled		250'		
Drilling Method		Unknown		
Type of G	rout	Unknown		
Static Wa	ter Level	13'		
Pumping \	Nater Level	Unknown		
Design W	ell Yield			
Test Yield				
Actual Yie	d (if different than rated capacity)	▼		
Strainer		Bronze @ 45'		
Length (or	utside casing)	92'		
Diameter	(outside casing)	6"		
Material (d	outside casing)	Steel		
Well Cont	amination History	None		
Is inundat	ion of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	>100'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	>100'		
:	Other Sanitary Hazard	None observed		
	Туре	Vertical turbine		
	Manufacturer Name	Goulds		
PUMP	Model Number	5CLC		
	Rated Capacity (gpm)	100 gpm @ 185 ft. TDH		
	Motor Horsepower	7.5		
Well casin	g 12" above grade?	Yes		
Well Casir	ng Sanitary Seal	Yes		
Raw Wate	r Sampling Tap	Yes		
Above Gro	ound Check Valve	Yes		
Fence/Hou	using	Yes		
Well Vent	Protection	N/A		
			1	

COMMENTS FL ID #: AAH2571. Provide all unknown information.

		PWS ID # _ Date	3591008 10/6/05
	0700405 5400 170		
CHLORINATION (Disinfection) Type: ☐ Gas ☒ Hypo Make <u>Stenner</u> Capacity <u>17 gpd</u>	STORAGE FACILITII (G) Ground (H) Hy (B) Bladder (C) Cl	dropneuma	tic (E) Elevated
Chlorine Feed Rate <u>set at 3.5</u> Avg. Amount of Cl <sub>2</sub> gas used <u>N/A</u>	Tank Type/Number	H	
Avg. Amount of Cl <sub>2</sub> gas used N/A	Capacity (gal)	3,000	
Chlorine Residuals: Plant 1.77 Remote 0.55 Remote tap location 100 Par Pl.	Material	Steel	
DPD Test Kit:  On-site  With operator	Gravity Drain	Yes	
None Not Used Daily	By-pass Piping	Yes	
Injection Points Prior to hydro tank  Booster Pump Info N/A	Pressure Gauge	Yes	
Comments	Sight Glass or	Yes	
	Level Indicator	27/4	
Chlorine Gas Use YES NO Comments Requirements	Fittings for Sight Glass	N/A	
Dual System	Protected Openings	Yes	
Auto-switchover	PRV/ARV	ARV	
Alarms:	On/Off Pressure	N/A	
Loss of Cl <sub>2</sub> capability	Access Padlocked	Yes	
Loss of Cl <sub>2</sub> residual	Height to Bottom of	N/A	
Scale	Elevated Tank	N/A	
Chained Cylinders	Height to Max. Water Level	N/A	
Reserve Supply	Comments Manhole		
Adequate Air-pak	Pressure gauge inside	building; at	70 psi.
Sign of Leaks			
Fresh Ammonia	1		
Ventilation			
Room Lighting	HIGH SERVICE PUN	1PS	
Warning Signs	Pump Number		
Repair Kits	Туре		
Fitted Wrench	Make		
Housing/Protection	Model		
NEDATION (O F. 9 Ma Domeyol)	Capacity (gpm)		
AERATION (Gases, Fe, & Mn Removal)  Type  Capacity	Motor HP		
Type Capacity Aerator Condition	Date Installed		
Bloodworm Presence	Maintenance		
Visible Algae Growth Protective Screen Condition	Comments		
1,0.000 00.00			

Comments \_\_\_\_\_

PWS ID#	3591008
Date	10/6/05

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

- 1. Based on the treatment processes and permitted maximum day design capacity, this system is classified as a category V and class D plant. This system will require staffing by Class D or higher operator performing 3 nonconsecutive visits per week. [Rule 62-699.310(4)(e), F.A.C.] Please make the necessary changes to the monthly operation reports (MORs) to reflect this change.
- 2. Flows exceeded the permitted maximum-day operating capacity once during 2003 and twice during 2004. Please submit a report evaluating the supply and demand situations, and raise recommendations towards increasing the capacity of the plant as may be needed to meet the projected demand in the next five years. The report shall analyze the source, treatment, and storage capacity. [Rule 62-555.348 & 62-555.350(4), F.A.C.]
- 3. There was a leak at the ortho-polyphosphate injection point. Determine the source of the leak and make the necessary repairs. [Rule 62-555.350, F.A.C.]
- 4. Provide the emergency water capacity supplied by the 3-inch automatic interconnect with the City of Lake Mary.
- 5. Ensure the correct plant address is indicated on Monthly Operation Reports (MORs) in section B. Kathy Sillitoe has reported that she will be making this correction to all future MORs.
- 6. Provide information for items marked "unknown" in this report.
- 7. 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. 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.]

Kathy Sillitoe has informed the Department cleaning and inspection of the hydropneumatic tank will be conducted the first quarter of 2006.

2. No later than <u>December 31, 2005</u>, 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.]

pector	Date10	0/19/05
proved by	Date 11	1/8/05
proved by	Da	ite1

#### RESPONSE

#### Please indicate changes to the following:

PWS ID Number: <u>3591008</u>	Business Name:	
PWS Name: Phillips Section	Owner(s) Name:	
Mailing Address:	Mailing Address:	
Date:		
Florida Department of Environmental Protect Drinking Water Compliance/Enforcement Pro 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803		
Attention: Attention: Joni Petry, Environmental Spec	cialist	
In response to the Department's Sanitary Survey Refollowing actions were done to correct the listed defice	eport for the subject public water sy idencies:	stem dated October 6, 2005, the
Deficiency Item No. Corrective	Action Done	Date Done
		2410 20110
(A)		
(Attach additional sheet if necessary)		
I hereby certify to the correctness of the above inform		
PWS Owner/Representative Signature:		
Name of PWS Owner/Representative:	(Please Type or Prin	t)

#### 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 1 of 1
C:\Documents and Settings\Leah Wright\Desktop\SurveyResponceNOV282005.doc

#### **RESPONSE**

#### Please indicate changes to the following:

PWS ID N	lumber: <u>3591008</u> E	Business Name: <u>Utilities, Inc. of Florid</u>	3
PWS Nan	ne: Phillips Section C	Owner(s) Name; <u>Utilities, Inc. of Florida</u>	3
Mailing Ad	ddress: 200 Weathersfield Avenue	Mailing Address: 200 Weathersfield Ave	nue
Aitamonte	Springs, FL 32714	Altamonte Springs, FL 32714	karronnan kolonia (* Armoldonia
Date: No	vember 29, 2005 F	Phone Number(s): <u>407-869-1919 ext. 22</u>	<u>9</u>
Drinking 3319 Ma Orlando	Department of Environmental Protection Water Compliance/Enforcement Program guire Boulevard, Suite 232 Florida 32803 Attention: Joni Petry, Environmental Specialist		
	se to the Department's <b>Sanitary Survey Report</b> fo actions were done to correct the listed deficiencies.		ed <u><b>October 6, 2005</b>,</u> the
Deficient	cy <u>Corrective Action</u>	<u>Done</u>	Date Done
1	Our records indicate that a category V class D is lister	d on the MOR page 1 for 2004 and 2005.	
2A	On August 2, 2003, there was a main break resulting i	n an estimated 200,000 gallons lost	8/2/03
	water. The system is essentially built out.		****
2B	From November 17, 2004 to December 14, 2004, high	consumption reads were	12/14/05
	recorded. This was due to a 2" line leaking in a back e	asement under an oak tree,	
	resulting in an estimated 80,000 gpd lost water. The r	epair required relocation of a new	
	service line and meters to be reset in the front easeme	ent.	The desiration of the state of
3	The ortho-polyphosphate connection was repaired with	10/6/05	
4	The emergency water service is equal to the plant cap	acity and will provide adequate	
	water service to meet average day demand.		
5	We are working with Seminole County to provide a cor	rrect address for this facility. This will be	with the second of the second
	added to the MORs when the address is available		
(Attach ad	ditional sheet if necessary) SEE ATTACHED		
I hereby o	ertify to the correctness of the above information.		
PWS Own	er/Representative Signature:		

(Please Type or Print)

Name of PWS Owner/Representative: Patrick C. Flynn, Regional Director

#### **ATTACHMENT**

Deficiency Item No.	Corrective Action Done	Date Done
6	Unable to locate any additional information for items marked "unknown."	
7	Enclosed is a copy of the MSDS sheets for Aquadene, which is a blended	
	Orthopolyphosphate product manufactured by Stiles-Kem.	

STILES KEN

NSF Certified Products - Public Water Supply Treatment Chemicals



#### **NSF** Product and Service Listings

These Listings were Last Updated on Thursday, July 29, 2004 at 4:15 AM Eastern Time. Please contact NSF International to confirm the status of any Listing, report errors, or make suggestions.

Warning: NSF is concerned about fraudulent downloading and manipulation of website text. If you have received this listing in hard copy, always confirm this certification/listing information by going directly to <a href="http://www.nsf.org/Certified/PwsChemicals/Listings.asp?Company=44340&Standard=060&">http://www.nsf.org/Certified/PwsChemicals/Listings.asp?Company=44340&Standard=060&</a> for the latest most accurate information.

# NSF/ANSI STANDARD 60 Drinking Water Treatment Chemicals - Health Effects

# STILES-KEM DIVISION, MET-PRO CORPORATION

1570 LAKESIDE DRIVE WAUKEGAN, IL 60085-8309 800-562-1537 847-689-1100

Facility: WAUKEGAN, IL

Blended Corrosion Inhibitor

Bio-Purge BD 2633-A

Trade Designation	Product Function	Max Use
Aquadene MP 4010	Corrosion & Scale Control	12 mg/L
Aquadene MP 6031	Sequestering Corrosion & Scale Control	32 mg/L
Aquadene MP-6041	Sequestering Corrosion & Scale Control	32 mg/L
•	Sequestering	
Aquadene SK-7107	Corrosion & Scale Control Sequestering	12 mg/L
Aquadene SK7631-A	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK7641-A	Corrosion & Scale Control	32 mg/L

Sequestering

Corrosion & Scale Control

32 mg/L

Page 4 of 6

		Sequestering	
	Aquadene SK-7613	Corrosion & Scale Control	128 mg/L
		Sequestering	
,	Aquadene SK-7620	Corrosion & Scale Control	32 mg/L
		Sequestering	1
	Aquadene SK-7621	Corrosion & Scale Control	63 mg/L
		Sequestering	00 1118/ 2
	Aquadene SK-7622	Corrosion & Scale Control	63 mg/L
		Sequestering	mg/12
	Aquadene SK-7623	Corrosion & Scale Control	63 mg/L
	*	Sequestering	An 1115/17
	Aquadene SK-7630	Corrosion & Scale Control	32 mg/L
	•	Sequestering	Jan Higgs
	Aquadene SK-7631	Corrosion & Scale Control	42 mg/L
	•	Sequestering	THE LINES AND
	Aquadene SK-7632	Corrosion & Scale Control	42 mg/L
	•	Sequestering	" Ittel u
	Aquadene SK-7633	Corrosion & Scale Control	42 mg/L
		Sequestering	To step 2
	Aquadene SK-7640	Corrosion & Scale Control	32 mg/L
1	1	Sequestering	22 1118/S
4	Aquadene SK-7641	Corrosion & Scale Control	32 mg/L
		Sequestering	0 a 11.8/13
11	Aquadene SK-7642	Corrosion & Scale Control	32 mg/L
		Sequestering	
	Aquadene SK-7643	Corrosion & Scale Control	32 mg/L
		Sequestering	
	Aquadene SK-7660	Corrosion & Scale Control	45 mg/L
~,		Sequestering	
	Aquadene SK-7661	Corrosion & Scale Control	45 mg/L
		Sequestering	
	Aquadene SK-7690	Corrosion & Scale Control	32 mg/L
		Sequestering	
	Aquadene SK-7691	Corrosion & Scale Control	32 mg/L
		Sequestering	-
	Aquadene SK-7692	Corrosion & Scale Control	32 mg/L
	A	Sequestering	
	Aquadene SK-7693	Corresion & Scale Control	32 mg/L
	A I Propried to a	Sequestering	
	Aquadene SK-7694	Corrosion & Scale Control	32 mg/L
	Annal Car Tops	Sequestering	
	Aquadene SK-7695	Corrosion & Scale Control	32 mg/L
	A OTF MAGA	Sequestering	
	Aquadene SK-7696	Corrosion & Scale Control	32 mg/L
	A mus down STV GCGG	Sequestering	_
	Aquadene SK-7697	Corrosion & Scale Control	32 mg/L
	Aguadama SV 2000	Sequestering	
	Aquadene SK-7699	Corrosion & Scale Control	$32~\mathrm{mg/L}$

## Phillips

Docket No. 060253-WS

25.30-440(6) Permits



**POST OFFICE BOX 1429** 

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

SUNCOM STDD SUNCE

OBIDA PALATK 32178-142

(Administration/Finance) 329-450

FAX (Executive) 329-4125 618 F. South Street

Orlando, Florida 32801 407-897-4300

TDD 407-897-5960

(Legal) 329-4485

TDD 904-448-7900

Jacksonville, Florida 32256 904-730-6270

Suite 102

(Permitting) 329-4315 SERVICE CENTERS 7775 Baymeadows Way

PERMITTING 305 East Drive

TDD 407-722-5368

Melbourne, Florida 32904 407-984-4940

OPERATIONS: 2133 N. Wickham Road Melbourne, Florida 32935-8109 407-752-3100

November 22, 2000

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

SUBJECT: Consumptive Use Permit Number 8350

**PHILLIPS** 

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 22, 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

Gloria Lewis, Director

Permit Data Services Division

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

cc: District Permit File

Agent:

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

PERMIT NO. 8350

PROJECT NAME: PHILLIPS

#### A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 11.74 million gallons per year of ground water from the Floridan aguifer for public supply for an estimated population of 249

#### LOCATION:

Site: PHILLIPS

Seminole County

Section(s):

4

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 22, 2000

**AUTHORIZED BY:** 

St. Johns River Water Management District Department of Resource Management

Dwight T Jenkins **Division Director** 

# "EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8350 UTILITIES INC OF FLORIDA DATED NOVEMBER 22, 2000

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

permittee.

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

permit number 8350 plainly labeled on the submittals.

13. This permit will expire on November 22, 2005.

14. Maximum annual ground water withdrawals must not exceed:

12.29 million gallons in 2001;

12.15 million gallons in 2002;

12.01 million gallons in 2003;

11.88 million gallons in 2004, and

11.74 million gallons in 2005.

- 15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
- 16. The permittee must assure that all service connections continue to be metered.
- 17. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
- 18. Well no. 1 must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 19. Total withdrawals from well no. 1 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31

20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

- 21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
- 22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

#### **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 22nd 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: 8350

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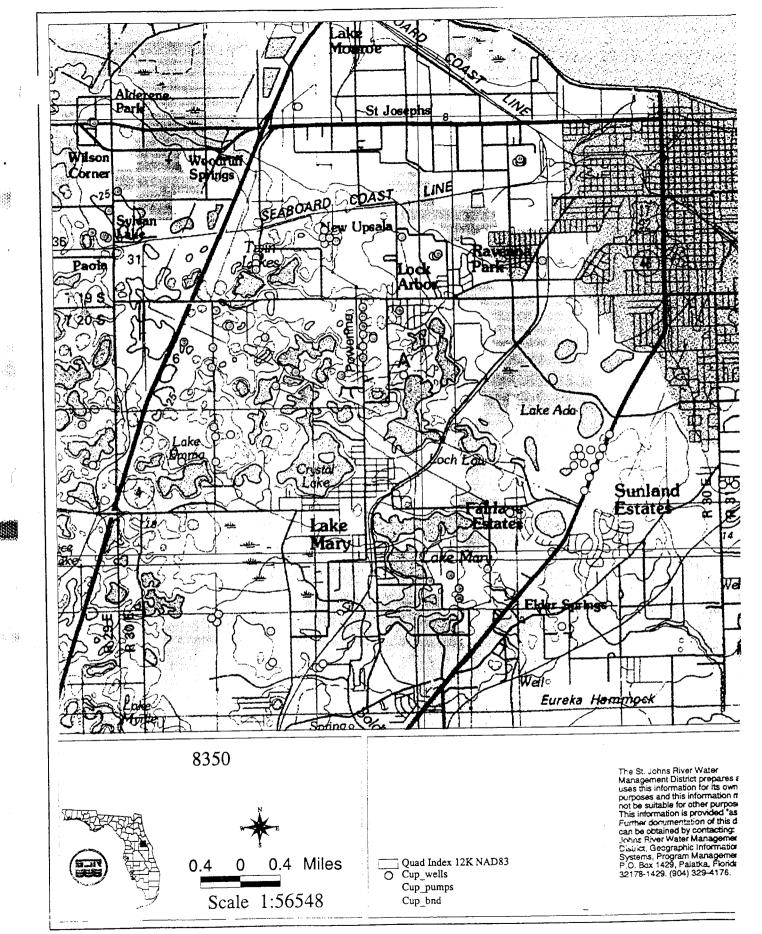
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# FLOW METER WATER CALIBRATION RECORD - EN51 ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429 Palatka, Florida 32178-1429

Consumptive Use Permit Number: 8350 - PHILLIPS Permittee Name: Utilities Inc of Florida Date of Permit Issuance: November 22, 2000 Station Name: 1 Pump Capacity: 110 GPM Serial Number on Meter: Meter Model: Discharge Pipe Diameter: Date of Last Meter Calibration: \_\_\_\_/\_\_/ Date of This Calibration: / / Name of Person Performing Calibration: \_\_\_\_\_ Μć od 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: C' State/Zip: Daytime Telephone: (\_\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please Retain a Copy for Your Records





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

WATER USE RECORD

FORM EN - 50

CUP# **8350** 

PERMIT ISSUE DATE 22-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT PHILLIPS

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Step 3.	CONTACT NAME	
	PHONE NUMBER	_



15592





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

WATER USE RECORD

FORM EN - 50

CUP# **8350** 

PERMIT ISSUE DATE 22-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT PHILLIPS

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

JUL 00	
AUG 00	
SEP 00	
OCT 00	
NOV 00	
DEC 00	
•	ONE NUMBER



15592

## Phillips

Docket No. 060253-WS

25.30-440(7) Notices

# **NOTICES**

None

## Phillips

Docket No. 060253-WS

25.30-440(8) Field Employees

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

#### Field Employees:

#### Pasco and Pinelles Counties:

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

#### Marion County:

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

#### Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

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

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

## Phillips

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 1GCEC14V86Z103857	CARL ZUBEK	\$15,363.17 Alafaya Utilities, Inc. \$18,681.44 Alafaya Utilities, Inc.
610 06 CHEV C15 V-8	1GCEC14V80Z103037	MICHAEL OVERTON EDWARD ROBERTS	\$19,053.10 Alafaya Utilities, Inc.
311 03 CHEV C15 FULL 308 03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10 Alafaya Utilities, Inc.
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 C\$10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17 Eastlake Water Service, Inc.
9808 98 DODGE DAKOTA	1B7FL26X6W\$604943	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	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85 Mid-County
9833 98 CHEV S-10	1GCCS14X2WK245013		\$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 1FTCR10X1TUB67972	JIM SWEGHEIMER SPARE	\$15,792.00 Sanlando Utilities, Inc.
9602 96 FORD RANGER REGULAR	1GCCS146358238591	DOUG GOODWIN	\$16,085.99 Sanlando Utilities, Inc. \$18,484.14 Sanlando Utilities, Inc.
516 05 CHEV COLORADO 101 01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85 Sanlando Utilities, Inc.
220 02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21 Sanlando Utilities, Inc.
14 00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17 Sanlando Utilities, Inc.
102 01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86 Sanlando Utilities, Inc.
9835 98 CHEV S-10	1GCCS14X0WK247116		\$16,290.61 Sanlando Utilities, Inc.
9834 98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$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.
112 01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92 Sanlando Utilities, Inc.
312 03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10 Sanlando Utilities, Inc.
305 03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN SANLANDO DUMP TRUCK	\$22,478.87 Sanlando Utilities, Inc.
433 04 FORD F-750	3FRXF75424V600407 1GCEC14X23Z115810	JERRY HAHN	\$63,896.30 Sanlando Utilities, Inc. \$19,372.92 Tierre Verde
304 03 CHEV C15 FULL 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	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05 Utilities, Inc, of Florida
436 04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$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 2B7GB11X5NK163811	JOHN HOY	\$32,505.83 Utilities, Inc, of Florida \$0.00 Utilities, Inc, of Florida
9250 92 DODGE	2G1WF55E329381533	SEWER VIDEO EQUIP VAN SCOTTY HAWS	\$19,351.00 Utilities, Inc. of Florida
242 02 CHEVY IMPALA 9925 99 CHEV LUMINA	2G1WF55E329361533 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
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

### Phillips

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.

# Ravenna Park Docket No. 060253-WS

Seminole County

#### Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (1) Detailed Map

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (2) Chemicals Used

Test Year Ended December 31, 2005

## **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	Jystem Hann			
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
Sell illinois			等後1272年	
	Complete the second of the sec	Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Octivity				
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
	ac such such such such such such such suc			
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
				0.45/201
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
	State of the state of the state of	SEASON STATES OF THE	Wales	Unit
	<u> </u>	Chemical	Water	Price
County	System Name	Used	Treatment	Price
			24 and	\$ 1.15/gal
Seminole	Park Ridge	Chlorine	3-4 gpd	\$14.00/ gal
		Polyphosphate	1-2 gpd	\$14.00/ ga.
		Chemical	Water	Unit
	1 O stare Name	Used	Treatment	Price
County	System Name	Useu	Treatment	
Caminala	Phillips	Chlorine	2-3 gpd	\$ 1.15/gal
Seminole	Filmps	Polyphosphate	1-2 gpd	\$14.00/ gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
County	- Cycle in items			
Seminole	Crystal Lake	Chlorine	3-4 gpd	\$ 1.15/gal
Centimore		Polyphosphate	1-2 gpd	\$14.00/ gal
				The Thirty of the second
APPLICATION AND CONTRACTOR AND PROPERTY OF THE	A STATE AND AND ASSESSMENT OF THE STATE AND ASSESSMENT OF THE STATE ASSESSMENT	Chemical	Water	Unit
	1	Mand	Treatment	Price
County	System Name	Used	Headinett	
County	System Name			0.4.671
Comingle	Rayenna	Chlorine	8-12 gpd	\$ 1.15/gal
Comingle	Rayenna	Chlorine	8-12 gpd	E TOTAL CONTROL
Comingle	Ravenna	Chlorine Chemical	8-12 gpd Water	Unit
Comingle	Rayenna	Chlorine	8-12 gpd	E TOTAL CONTROL
Seminole County	Ravenna System Name	Chlorine Chemical Used	8-12 gpd Water Treatment	Unit Price
Seminole  County  Seminole	Ravenna System Name Bear Lake	Chlorine Chemical Used Chlorine	8-12 gpd Water Treatment 7-10 gpd	Unit Price \$ 1.15/gal
Seminole  County  Seminole	Ravenna System Name	Chlorine Chemical Used Chlorine	8-12 gpd Water Treatment 7-10 gpd	Unit Price \$ 1.15/gal
Seminole  County  Seminole	Ravenna System Name Bear Lake	Chlorine Chemical Used Chlorine Chemical	8-12 gpd Water Treatment 7-10 gpd Water	Unit Price \$ 1.15/gal Unit
Seminole  County  Seminole	Ravenna System Name Bear Lake	Chlorine Chemical Used Chlorine	8-12 gpd Water Treatment 7-10 gpd	Unit Price \$ 1.15/gal
Seminole  County  Seminole	Ravenna System Name Bear Lake	Chlorine Chemical Used Chlorine Chemical	8-12 gpd Water Treatment 7-10 gpd Water	Unit Price \$ 1.15/gal Unit

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

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
							-	
PINNELLAS COUNT	Υ				<u> </u>			
	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	T			
	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>		
						ļ	ļ	
				<u> </u>	<u> </u>	<u> </u>	1	

4878595961

89/26/2006 89:28

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

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
					<u> </u>			
MARION COUNTY					1			
	GOLDEN HILLS	Liquid Chlorine	Yes No	Yes / No	1.325 GAL	GALS	0.95/GAL	4.9 gals/da
		Ammonia	Yes/No	Yea / No			<u> </u>	
	CROWNWOOD	Stick Chlora	Yes/No	(Yes) No	50 485	LBS &	2.16/18	0.2 LBS/day
	0313777111302	Liquid Chlorine		Yes No	1,945 64		0.95 /GAL	7-2 gals /day
		Ges Chlorina	Yes/No	Yes/No				, ,
•	1	Liquid Chlorine	Yec/No	Yes/No-				
		Granular Chlory		(Yas)/No	100 485	LBS :	1.48/LB	OHLBS/day
					(so far)			

(269 days sofar)

04/05

09/26/2006

13:52

4078696961

85/26/2005

14:31

3526227090

GOLDEN HILLS

UTILITIES INC OF FL

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (3) Chemical Analyses

Test Year Ended December 31, 2005

### UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

#### 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

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

June 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 Raveena Park

PWS ID# 3591061

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe

Area Manager Manager

Enclosure

EC:

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

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: <u>Kajeena</u> T	PWS 1.D. #: 3 5 9 1 0 6 1
System Type (check one): Community	☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: III TEMPLE DR	NO E
	State: 1 ZIP Code: 32771
Phone #: 407-869-1919	Fax#: 407-869-6961
E-Mail Address:	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number: <u>A051923-</u>	
Sample Date: 6/3/05	Sample Time: 12 °C AM PM (Circle One)
•	@ RAUENNA WATER PLANT
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): mg/L Field pH:
ਿਲਮਾ <b>ple Type (Check Only One)</b>	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
☐Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
□Near First Customer	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	iditional requirements attach a results page for each site.
Sampler's Name: TERRY S.II	301
Sampler's Phone #: 407-869-191	
Sampler's E-Mail Address:	
<u></u>	
CERTIFICATION (to be completed by s	
1, 18My 5/1/00 (Print Name)	, Merasar,
(Print Name)	(Print Title)
do HEREBY CERTIFY that the above complete and correct.	re public water system and sample collection information is
Signature:	Date: 6/20/05
/)	

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

LABORATORY CERTIFICATION INFORMATION (to be comple ATTACH CURRENT DOH ANALYTE SHEET*	eted by lab - Please type or print legibly)
LabName: Advanced Environmental Labs - Orlando	Florida Certification #: E53076
Address: 528 S. North Lake Blvd., Suite 1016	Certification Expiration Date: 6/30/2005
Altamonte Springs, FL 32701	Telephone #: (407) 937-1594
ANALYSIS INFORMATION (to be completed by lab	
PWS ID (from page 1):	Date Sample(s) Received: 6/3/2005 12:45:00
Lab Assigned Report Number or Job ID A051923	Sample Number (From page 1) A051923-01
Group(s) Analyzed Results attached for compliance with chapter	er 62-550, F.A.C. (check all that apply):
Inorganics Synthetic Organics All 17 All 30	Volatile Organics  Disinfection Byproducts  Trihalomethanes
Partial All Except Dioxin	Partial Haloacetic Acids
✓ Nitrate ☐ Partial	Radionuclides
☑ Nitrite ☐ Dioxin Only	Single Sample Chlorite
Asbestos Only	☐ Qtrly Composite** Secondaries
ŕ	
Were any analyses subcontracted? ✓ Yes No	Partial
If yes, please provide DOH certification number E84589	
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACT	ED LAB
CERTIF	ICATION
Laborator Managa	
I, Myrna Santiago , Laboratory Manager  (Print Name)	''
do HEREBY CERTIFY that all attached analytical data are corre National Environmental Laboratory Accreditation Conference (N	
Signature: Myna Ou Gago	Date: (3/13/05
<ul> <li>Failure to provide a valid and current Florida DOH lab certifica analysis results will result in rejection of the report, possible enfo and may result in notification of the DOH Bureau of Laboratory S</li> </ul>	procement against the public water system for failure to sample,
** Please provide radiological sample dates and locations for ea	ich quarter.
COMPLIANCE DETERMINATION (to be completed by DEP	or DOH)
Sample Collection Info Satisfactory Yes No	Sample Analysis Info Satisfactory:
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) at	pove)
Reason(s): MCL(s) Exceeded Detection	on(s) Incomplete Report
	n Unsatisfactory
Other:	
Person Notified:	Date Notified:
Comments	
Date Reviewed: DEP/DOH	Reviewing Official:

A051923

6/3/2005

6/3/05 12:45

6/11/2005

Report No.:

Date Sampled:

**Date Received:** 

**Date Reported:** 

Client:

Utilities, Inc.

**Project Name:** 

Raveena Park

**Project Number:** 

PWS ID#:

Attention:

Kathy Sillitoe

Phone Number: 8002

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: Raveena Park

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 = 3

### Advanced Environmental Laboratories, Inc.

### Analytical Report

Client: Utilities, Inc.

**Report No.:** A051923

Project Name: Raveena Park

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

Matrix: Water

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

PWS ID#:

Client Sample ID: 1

Sampled By: Terry Silhitoe

Site: Point of Entry

Shipping Method: Client drop off

Sample Number: A051923-01

Inorgai	nic Contaminants									
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	0.027	υ	SM4500NO3-F	0.027	6/3/2005	15:54	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	υ	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	: RAVEENA F	PARK		
Date/Time Rcvd: 6/3/	05 12.45	Log	-In request number	: A051923			
Received by: RPC	G		Completed by	: RPG			
Cooler/Shipping							
		w Everen	iv 🗖 Other (deparibe	۸.			
Courier: □ AEL ⊠ C							<del></del>
Type: ⊠ Cooler □ Bo							
Cooler temperature:	Identify the cooler a	nd document the ter	mperature blank or ic	e water measu	ıremen	nt	
Cooler ID	Cooler ID 1						
Temp (°C)	2					-	
Temp taken from	☐ Temp blank	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler		☐ Temp bl	ank
	☑ Cooler ☑ 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	☐ Thermo: ID):	meter (enter
Were custody se	eals on shipping conta	CHECKLIST inter(s) intact?			YES	NO	NA /
	apers properly include				1	<del>-  </del>	
	apers properly filled o		labels)?		/		
4. Did all bottles a	rrive in good condition	n (unbroken)?			1		
	labels complete (samp		lysis, preservatives)?		1		
	labels agree with the countries used for the tests				1		
	mple preservation tech		ne label?	•	1		
9. Were samples re	eceived within holding	times?			/		
	vials checked for the p		?		<del> </del>	ļ	/
	pubbles present in the '		k one: 🗆 NO ICE 🗆 B	LUEICE	1	<u> </u>	
	temperature less than 6		<u> </u>	000102	1		
14. Were sample pl	Is checked and record	ed by Sample control?	?				1
	mples are checked by				1	-	
	e containers provided ccepted into the labora				1		
	y to split samples into					1	
Kit ID	Comments:						
TKK 15	<u> </u>						

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 #: A051923

CustomerName: Utilities, Inc.

Collector: Terry Silhitoe

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

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

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Ti	ne Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051923-01	1	Nitrate (T)-DW	Water	6/3/2005 12:	00 6/3/05 12:45	6/3/2005		250mL Poly
A051923-01	1	Nitrite (T)-DW	Water	6/3/2005 12:	00 6/3/05 12:45	6/3/2005		250mL Poly

Gainesville Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Tampa Receiver:

Date/Time:

ıme:

sto/Time

M210

5 153

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									A	.051	92	3	-						
CLIENT NAME:		ilities I		PROJECT NAM				enna P			BOTTLE SIZE	nĹ				9 2.2			,
DDRESS: 2	200 Weat	hersfie	eld Ave	P.O. NUMBER/F	PROJECT NUMB	ER:	***************************************				& TYPE	250 mL							_
Altamo	nte Sprin	gs, FL	32714	PROJECT LOCA	ATION: Ray	hal nio	Par	KI	TIP										
HONE:		'-448-1		FAX:		CM 10 4					e l						. ]		
ONTACT:	Ka	thy Sil	litoe	SAMPLED BY:	195	Deta	R	274	9		뿔				ļ				
STANDARD RUSH	TURN AROUN	D TIME:			Ø RE	MARKS/SPE	CIAL INSTRU	ICTIONS:	<b>v</b>		ANALYSIS REQUIRED	NO3/NO2						i	LAB NUMBER
WW≕waste wa	ater SW	=surface wa	ater GW=grour	nd water DW=drink	ing water		OIL	A≃air	SO=soil	SL=sludge	4	Ž							ᄁ
SAMPLE ID		SAM	PLE DES	CRIPTION		Grab Comp	SAM DATE	PLING	MATRIX	NO. COUNT	Preserv				<b>Mar</b>	uranic water			
1	Nos	V03	BE	Rucan	r Page	G	4365	Ra	DW	1		Х							
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Shipment		ethod /ia:		Sample Kit RB	Cooler# D/T			1 2	177	-AM	WEY		4305	12.45	1/ T		<u> </u>		67 <u> </u>
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## John O. Agwunobl, M.D., M.B.A. Secretary

Page 1

of 4

### Laboratory Scope of Accreditation

## 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 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 Cl- E	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/20/2003
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	10/11/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	10/11/2002
ecal coliforms	SM 9221 B	Microbiology	NELAP	2/14/2003
Tuoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Fluoride	SM 4500 F-C	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	10/11/2002
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
Vitrite	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 .	BPA 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

### UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook Illinois 60062

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

Raveena Park, Utilities, Inc.

PWS ID#3591061

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe Area Manager

EC: Patrick Flynn, Regional Director, UIOF

Scotty L. Haws, Assistant Operations Manager

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

	MONITORING FREQUENCY: QUARTERLY XQANNUALLY	V515 0005
	QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	YEAR: 2005
SYSTEM INFORMATION		
PWS NAME: Raveena Park		A
PWS ID NUMBER: 3591061	COUNTY:Seminole	
CONTACT PERSON: Scotty Haws	PHONE NUMBER: 407-869-1919 EXT.234	<del></del>
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						
Actual Quarter/Year					Actual Quarter/Year						
Provide the number of TTHM samples taken during the last quarter*  Provide the arithmetic average of all TTHM samples taken in each					Provide the number of HAA5 samples taken during the last quarter*  Provide the arithmetic average of all HAA5 samples taken in each						
quarter for the last four quarters Calculate the Running Annual Aver the arithmetic average of the quarter quarters)	rage (RAA) for erly arithmetic	r TTHMs (i.e., averages for	calculate the last four	····	quarter for the last four quarters  Calculate the Running Annual Aver the arithmetic average of the quarter quarters)						
Does the RAA for TTHMs violate the 0.080 mg/L for TTHMs? (YES/NO)		Contaminant L	evel of		Does the RAA for HAA5s violate th 0.060 mg/L for HAA5s? (YES/NO)	e Maximum C	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 N	MONITORIN	IG 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	64.4	Calculate the arithmetic average all HAA5s samples taken over the last year	13.5
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.

TAL TRIHALOMETHA			Disinfectant	r	1	I		<u> </u>
Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
2900 Truman Blvd	MRT	7/12/05	0.4	Alexander Lorenzo	7/14/05	E502.2	Advanced Enviromental Laboratories # E82574	64.4
				-				
		<u> </u>			_		<u> </u>	

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
2900 Truman Blvd	MRT	7/28/05	0.4	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	13.5
		`						

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type	e or print legibly)
System Name: RAVENNA PARK	PWS I.D	#3591061
System Type (check one):		☐Transient Noncommunity
City: <u>SANFORD</u> Phone #: <u>407-869-19</u>	State: <u>FCA</u> 19 Fax #: 46	ZIP Code: D7-869-6961
E-Mail Address: 5.C. HAWS	@ UTILITIES INC.	
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number: <u>A052398-01</u>	Location Code (if kn	own):
Sample Date: 7/12/05		3.50 AM (PM) (Circle One)
Sample Location (be specific): 2900 TRUI		
Disinfectant Residual (Required when reporting		<u><i>O</i>, </u> <i>⊈</i> mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sa	mple (Check all that apply)
Distribution	⊠Routine Compliance (with 62-550)	Quarterly (Which Quarter?
☐Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
⊠Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co	mments:
Near First Customer		
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for action of the form	Iditional requirements attach	2-550.550(4) for requirements and a results page for each site.
Sampler's Name: <u>ACEXAUL</u>	DER LORENZO	
Sampler's Phone #: 407-948-		407-869-6961
Sampler's E-Mail Address:	) IA	
CERTIFICATION (to be completed by	sampler)	
I, <u>ALEXANDER</u>	CORENZO,	OPERATOR (Print Title)
do HEREBY CERTIFY that the aborcomplete and correct.	ve public water system and samp	le collection information is
Signature: Wexand	u Torenzo	Date:

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

==				
	ORY CERTIFICATION CURRENT DOH ANAL		completed by lab - Please type	or print legibly)
LabName:	Advanced Environme	ntal Labs - Orlando	Flori	da Certification #: E53076
Address:	528 S. North Lake Blv	vd., Suite 1016	 Certificatio	n Expiration Date: 6/30/2006
-	Altamonte Springs, F	L 32701	_	Telephone #: (407) 937-1594
-	A INCORNATION (As he	- completed by leb	<del>-</del>	
	S INFORMATION (to be	s completed by lab		
	rom page 1):			ple(s) Received: 7/12/2005 4:50:00
	ned Report Number or		<del></del>	r (From page 1) A052398-01
Group(s) A	nalyzed Results attac	hed for compliance with o	chapter 62-550, F.A.C. (check a	all that apply):
<u> </u>	norganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
	All 17	All 30	☐ All 21	Trihalomethanes
	Partial	All Except Dioxin	Partial	Haloacetic Acids
	Nitrate	Partial	Radionuclides	Bromate
	Nitrite	Dioxin Only	Single Sample	Chlorite
L	Asbestos Only		Qtrly Composite**	Secondaries
				☐ All 14
		40 🐼 Vaa 🗔 Na		☐ Partial
•	analyses subcontracted			
•		cation number E82574		
ATTACH D	OH ANALYTE SHEET	FOR EACH SUBCONT	RACTED LAB	
		CE	RTIFICATION	
I, Myrna S	antiago	, Laboratory Manager	,	
· —	Print Name)			
do HEREB National Er	Y CERTIFY that all atta	ached analytical data are y Accreditation Conferen	correct and unless noted meet ce (NELAC).	all requirements of the
Signature:	July 2018	ntago	Date:	7-22-05
analysis re	sults will result in reject	rrent Florida DOH lab ce ion of the report, possible e DOH Bureau of Labora	e enforcement against the publi	t Analyte Sheet for the attached ic water system for failure to sample,
** Please p	rovide radiological sam	ple dates and locations	for each quarter.	
COMPLIAN	NCE DETERMINATION	(to be completed by I	DEP or DOH)	
Sample Co	llection Info Satisfactor	y 🖪 Yes 🔞 No	Sample Analysis Info	Satisfactory: Yes No
		(circle or highlight group(s)		quested (circle or highlight group(s) above)
Addition	al Monitoring Required	(circle or highlight group	(s) above)	
	MCL(s) Exceeded		tection(s)	Incomplete Report
.525511(5).	Missing Analyte Sh		cation Unsatisfactory	Analysis Unsatisfactory
	Other:		oation Oneatieractory	in the same of the
Person Noti			Dat	te Notified:
				te Notified:
Comments		DER		
Date Revie	wea:	DEP/	DOH Reviewing Official:	

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

A052398

7/12/2005

7/12/05 16:50

7/21/2005

Report No.:

Date Sampled:

**Date Received:** 

Date Reported:

Client:

Utilities, Inc.

Project Name:

Raveena Park

**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: Raveena Park

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 = 3

### Advanced Environmental Laboratories, Inc.

### Analytical Report

Client: Utilities, Inc.

Project Name: Raveena Park

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 2900 Truman Blv

Sample Number: A052398-01

Report No.: A052398

Date/Time Sampled: 07/12/05

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

Sampled By: Alexander Lorenz

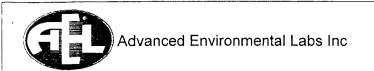
13:50

Shipping Method: Client drop off

Contam ID	Contam Name	MCL Un		alysis esults Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform	ug	ı/L	35	E502.2	0.31	7/14/2005	16:12	E82574
2942	Bromoform	ug	ı/L	2.4	E502.2	0.36	7/14/2005	16:12	E82574
2943	Bromodichloromethane	ug	/L	17	E502.2	0.38	7/14/2005	16:12	E82574
2944	Dibromochloromethane	ug	ı/L	10 /	E502.2	0.28	7/14/2005	16:12	E82574

MDL Method Reporting Limit

For all Results qualified with an 1, 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	: RAVEENA P	ARK		
Date/Time Rcvd: 7/12	2/05	16.50 Lo	g-In request number	: A052398			
Received by: BDI	М		Completed by	: RPG			
Cooler/Shipping	Information:						
Courier: □ AEL ⊠ C		v Evnrage II Fac	łEv ∏ Other (describe	١٠			
		•	ILX LI Other (describe	)·			
Type: ⊠ Cooler □ Bo	x LJ Other (describe	)			<u> </u>		
Cooler temperature:	Identify the cooler a	nd document the t	emperature blank or ic	e water measu	remer	ıt	
Cooler ID	1						
Temp (°C)	2						
Temp taken from	☐ Temp blank	☐ Temp blank	☐ Temp blank	☐ Temp blank		☐ Temp b	lank
	<ul><li>☑ Cooler</li><li>☑ IR gun</li></ul>	☐ Cooler ☐ IR gun	☐ Cooler ☐ IR gun	☐ Cooler ☐ IR gun		☐ Cooler☐ IR gun	
Temp measured with	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	☐ Thermometer (enter ID):	☐ Thermometer (e ID):	enter	☐ Thermo: ID):	meter (enter
<ol> <li>Were custody pa</li> <li>Were custody pa</li> <li>Did all bottles a</li> <li>Were all bottle l</li> </ol>		d with samples?  ut (ink, signed, match (unbroken)?  le #, date, signed, ar	ch labels)?		YES	NO	NA ✓
	labels agree with the cittles used for the tests				1		
	nple preservation tech		the label?		1	_	<del>                                     </del>
9. Were samples re	eceived within holding	times?			1		
	ials checked for the pr		es?				/
	ubbles present in the V		ck one:   NO ICE BI	HE ICE	1	-	/
	emperature less than 6		CK ORE. LI NO ICE LI BI	JUE ICE	1		
	Is checked and recorde		01?				1
NOTE: VOA sa	mples are checked by	laboratory analysts					
	containers provided l		· · · · · · · · · · · · · · · · · · ·		1	-	
	ccepted into the labora to split samples into				/	+	
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 #: A052398 CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

Check	if	Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052398-01	1	THMs (DW)	Drinking Water	7/12/2005	13:50	7/12/05 16:50	7/26/2005		40mL VOC vial

Orlando Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL\_Courier

Jacksonville Receiver:



#### 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

A052398

CLIENT NAME:	Utilities Inc.	PROJECT NAME:	<del>-</del>	Rav	enna F	ark		BOTTLE SIZE				-				
ADDRESS: 2	00 Weathersfield Ave	P.O. NUMBER/PROJECT NUMB	ER:					& TYPE	40mL Vials							]
Altamon	ite Springs, FL 32714	PROJECT LOCATION:														
PHONE: 40	7-869-1919	FAX:						<u></u>								
CONTACT:		SAMPLED BY: ALEX	ANDE	R CC	OREN	20		REQUIRED								ļ
	TURN AROUND TIME:	1		CIAL INSTRU				8	i							=
X STANDARD								R								AB
Rush								<u>S</u>	<b>.</b>							NUMBER
								%	<b>1</b> 'S							Ĭ
								ANALYSIS	THM'S							l PR
WW=waste wat	er SW=surface water GW=ground	water DW=drinking water		OIL	A≔air	SO≃soil	SL=sludge	₹								72
SAMPLE	SAMPLE DESC	RIPTION	Grab	SAM	PLING	MATRIX	NO.	Preserv	I,T							
ID			Comp	DATE	TIME		COUNT					ik azirah				<u> </u>
1	2900 TRUMA	IN BLUD.	G	7/12/05	1350	Bugi	3		X							1
			<u> </u>													-
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			ļ													
I-Ice	H=(HCl) S=(H2SO4 N=(HNO3	T=(Sodium Thiosulfate)	l	<u> </u>	<u>.</u>		Relin	quish by:		Date	Time	Re	ceived by:	Date	Т	ime
Shipment		ample Kit Cooler #			1	alexa	nin-	Louin	AS	2/12/05	1650	Burn	D. Meltin	7/12/3	5 16	Y A
Out	Via: RE	,			2	~~~	1 h Y V	V (V V ) '								
	AE				3											
Ret		ip BI.	T l re		4	<u> </u>						<u> </u>		revised 8		







#### 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

Method/Tech   Category   Type   Effective Date   Itlan	Matrix: Drinking Water			Certification	
EPA 200.7   Secondary Inorganic Contaminants   NELAP   4/4/2002	Analyte	Method/Tech	Category		Effective Date
EPA 515.3   Synthetic Organic Contaminants   NELAP   1/21/2005	Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
simazine         EPA 525.2         Synthetic Organic Contaminants         NELAP         3/24/2005           odium         EPA 200.7         Primary Inorganic Contaminants         NELAP         4/4/2002           byrene         EPA 502.2         Other Regulated Contaminants         NELAP         4/4/2002           byrene         EPA 524.2         Other Regulated Contaminants         NELAP         1/21/2005           ulfate         EPA 375.4         Secondary Inorganic Contaminants         NELAP         2/13/2003           utractants - MBAS         EPA 425.1         Secondary Inorganic Contaminants         NELAP         1/21/2005           etrachloroethylene (Perchloroethylene)         EPA 502.2         Other Regulated Contaminants         NELAP         1/21/2005           etrachloroethylene (Perchloroethylene)         EPA 524.2         Other Regulated Contaminants         NELAP         1/21/2005           olater (Perchloroethylene)         EPA 502.2         Other Regulated Contaminants         NELAP         1/21/2005           olater (Perchloroethylene)         EPA 502.2         Other Regulated Contaminants         NELAP         1/21/2005           olater (Perchloroethylene)         EPA 502.2         Other Regulated Contaminants         NELAP         1/21/2005           olater (Perchloroethylene)         EPA 502	Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
odium         EPA 200.7         Primary Inorganic Contaminants         NELAP         4/4/2002           byrene         EPA 502.2         Other Regulated Contaminants         NELAP         4/4/2002           byrene         EPA 524.2         Other Regulated Contaminants         NELAP         1/21/2005           ulfate         EPA 375.4         Secondary Inorganic Contaminants         NELAP         2/13/2003           utractants - 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         4/4/2002           etrachloroethylene (Perchloroethylene)         EPA 524.2         Other Regulated Contaminants         NELAP         4/4/2002           oluene         EPA 502.2         Other Regulated Contaminants         NELAP         4/4/2002           oluene         EPA 524.2         Other Regulated Contaminants         NELAP         4/4/2002           ola coliforms         SM 9223 B         Microbiology         NELAP         4/4/2002           otal coliforms & E. coli         SM 9223 B         Microbiology <td< td=""><td>Silvex (2,4,5-TP)</td><td>EPA 515.3</td><td>Synthetic Organic Contaminants</td><td>NELAP</td><td>1/21/2005</td></td<>	Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
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, , ,	(ylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
nc EPA 200.7 Secondary Inorganic Contaminants NELAP 4/4/2002	Kylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
	Zine	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please ty	pe or print legibly)
System Name: Raveena Park	PWS I.I	0.#:3591061
System Type (check one):	☐Nontransient Noncommunit	y Transient Noncommunity
Address: 111 Temple Drive	SANGO YI	
		· · · · · · · · · · · · · · · · · · ·
		ZIP Code: <u>32771</u>
Phone #: <u>407 - 869 - 1919</u>	Fax #: <u>Чо</u>	57-869-6961
E-Mail Address: S.L. Haws @ UT	Tilities INCTUSA. com	
SAMPLE INFORMATION (to be completed	oy sampler)	
Sample Number: A052632	Location Code (if k	nown): HRT
Sample Date: <u>7 - 28 - 05</u>	Sample Time:	1320 AM (PM) (Circle One)
Sample Location (be specific): 2900	TRUMAN BOWLEVARD	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids	): _ <i>Q,Y_</i> mg/L Field pH:
Sample Type (Check Only One)		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 Co	omments:
☐Near First Customer		
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attac	62-550.550(4) for requirements and har results page for each site.
Sampler's Name: ALEXAN	DER LORENZO	
Sampler's Phone #: 407-948-42		407-869-6961
Sampler's E-Mail Address: NIA		
·		
CERTIFICATION (to be completed by s	ampler)	
I, <u>ACEXANDER COR</u> (Print Name)	ENZO, C	OPERATOR (Print Title)
do HEREBY CERTIFY that the abov complete and correct.		
Signature: <u>Alexander H</u>	sanso	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 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 A052632 Sample Number (From page 1) A052632 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Synthetic Organics Inorganics Volatile Organics Disinfection Byproducts All 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 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: 👿 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 incomplete Report Detection(s) Missing Analyte Sheet(s) □ Location Unsatisfactory Analysis Unsatisfactory 🗷 Other: Person Notified: Date Notified: Comments Date Reviewed:

DEP/DOH Reviewing Official:



Client:

Utilities, Inc.

Report No.:

A052632

**Project Name:** 

Raveena Park

Date Sampled:

7/28/2005

Project Number:

Date Received:

7/28/05 14:35

PWS ID#:

**Date Reported:** 

8/23/2005

Attention:
Phone Number:

Kathy Sillitoe 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: Raveena Park

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: Raveena Park

Matrix: Drinking Water

PWS ID#: Client Sample ID: 1

Site: 2900 Truman Blv

Sample Number: A052632-01

Report No.: A052632

Date/Time Sampled: 07/28/05

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

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

#### Disinfection Byproducts

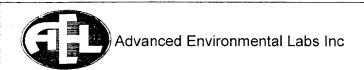
Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/4/2005	23:26	E82574
2451	Dichloroacetic Acid		ug/L	6.7		E552.2	0.56	8/4/2005	23:26	E82574
2452	Trichloroacetic Acid		ug/L	5.0		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	1.8	1/125	E552.2	0.45	8/4/2005	23:26	E82574

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

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.

MDL Method Reporting Limit



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

LITIES, INC. (UTL-	A)	Project name	: RAVEENA F	ARK					
8/05	14.35 Log	Log-In request number: A052632							
G		Completed by	: RPG						
Information:									
lient □ UPS □ Por	ny Express 🗆 FedI	Ex D Other (describe	e):						
		,	,						
		mperature blank or ic	e water measu	remer	nt				
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2									
Temp (°C) 2  ☐ Temp blank ☐ Temp blank ☐ Temp blank ☐ Cooler ☐ Cooler ☐ Cooler ☐ Cooler ☐ Cooler ☐ Cooler ☐ Cooler									
☑ IR gun ☐ Thermometer (enter	☐ IR gun☐ Thermometer (enter	☐ IR gun ☐ Thermometer (enter	☐ IR gun ☐ Thermometer (	meter (enter					
CHECKLIST  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?									
eceived within holding	times?			1					
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?									
NOTE: VOA samples are checked by laboratory analysts.  15. Were the sample containers provided by AEL?  16. Were samples accepted into the laboratory?  17. Was it necessary to split samples into other bottles?									
Comments:									
	Information:  Ilient UPS Por X Other (describe Identify the cooler are Information:  I 2 Important Information:  I 2 Important Information:  I Regun Important Information:  I I Important Information:  I Important Information:  I Important Information:  I Important Information:  I Important Information:	Information:    Information:   Ilient	Log-In request number   Completed by   Information:	Log-In request number: A052632	Completed by: RPG   Comp	Completed by:   RPG			

### 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 #: A052632 CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

 l		
Check	if	Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052632-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	13:20	7/28/05 14:35	8/11/2005		40mL Vial Amber

Orlando Relinquisher:

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver:

<b>3</b>	Environmental Laboratorie	s, Inc.										LAB NUM	IBER:		
	2106 NW 67th Place, Ste	Jacksonville, FL 32216 • 904.3 • Tampa, FL 33619 • 813.630, . 7 • Gainesville, FL 32606 • 35 Ste. 1016 • Altamonte Springs,	9616 • Fax	813.630.432	27 • E8458	9	7• F53076					<b>A O</b>	<b>5</b> 26	20	
CLIENT NAME:	Utilities Inc.	PROJECT NAME:			enna		7- 255076	BOTTLE		T	<del>T</del> .	AU	520	3Z	Į.
DDRESS:	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUM						SIZE   & TYPE	40mL Vials						ļ
Altamo	nte Springs, FL 32714	PROJECT LOCATION:				·			4 2	<u> </u>	<del> </del>	ı ———		<del></del>	
PHONE:	407-448-1715	FAX:				<del></del>		$\perp$							
NTACT:	Kathy Sillitoe	SAMPLED BY: GICX	ANDE	=0 1	OREI	* 7 6		- KEI							
	TURN AROUND TIME:	, , ,		ECIAL INSTRU		020		REQUIRED							
X STANDARD															
RUSH								8 8							
		7						ANALYSIS							
								A	≸						
WW=waste wa	ater SW=surface water GW=grou	ind water DW=drinking water		OIL	A=air	SO=soil	SL=sludge	- Z	₩		1				
<b>≨</b> AMPLE	SAMPLE DES	CRIPTION	Grab	SAMP	LING	AMATON	NO.	Preserv	NH4CI	<del> </del>					
5 10			Comp	DATE	TIME	MATRIX	COUNT								
AMPLE OF ID	2900 TRUM	ΛΩΝΊ	G	shake	1220	WW	3							S 470,4 n - C - L - C - L	<u> San di San di San Turan di</u>
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l-lce	H=(HCI) S=(H2SO4 N=(HNO3	3) T=(Sodium Thiosulfate)	<u></u>	<u>L</u>								ļ	<u> </u>		
ipment	Method Sa	ample Kit Cooler#	·		1	alla :		quish by: Lesyn		Date	Time	1 - J	ceived by:	Date	Time
<u> </u>	Via; RI	В			2	wexa	you	wen	NT	7/28/05	1436	1×4		7/28/04	5 1435
<u> </u>	Via: Tr	D/T			3							1-1			
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#### John O. Agwunobi, M.D., M.B.A., M.P.H. Secretary

#### 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

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water  Analyte	Method/Tech	Category	Certification 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
,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
,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
Machlor	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
arium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
lenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
enzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
enzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
eryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
s(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
romoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
romochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromodichloro <b>methane</b>	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









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

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#### Laboratory Scope of Accreditation

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State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water		_	Certification	
Analyte	Method/Tech	Category	Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 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 Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
is-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
is-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
i(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.







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

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e 3 of 27

#### Laboratory Scope of Accreditation

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State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Matrix: Drinking Water Certification Effective Date Analyte Method/Tech Category Type EPA 548.1 Synthetic Organic Contaminants NELAP 1/21/2005 Endothall EPA 508 NELAP 3/24/2005 Synthetic Organic Contaminants Endrin 4/4/2002 Other Regulated Contaminants NELAP Ethylbenzene EPA 502.2 1/21/2005 EPA 524.2 Other Regulated Contaminants NELAP Ethylbenzene 3/24/2005 EPA 508 Synthetic Organic Contaminants NELAP gamma-BHC (Lindane, gamma-Hexachlorocyclohexane) 3/24/2005 EPA 508 Synthetic Organic Contaminants NELAP Heptachlor **EPA 508** Synthetic Organic Contaminants NELAP 3/24/2005 Heptachlor epoxide 1/21/2005 SM 9215 B Microbiology NELAP Heterotrophic plate count NELAP 3/24/2005 EPA 508 Synthetic Organic Contaminants Hexachlorobenzene 3/24/2005 NEL AP Hexachlorocyclopentadiene EPA 508 Synthetic Organic Contaminants EPA 200.7 Secondary Inorganic Contaminants NELAP 4/4/2002 Iron 4/4/2002 Primary Inorganic Contaminants NELAP EPA 200.9 Lead 4/4/2002 SM 3113 B Primary Inorganic Contaminants NELAP Lead 4/4/2.002 NELAP Magnesium EPA 200.7 Primary Inorganic Contaminants Secondary Inorganic Contaminants EPA 200.7 **NELAP** 4/4/2002 Manganese EPA 245.1 Primary Inorganic Contaminants NELAP 4/4/2002 Mercury 4/4/2002 SM 3112 B Primary Inorganic Contaminants NELAP Mercury Synthetic Organic Contaminants NELAP 3/24/2005 Methoxychlor EPA 508 Primary Inorganic Contaminants NELAP 4/4/2002 Nickel EPA 200.7 SM 4500-NO3 F Primary Inorganic Contaminants NELAP 2/13/2003 Nitrate NELAP Nitrate-nitrite SM 4500-NO3 F Primary Inorganic Contaminants 2/13/2003 Primary Inorganic Contaminants SM 4500-NO3 F NELAP 2/13/2003 Nitrite Nitrite as N SM 4500-NO2 B Primary Inorganic Contaminants NELAP 1/21/2005 SM 2150 B Secondary Inorganic Contaminants NELAP 2/13/2003 Odor EPA 365.1 Primary Inorganic Contaminants NELAP 2/13/2003 Orthophosphate as P SM 4500-P E Primary Inorganic Contaminants NELAP 1/21/2005 Orthophosphate as P EPA 531.1 Synthetic Organic Contaminants NELAP 4/19/2005 Oxamyl NELAP 3/24/2005 EPA 508 Synthetic Organic Contaminants NELAP 1/21/2005 Synthetic Organic Contaminants Pentachlorophenol EPA 515.3 EPA 150.1 Primary Inorganic NELAP 4/4/2002 pН Contaminants, Secondary Inorganic Contaminants EPA 515.3 NELAP 1/21/2005 Picloram Synthetic Organic Contaminants EPA 200.7 Secondary Inorganic Contaminants NELAP 1/21/2005 Potassium Residue-filterable (TDS) EPA 160.1 Secondary Inorganic Contaminants NELAP 4/4/2002 Selenium EPA 200.9 Primary Inorganic Contaminants NELAP 4/17/2002 SM 3113 B Primary Inorganic Contaminants NELAP 4/4/2002 Selenium

NON-TRANSFERABLE 06/29/2005-E82574

<sup>&</sup>quot;STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

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

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
Tetrachioroethylene (Perchioroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502,2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-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
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
		• =		

# Ravenna Park Docket No. 060253-WS Seminole County

25.30.440 (4) Operations Reports

Test Year Ended December 31, 2005



see page 4 for instructions	,								
I. General Information									
A. Public Water System (I	PWS) Information								
PWS Name: Ravenna	Park			PWS Identification N	lumber: 3591061				
	Community Non-Transient Non-Con	mmunity Transier	nt Non-Community	Consecutive					
Number of Service Co	nnections at End of Month: 33?		<b>Total Population Se</b>	erved at End of Month: 1/187					
PWS Owner: Utilities.	Inc. of Florida								
Contact Person: Patric	k Flynn		Contact Person's Ti	tle: Regional Director					
Contact Person's Maili	ing Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl Zip Code: 32714						
Contact Person's Teler	ohone Number: 407-869-1919		Contact Person's Fa	x Number: 407-869-6961					
Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.com								
3. Water Treatment Plant									
Plant Name: Utilites, I				Plant Telephone Nur					
Plant Address: 200 W			City: Altamonte Sp	rings State: Fl	Zip Code: 32714				
Type of Water Treated		Purchased Finished V	Vater						
	Day Operating Capacity of Plant, gallons pe	r day: 360,000							
	bsection 62-699.310(4), F.A.C.): IV			osection 62-699.310(4), F.A.C.)	: C				
Licensed Operators		License Class	License Number	Day(s)/Shit	i(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.				
U. C. differentian by L.	MCA: FO								
II. Certification by Lea	eatment plant operator licensed in Florida,	om the lead/shiof or out	f the system two stre	ont plant identified in Dort Lofe	this report I cortify that the				
	is report is true and accurate to the best of								
	d 60 or other applicable standards reference								
	day that a licensed operator staffed or visite								
	e, appropriate treatment process performance								
	vailable for review upon request.	,		,	•				
mulael > Gr	world 2/3/04 N	Michael J. Gavaletz		C5642					
Signature and Date	P	rinted or Typed Name		License N	lumber				
organical cultural Desc	( )	or Typour anno							

### MONTHLY OPERATION REPORT FOR PWS.

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	6'6	-	+	+		╀					000/28	र्वे रेस	81
	1 61	+	+	<del> </del>	<del> </del>	-					QUOTE		81
	0.0	+		<del></del>							000'50	- he	
	7.7	<del> </del>	+	+							600 FZ	1 1/2	
	1 31	<del> </del>								1	000, 22	76	SI
	L'O	<del> </del>	+							1	000127	1 75	71
		<del> </del>		<b></b>						<del>                                     </del>	000,18	ht.	EI
	6,0	<del>├</del>	┼──	<del></del>							000 6	1-5-	71
	1 87	├	<del> </del>	<del> </del>						<del> </del>	000 75		11
	176	<del> </del>		<del> </del>						<del> </del>	\$ 5000 F		
	1 20		<del> </del>							<del> </del>	200/50	75	
	8'0			<b></b>						<del> </del>	000'58	hc.	8
	<del></del>		-	ļ						<del> </del>	1 000 85	75	_
	0.7		∔							<del> </del>	000/58	77	9
	8,0									<del></del>	COUSE	7.6	ç
	37									<del> </del>	000	27	7
	9.7	<b></b>	ļ			1				<del> </del>	Qu's	νc	3
System Components Out of Operation										<del> </del>	COO C	75	7
1 1 1 M BUINE   SOMIONII TRIN ATOM COMMISSIONS	System, mg/L	sec/cm <sup>2</sup>	*mo/oos	J\nim	Applicable	. O	7/414-844	. minutes	J/8m wolf	See and Income	coorat	58	1.
Emergency of Abnormal Operating Conditions; Repair	Point in Distribution	-Wm	-Wm	-9m	Water, If	,yaleV,	PCRK Flow	Lette LIOM	NO MINES TO STRUCTURE	Rate, gpd	Produced, gal	Operation	Month
	at Remote	harimas	DOOD AN		To Hq	10	Spring >	Point During	First Customer	Peak Flow	TOTAL W	Plant in	aut .
		AND STREET	Operating	L)		Temp.	Customer	Measurement	(C) Before or at		bodaini 7 10	Hours	Day of
	Disinfectant		Jabwo.J	miniM	1.0	4.0	teria de	⊃ <b>*</b> (ı).	Continuestra		Net Quantity	Part Service	
	Residual				100		Defore or	Contact Time	Distinfectant	3400 JA 1	198		
	Lowest			-24			Provided	Disinfectant	Lowest Residual				
		asoc	LAN	a transport	Land Control		TO RESECT	7.2		SOUTH THE			
		95% 2.7 X/8	21092010	day to Stocke			Priorise	CT Celeul	100	Called Late Ca			
Chlorine Dioxide	hloramines)	) sili loi	IIO DOING	IIIOO [	mineral simil	PO I-BI	A Almiennm	All of Seal VI	Calculations, of [	0		P. William	
	(	<i>J)</i> 64;40	47 begid	ر رس	orine	ree Ch	न ⊠	ion System:	ed in Distribut	nisinisM isi	ectant Kesidi	IUISIO II	Abe
(SOURIE CALLON CALLON COMPANY									:(aguasari	Other (	Tiotage and the tiotage and tiotage and the tiotage and tiotage and tiotage and the tiotage and tiotag	July 10	, advT
Combined Chlorine (Chloramines)	) əuoz	O 🗌	əbixoid	J ənirold	$\Box$ C	ntorme	D ear4	. IPAOI	Dogozia ob	TANK SPILL	Radiation	taloiver	IIU [
							- u	* 10101	activation/Rem	al siniV 90.	1-mod gnivə	do A to	Means
								700	l: January 2(	o aco Valino	a for the Mo	ad ylia	HI D
	Drud	Kind	- 1600	Florida	tes, Inc. of	iiii) :	uen luer						
CHASED FINISHED WATER	אחא אט	MICK	AA CINIC	OVO	44		77.4	11		1901626 :3	ation Numbe	ofitnebl	SWq
		ロコエム	IVIU IVI	いるひん	WAS (2)	MIIA	28 IKF	TUK PW	INCALL	1011101			

Total Average 14,000
Maximum 87600
\* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions.

366	page 4 for instructions.					
1.	General Information f	for the Month/Year of: February 2004				
Ā.	Public Water System (P	PWS) Information				
-	PWS Name: Ravenna I	Park			PWS Identification Nun	ıber: 3591061
	PWS Type: 🛛 C	Community Non-Transient Non-Community	Transier	nt Non-Community	Consecutive	
- 1		nnections at End of Month: 337		Total Population Se	erved at End of Month: 1/187	
	PWS Owner: Utilities,	Inc. of Florida				
	Contact Person: Patrick			Contact Person's Ti	tle: Regional Director	
		ng Address; 200 Weathersfield Ave.		City: Altamonte Sp	rings State: Fl	Zip Code: 32714
		phone Number: 407-869-1919		Contact Person's Fa	x Number: 407-869-6961	
		ail Address: p.c.flynn@utilitiesinc-usa.com				
В.	Water Treatment Plant					
	Plant Name: Utilites, In	nc. of Florida			Plant Telephone Number	er: 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 Purcl	nased Finished \	Water		
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 36	50,000			
	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.m.	- 4:30 p.m.
	Other Operators:	Terry Sillitoe	С	12749	Sat. 8 A.M 4	:30 P.M.
	Outor Operators.					
_						
Ш	. Certification by Lea	d/Chief Operator	1/11/6	6.1	the state of the post of the	Transification
I, t	the undersigned water tr	eatment plant operator licensed in Florida, am the le	ead/chiet operat	or of the water treatr	nent plant identified in Part I of this	read at this plant conform to
ini	formation provided in th	his report is true and accurate to the best of my knowed 60 or other applicable standards referenced in sub	viedge and belie	1. 1 certify that an or	continue water treatment chemicals to	al operations records for this
No	or international Standar	day that a licensed operator staffed or visited this pl	ant during the m	onth indicated above	e. (1) records of amounts of chemic	als used and chemical feed
pia	ant were prepared each t	e, appropriate treatment process performance record	s Furthermore	I agree to retain the	se additional operations records at t	he plant site for at least ten
ve	ars and (2) is applicable	vailable for review upon request.	s. Turthermore,	1 agree to retain the	so Buditional operations received as	<b>,</b>
	Mulas & Ga	mality 3/4/03 Michael J	. Gavaletz		C5642	
Si	gnature and Date	Printed or	Typed Name		License Nun	nber
	0		71			
		v				

Dans 1

PWS	Identifica	P	Plant Name: Utilites, Inc. of Florida										
111. 1	aily Dat	a for the Mo	onth/Year o	of: February 2	2004								
Mean	s of Achie	eving Four-L	og Virus In	activation/Rem	oval: *	Free Cl	lorine	ПС	hlorine L	Dioxide	O <sub>2</sub>	one []	Combined Chlorine (Chloramines)
[	traviolet	Radiation	U Other	(Describe):									omonio emornie (emoranines)
Туре	of Disinf	ectant Residu	ual Maintair	ned in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
				l' Calculations; or l	JV Dose, to De	monstrate Fo ations	m-rog,	Virus Inactiv	ution, if Ap	plicable*			
	4.1			I 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	C) CHCU	Lowest CT		*		UV	Dos¢	Lowest	
					Disinfectant	Provided	4					Residual	
				Disinfectant Concentration	Contact Time (T) at C	Before or at First	1,000	77	Minimum	Lowest	Minimum	Disinfectant Concentration	
Day of	Hours	Not Quantity of Finished		(C) Before or at	Measurement	Customer	Temp,		CT	Operating	UV Dose	at Remote	
the	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pli of Water, if	Required,	UV Dose, mW-	Required,	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair
	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm²	sec/cm <sup>2</sup>	System, mg/L	or Maintenance Work that Involves Taking Water System Components Out of Operation
2	24	71,000		<b> </b>								1.0	- Details
3	24	66,000							<u> </u>	<b> </b>		0.8	
4	γÇ	72,000								<b></b>		1.0	
5	24 24	75,000										(.)	
7		76,800 35,'n∞										0.0	
8	24	38.000							}	<b>}</b>	<del> </del>	7.0	
9	24	000,85								<u> </u>	<del>                                     </del>	1:j	
10 11	24 24	76,000 72,000										1.0	
12	24	66,000							<b></b>	<b> </b>		8.9	
13	24	84,000							<del></del>	<del> </del>	<u> </u>	0.8	
14 15	24	60,000											
16	24 24	65,000 66,000				<del></del>						0.8	
17	24	64,000		<del> </del>			ļ		<b></b>	ļ	<del> </del>	D. K	
18	٧٢	68,000								ļ — — — — — — — — — — — — — — — — — — —	<del> </del>	0.7	
19 20	24	75,000 77,000										[.ċ	
21	24	64,000		<del> </del>					<b> </b>	<del> </del>	<del> </del>	0.5	
22	λ¥	स5,000	· · · · · · · · · · · · · · · · · · ·							<del>                                     </del>	<del> </del>	1.0	
23	24	AS, 000										1.0	
24 25	24	78,000 63,000									<u> </u>	0.4	
26	24	70,000		t						<b></b> -	<b></b>	1.0	
27	24	66,000								l .	<del>                                     </del>	0.8	
28 29	34	63,000										1,0	
30	<u></u>	74,000	<del></del>	<del> </del>					<b> </b>	<b></b>			
31										-			
Total		3,057,000							*	<del></del>			· · · · · · · · · · · · · · · · · · ·

Maximum

D-~- 1

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



See	page 4 for instructions.	•					
	General Information			)4			
Α.	Public Water System (P	PWS) Informat	ion				
	PWS Name: Ravenna	Park				PWS Identification	Number: 3591061
	PWS Type:	Community	Non-Transient No	n-Community Transie	nt Non-Community	Consecutive	
	Number of Service Co	nnections at Er	nd of Month: 337		Total Population Serve	ed at End of Month: 1,18	1
	PWS Owner: Utilities,	Inc. of Florida	1				
	Contact Person: Patricl	k Flynn			Contact Person's Title:	Regional Director	
	Contact Person's Maili	ing Address: 20	00 Weathersfield Ave.		City: Altamonte Spring	gs State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number:	407-869-1919		Contact Person's Fax N	Number: 407-869-6961	
1	Contact Person's E-Ma	ail Address: p.c	.flynn@utilitiesinc-usa	.com			
В.	Water Treatment Plant	Information					
	Plant Name: Utilites, In	nc. of Florida				Plant Telephone Nu	ımber: 407-869-1919
	Plant Address: 200 We	eathersfield Av	e.		City: Altamonte Sprin	gs State: Fl	Zip Code: 32714
	Type of Water Treated	l by Plant:	Raw Ground Water	Purchased Finished \	Water		
	Permitted Maximum D	Day Operating	Capacity of Plant, gallo	ons per day: 360,000			
	Plant Category (per su	bsection 62-69	9.310(4), F.A.C.): IV		Plant Class (per subsec	ction 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		С	5642		a.m 4:30 p.m.
	Other Operators:	Terry Sillitoe		С	12749	Sat. 8 A.N	И 4:30 P.M.
			•				
			<del>771 - 1017 - 100 </del>				
							77.7
			**************************************			<u></u>	
	Certification by Lead						
							f this report. I certify that the
							als used at this plant conform to
NO ola	r michallonal Standard	a ou or omer ap	pplicable standards refe	erenced in subsection 62-555.	320(3), F.A.C. I also ce	tiry that the following add	itional operations records for this emicals used and chemical feed
							at the plant site for at least ten
vea	rs and to make them av	, appropriate tr vailable for revi	iew unon request	mance records. Furthermore,	i agree to retain these at	iditional operations records	at the plant site for at least ten
, ou			· · ·				
	mulas )	SONAL	4/5/04	Michael J. Gavaletz		C5642	
Sig	nature and Date	7		Printed or Typed Name		License	Number

PWS	dentifica	ation Numbe	r: 3591061		F	lant Name	: Utili	tes, Inc. of	Florida				
III. D	aily Dat	a for the M	onth/Year o	of: March 200	4								
Means	of Achi	eving Four-I Radiation	og Virus In	activation/Rem (Describe):	ioval: *	Free Cl	nlorine		hlorine [	Dioxide	Oz	zone 🔲 (	Combined Chlorine (Chloramines)
Type o	of Disinfe	ectant Resid		ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	(hloramines)	Chlorine Dioxide
			С	r Calculations, or U	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*			San San San San San San San San San San
					CT Calcu					UV	Dose		
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	CT		UV Dose	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	94,000		7,00,716/2	minosco	mg-mave.	•	Applicable	THINAL	SECICIN	scoroni	0. 7	System Components Out of Operation
2	24	66,000										0.7	
3	14 19	71,000										6.8	
5	<del>14</del>	84,000 84,000				<u> </u>						(.0	
$\frac{3}{6}$	24	83,000		<u> </u>		<b></b>						0.8	
7	24	75,000		<del> </del>	<del></del>	<del> </del>				ļ	<del> </del>	0.9	
8	19	75,000				<del></del>	<b></b>	<del> </del>			<u> </u>	1-0	
9	24	81,000					·				<del> </del>	0.8	
10	24	74,000	<del></del>	,			<del> </del>	<del> </del>		<del> </del>	<b></b>	1.0	
-11	24	94,000				<del></del>	<del></del>		<del></del>			7.7	
12	Σ.Υ.	67,000									<del> </del>	1.0	
13	27	76,000						1			<u> </u>	1.0	
14	24	35,000											
15	کر	36,000										0.9	
16 17	24 24	64,000					L					1.0	
18	24	57.000				ļ						(-0	
19		96,000		<del> </del>	ļ	ļ	<u> </u>	ļ				0.8	
20	27	83,000		<del> </del>	<del> </del>	<b></b>		<del> </del>			<b> </b>	1.0	
21	24	35,000				<del> </del>	<u> </u>	<del> </del>		ļ	ļ	0.8	
22	24	84,000				<del>                                     </del>	<del></del>	<del> </del>	· · · · · · · · · · · · ·	}	<del> </del>	1.0	
23	24	104,000							<del></del>	<del>                                     </del>		1.4	
24	24	67,000						<u> </u>			<b></b>	1-0	
25	24	35 to0										0,5	
26	24	36,000										0.8	
27	Σ <u>γ</u>	76,000		<b></b>								0.9	
28 29	24 24	91,'000		-									
30	39	72,000		<b></b>		ļ		<u> </u>	ļ			1.0	
31	24	124,000		<del></del>		<del> </del>		<b></b> _		<u> </u>	<u> </u>	(.0	
Total		25/4000		L	L	<u> </u>	L	L	l	L	Ĺ	1.0	
Average		277,000											

Maximum

D-~- 2

<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.							
	<b>General Information</b>		of: April 2004					
Α.	Public Water System (F	PWS) Information						
	PWS Name: Ravenna						PWS Identification N	umber: 3591061
			on-Transient Non-Community	Transier	nt Non-Community		<u>nsecutive</u>	
	Number of Service Co		lonth: 339		Total Population S	Served at E	nd of Month: i l でこ	
	PWS Owner: Utilities,						· · · · · · · · · · · · · · · · · · ·	
	Contact Person: Patric	11 0 11 11 11 11			Contact Person's 7			
	Contact Person's Maili				City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Contact Person's Teler				Contact Person's F	ax Numbe	r: 407-869-6961	
_	Contact Person's E-Ma		@utilitiesinc-usa.com					
В.	Water Treatment Plant		·					
	Plant Name: Utilites, I		· · · · · · · · · · · · · · · · · · ·		<del></del>		Plant Telephone Num	
	Plant Address: 200 Wo				City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated			nased Finished V	Vater			
			y of Plant, gallons per day: 36	0,000				
	Plant Category (per su	bsection 62-699.310(				ibsection 6	2-699.310(4), F.A.C.):	
	Licensed Operators		Name		License Number		Day(s)/Shift	
	Lead/Chief Operator:			С	5642		Mon - Fri 8 a.	
	Other Operators:	Terry Sillitoe		С	12749		Sat. 8 A.M.	- 4:30 P.M.
	(1) 1일 등 기가 있다고 말했다. 1 1 기가 있는 1 기가 있다고 있는 1일 등 1일 등 1일 등 1일 등 1일 등 1일 등 1일 등 1일							
			·	<b></b>		<b></b>		
					·	<u></u>		***************************************
					<u> </u>			
		<u> </u>	<del></del>	<u> </u>		<u> </u>	<del> </del>	J
П	. Certification by Lea	d/Chief Operator						
I, ti	he undersigned water tr	eatment plant operato	r licensed in Florida, am the le	ad/chief operate	or of the water treat	ment plant	identified in Part I of t	his report. I certify that the
inf	ormation provided in th	is report is true and ac	curate to the best of my know	ledge and belief	f. I certify that all d	rinking wa	iter treatment chemicals	s used at this plant conform to
NS	F International Standar	d 60 or other applicab	le standards referenced in subs	section 62-555.3	320(3), F.A.C. I als	o certify the	nat the following addition	onal operations records for this
pla	nt were prepared each of	day that a licensed ope	erator staffed or visited this pla	unt during the m	onth indicated abov	e: (1) reco	rds of amounts of chem	ricals used and chemical feed
rate	es; and (2) if applicable	, appropriate treatmen	t process performance records	. Furthermore,	I agree to retain the	se addition	nal operations records a	t the plant site for at least ten
yea	ars and to make them av	anable for review upo	on request.					
	mulail 1	ravaly 5	SOY Michael J.	Gavaletz			C5642	
Sig	gnature and Date (		Printed or	Typed Name		· · · · · · · · · · · · · · · · · · ·	License N	umber

PWS	dentifica	tion Numbe	r: 3591061		P	lant Name	: Utilit	es, Inc. of	Florida				
Means	of Achi		og Virus In	f: April 2004 activation/Rem (Describe):	ioval: *	Free Cl	nlorine	C	hlorine I	Dioxide	Oz	one 🔲	Combined Chlorine (Chloramines)
				ed in Distribut	ion System:	∏ F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
ype (		comit ixesiui	aai wamaman	Calculations, or	JV Dose, to De	monstrate Fo	ur-Loe	Virus Inactiv	ation, if Ar	plicable*	TOT INC (C	11101411111103)	
					CT Calcu	lations	\$ 19 <sup>2</sup> 15			√ UV	Dose		
	Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Distrifectant Concentration (C) Before or st. First Customer During Peak Flow, mg/L	Disipifectant Contact Time (T) at C	Lowest CT Provided Before or at First Customer During	Temp. of Water		Minlmum	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair
1	24	97,000										1.0	
2	24	63,000		<u> </u>		<u> </u>		ļ				0.9	
3	24	79,000		ļ						<u> </u>	1	0.9	
4 5	24	103,000	ļ	ļ	<b></b>			<del> </del>					
6	34	104,000	<u> </u>	<del> </del>	<del> </del>	<del> </del>		<del> </del>			<del> </del>	0.8	
7	34	88,000 III 000	<del></del>	<del> </del>	<u> </u>	<del> </del>	<del> </del>	ļ		<del> </del>	<del> </del>	1.0	
8	<u> </u>	129,000	<del></del>	<del></del>			<del></del>		<del>                                     </del>	<del> </del>	<del>                                     </del>	1.3	
9	29	38 mg		<del> </del>	<del></del>	<del> </del>	<del>                                     </del>	<b></b>	<del>                                     </del>		<del>                                     </del>	1.0	
10	24	71,000 71,000		<del> </del>		<del> </del>	<del>                                     </del>	<del> </del>			<del>                                     </del>	0.9	
11	24	105,000	<del></del>	<del> </del>		<del> </del>	<del>                                     </del>	<del></del>		<del> </del>			i
12	24	(06,000			<u> </u>					1		1.0	
13	24	78,000										0.8	
14	24	79,000										(.0	
15	メ	72,000										1.0	
16	24	7(,000										0.9	
17	94	74,000										0.9	
18	24	105,000					<b></b>			<u> </u>	<u> </u>		
19	३५	105,000				<u> </u>		<u> </u>		l		1.0	
20	24	108,000		ļ			<del>  </del>			<u> </u>	ļ	0.8	
21	34	115,000				ļ	<b> </b>	<u> </u>	<del> </del>	<del>                                     </del>		(.0	
22	24 24	87,000			ļ	<del> </del>	<del> </del>	<u> </u>	<del> </del>	ļ		1.0	
23	24	74,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	+	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	0.8	
25	24	118,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                      </del>	<del> </del>	-	+	-	<del>                                     </del>	<u> </u>
26	24	119,000	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	+	<del> </del>	<del> </del>	<del> </del>	+	0,8	
27	24	119,000	<del>                                     </del>	<del> </del>	<del> </del>		<del>                                     </del>	<del>                                     </del>		<del> </del>	<del>                                     </del>	0.9	
28	34-	75,000	<del> </del>	<del>                                     </del>	<del>†</del>	<del>                                     </del>	t	<del> </del>	<b>†</b>	<del>                                     </del>	1	0.8	
29	24	127,000	1		†	1	1	<b>†</b>	1	1	1	(.)	
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31	<u> </u>	1	<b>†</b>	<del>                                     </del>	<del> </del>		1		1	1		1	
Total	C. Walley	2,874,000	<del> </del>	·······	·								
Avera	6	96,000	7										

Dans 2

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



See pag	ge 4 for instructions.									
		or the Month/Year of: May 200	04			And the state of t				
	lic Water System (P									
PV	VS Name: Ravenna I	Park			PWS Identification N	umber: 3591061				
		ommunity Non-Transient N	Non-Community Transi	ent Non-Community	Consecutive					
		nections at End of Month: 339		Total Population Serve	d at End of Month: 1,187					
	VS Owner: Utilities,									
	ntact Person: Patrick			Contact Person's Title:	Regional Director					
		ng Address: 200 Weathersfield Ave	2.	City: Altamonte Springs State: Fl Zip Code: 32714						
		hone Number: 407-869-1919		Contact Person's Fax N	lumber: 407-869-6961					
		il Address: p.c.flynn@utilitiesinc-u	isa.com							
	ter Treatment Plant									
Pla	ant Name: Utilites, In	nc. of Florida			Plant Telephone Nur					
Pla	ant Address: 200 We	athersfield Ave.		City: Altamonte Spring	gs State: Fl	Zip Code: 32714				
Ty	pe of Water Treated	by Plant: Raw Ground Wa	ter Purchased Finished	Water						
Pe	rmitted Maximum D	ay Operating Capacity of Plant, ga	illons per day: 360,000							
Pl	ant Category (per sul	osection 62-699.310(4), F.A.C.): IV	V	Plant Class (per subsec	ction 62-699.310(4), F.A.C.)	: C				
I	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked									
Le	ad/Chief Operator:	Mike Gavaletz	c	5642	Mon - Fri 8 a	.m 4:30 p.m.				
O	ther Operators:	Terry Sillitoe	С	12749	Sat. 8 A.M.	- 4:30 P.M.				
377										
1.										
5.7		· · · · · · · · · · · · · · · · · · ·								
155										
	and firm time last	1/61: 64								
	ertification by Lead			Cil	1 difference of the control of the c	Linear Vacation that the				
		eatment plant operator licensed in F								
		is report is true and accurate to the difference of the difference								
plant v	were prepared each d	ay that a licensed operator staffed of	or visited this plant during the	nonth indicated above: (1	) records of amounts of their	nicals used and chemical feed				
rates:	and (2) if applicable.	appropriate treatment process perf	formance records. Furthermore	Lagree to retain these ac	ditional operations records	at the plant site for at least ten				
years a	and to make them av	ailable for review upon request.	in the state of th	, rugico to rotum tireso ut	and operations records	<b>F</b>				
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7	richael 1	Savalet 6/4/04	Michael J. Gavaletz		C5642					

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				<u> </u>							000 811	he	82
	8-0										COO EC!	he	7.7
	97										000 951		07
	1 270										000,89	75	97
	7.0										000/931	he.	52
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of Maintenance Work that Involves Taking Water  System Components Out of Operation	noindensid Agm, matek	-Wiff	*Wm	-8m	Water, If	Jane W.	wold Jess L'uimeam	Peak Flow, minutes	Saod gained	Peak Plow Rate, god	Water Produced, gal	Operation	
Emergency or Abnormal Operating Conditions; Repair	mi inio9	Required	STOCK AN	Required	To Hg	10	Ducing .	garanci Jaio4	First Customer	West of the second	of Finished	anuoH Ai tasla	Day of
	at Remote	and VU	isawo.i gniarack) gasoli Vij	دد	1	Tomb.		Monsuranchi	(亡) 1201010 (九)		Net Quantity	MINH	no ve(I
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Chlorine Dioxide	hloramines)	D) əni <u>ro</u> l	bined Ch	moD [	orine	ee Chl	ΗX	on System:	ed in Distributi	ai Maintain	ectant Kesidu	IUISICI IC	Type
									Descrine):	Other (			
ombined Chlorine (Chloramines)	one □	zo 🗀	anixon	hlorine D	$\Box$	ann non	II 221.1 [	7	Decompos.	7 ~~ 4+U []	Radiation	taloiver	411 <u> </u>
(conjunction) install pourituo	<u>у</u> — *60		opinoi	a pairold		ouinol.	Tree Ch	* ·levo	activation/Rem	al siniV 90	L-zuo7 gnivə	idaA to a	Means
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\* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions.

	, 0							
		for the Month/Year of:	June 2004					
	Public Water System (P							
	PWS Name: Ravenna						PWS Identification N	lumber: 3591061
	PWS Type: 🔀 C	Community Non-	Transient Non-Community	✓ ☐ Transier	nt Non-Community	Cor	nsecutive	
l	Number of Service Co	nnections at End of Mon	th: 339		Total Population S	erved at E	nd of Month: 1,187	
	PWS Owner: Utilities,	Inc. of Florida						
	Contact Person: Patricl	k Flynn			Contact Person's T	itle: Regio	nal Director	
	Contact Person's Maili	ng Address: 200 Weathe	rsfield Ave.		City: Altamonte Sp		State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number: 407-869-	1919		Contact Person's F		r: 407-869-6961	
ŀ	Contact Person's E-Ma	il Address: p.c.flynn@ut	tilitiesinc-usa.com					
В. ј	Water Treatment Plant	Information						
	Plant Name: Utilites, I						Plant Telephone Nur	nber: 407-869-1919
	Plant Address: 200 We	eathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714
- 1	Type of Water Treated	by Plant: Raw C	Ground Water Purc	hased Finished V		· · · · · · · · · · · · · · · · · · ·	·	
	Permitted Maximum D	Day Operating Capacity of	of Plant, gallons per day: 3					
	Plant Category (per su	bsection 62-699.310(4),	F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.)	C
	Licensed Operators		ame	License Class				r(s) Worked
	Lead/Chief Operator:	Mike Gavaletz		С	5642			.m 4:30 p.m.
- [	Other Operators:	Terry Sillitoe	<del></del>	C	12749			- 4:30 P.M.
1								
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		<del></del>	**************************************	<del> </del>				
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ı				<del> </del>				
		<del></del>						
	Certification by Lead							
I, th	ie undersigned water tro	eatment plant operator lic	censed in Florida, am the l	ead/chief operato	or of the water treatm	nent plant	identified in Part I of	his report. I certify that the
inic	ormation provided in the	is report is true and accui	rate to the best of my know	vledge and belief	. I certify that all di	rinking wa	ter treatment chemical	s used at this plant conform to
MOI	r international Standard	1 60 or other applicable s	tandards referenced in sub	section 62-555.3	20(3), F.A.C. I also	o certify th	at the following additi	onal operations records for this
piai rate	it were prepared each of	ay that a licensed operat	or statted or visited this pl	ant during the me	onth indicated above	e: (1) recoi	rds of amounts of cher	nicals used and chemical feed
ves	rs and to make them or	appropriate treatment pi ailable for review upon r	rocess performance record	s. Furthermore,	I agree to retain thes	se addition	al operations records a	at the plant site for at least ten
yva	is and to make them av	anable for review upon r	request.					
	mula	Il Garato	7/1/04 Michael J	. Gavaletz			05640	
Sig	nature and Date	Dy January		Typed Name			<u>C5642</u>	11
J.5			rrinted of	Typeu Name			License N	umoer

Dans 1

PWS I	PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida												
III. Daily Data for the Month/Year of: June 2004  Means of Achieving Four-Log Virus Inactivation/Removal: *													
Ult 🗌	aviolet l	Radiation	Other	(Describe):									· ·
Type o	f Disinfe	ectant Resid	ual Maintair	ned in Distribut	ion System:	⊠ F	ree Ch		Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	l Calculations, or i	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if Ar	plicable*		A.	
			40.23.558	14.1 (14.2 CCC)		Lowest CT				- UN	LANC	Lowest	
				Lowest Residual	Disinfectant	Provided		7.			34.4	Residual .	
				Disinfectant Concentration	Contact Time (T) at C	Before or at First			Minimum	Lowest	Minimum	Disinfectant Concentration	
		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT.	Operating	UV Dose	at Remote	
Day of the	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During	Temp. of	pH of	Required,	UV Dosc.	Required.	Point in	Emergency or Abnormal Operating Conditions; Repair
Month	Operation	Produced, gal	Rate, gnd	Flow, mg/L	minutes	Peak Flow,	°C	Water, if Applicable	mg- min/L	mW-	mW-	Distribution System, mg/L	of Maintenance Work that Involves Taking Water System Components Out of Operation
		27,000						Bushin of state (100 to 100 to 100 to 100			2920.240.44 P.20	1.0	
3	34	17,000										c. 8	
4	24	105,000		ļi		-		<b></b>				4.0	
5	ZiJ	62,000	ļ	<b> </b>	<del> </del>			<del> </del>	<del></del>			1.0	
6	7.4	112,000									<del> </del>	131	
7 8	2U	115-VC0										6.8	
9	24	75,000		<del> </del>	<u> </u>			<del> </del>		<b></b>	<u> </u>	1.0	
10	24	84,000		1				}		<del> </del>	<del> </del>	0.8	
11	ZU	87,000							<del></del>		<u> </u>	8.4	
12	끴	97,000 119,000										0.8	
14	24	119.000	<u> </u>	<del> </del>		<del></del>							
15	24	000,002		<del> </del>				<b></b>				0.8	
16	24	72,000								<del>                                     </del>	<del> </del>	1.6	
17 18	2 <u>4</u>	93,000										0.7	
19	24	61,000			<b></b>							0.9	
20	<b>W</b> 8741	ELIMO		<del> </del>		<b></b>						0.8	
21	24	89,000								<del>                                     </del>		1.0	
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25	21	10.000		1				<del> </del>				0.9	
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27	34	38.000											
28	24 24	99.000		<b> </b>			J					0.7	
30	24	79.000		<del> </del>				ļ	<u> </u>			1.0	
31					<del></del>			<del> </del>		<del> </del>	<del> </del>	0.8	
Total		ച <b>ി760</b> റാ			<del></del>	·		<u> </u>		<u> </u>	<u>.                                    </u>	<del></del>	

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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.

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		for the Month/Year of: July Zod 9	1				
A.	Public Water System (I						
	PWS Name: Ravenna					PWS Identification N	umber: 3591061
		Community Non-Transient Non-Community	Transier	nt Non-Community	Co	nsecutive	
		nnections at End of Month: 339		Total Population S	Served at E	nd of Month: 1.187	
	PWS Owner: Utilities,						
	Contact Person: Patric	<del></del>		Contact Person's 7	itle: Regio	nal Director	
		ing Address: 200 Weathersfield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714
		phone Number: 407-869-1919		Contact Person's F	ax Numbe	r: 407-869-6961	
	Contact Person's E-Ma	ail Address: p.c.flynn@utilitiesinc-usa.com					
В.	Water Treatment Plant						
	Plant Name: Utilites, I					Plant Telephone Num	ber: 407-869-1919
	Plant Address: 200 We			City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated		ased Finished V	Vater	·		13.0 0000. 327.1
	Permitted Maximum [	Day Operating Capacity of Plant, gallons per day: 36	0,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	C
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift	
	Lead/Chief Operator:	Mike Gavaletz	С	5642		Mon - Fri 8 a.i	
	Other Operators:	Terry Sillitoe	С	12749		Sat. 8 A.M.	
		RAYMOND A PARAISH	<u> </u>	12740			
						<del></del>	
						<del></del>	
	. Certification by Lea	1/21: 8/					
			1/1:6	C.1			
I, I	me undersigned water the	eatment plant operator licensed in Florida, am the le is report is true and accurate to the best of my know	ad/chief operato	or of the water treat	ment plant	identified in Part I of the	his report. I certify that the
NS	SF International Standar	d 60 or other applicable standards referenced in subs	rection 62-555	. I certify that all d	rinking wa	ter treatment chemicals	s used at this plant conform to
nla	ant were prepared each	day that a licensed operator staffed or visited this pla	int during the m	onth indicated above	e (1) reco	de of amounts of chem	onal operations records for this
rat	tes: and (2) if applicable	, appropriate treatment process performance records	Furthermore	I soree to retain the	c. (1) iccoi se addition	al operations records at	t the plant site for at least ten
ye	ars and to make them as	vailable for review upon request.		· abroo to retain the	se addition	ai operations records a	t the plant site for at least len
•							
	Marken III	Tarrist 8-2-2004 Michael J.	Gavaletz			C5642	
Si	gnature and Date	Printed or	Typed Name			License Nu	ımber
•		<i>f.</i> ************************************	- 2 L			2.00.1.00 144	

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System Components Out of Operation	Jam morry	200/01U	**************************************	Main	eldepilegA		Jaim-gm	soumin	. J\m wolf	Rate, god	Produoed, gal	Plant in	he
Total Maintenance Work that Involves Taking Water	<b>Achtedral</b> C	-Wat	LV Does	- Sm	Nenc, if	10 VoteW	Wolf How,	Brings Indog ,wolf short	First Customer During Phale	Peak Flow	of Finished Water	Hours	30 A
Emergency of Abnormal Operating Conditions; Ropair	al Saloring in		Smits may O	Redding CT	100	dan	Cintiouner	HINGUS ED STORY	(C) Before or at		Net Quantity		
	COOPERINGED	UMBUURUR A	TOMOSE	um uniter A		40	hadil 20	. ο≠ω.	Concentration				1.
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the state of the s	# Inchinos	ALC:	144.0	10.00	<b>建</b>	1	bobivor	Philipopent.	Lowest Residual	TO AND			
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		10.	Milani	EAL LAND	對於副劃	V.40.1-1	107 air innte	DOM: to Dell	Uso and alpha (or U	10		100	
Chlorine Dioxide	(cenimerol	orine (Ch	IdO banic	Gomb	ənine	e Chlo	n4 ⊠	mətay2 no	oitudirtsiG ni b				
									escribe):	Other (L	noitsibas	A taloive	ıılU (
ombined Chlorine (Chloramines)	o∏ əuo	ozo 🗌	əpixo	lorine Di	ПСР	orine	Free Chl	yal: ₹	ctivation/Remo	sal suriV go	J-ruo Four-L	of Achie	suea
(***;****)		<u> </u>		· <del>- · · ·</del>			100	במנא ב		to and Cate of	olf oilt vol i	and <i>d</i> in	id .
							7,100						
	XX.NC	PNNJO	V21 -	lorida	s, Inc. of I	Utilite	ant Name:	ld		1901658	tion Number	<b>sofitinet</b>	NS IS
	-,			1. 1.									

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



see	page 4 for instructions.								
	General Information			104					
Ä.	Public Water System (P	WS) Informati	on						
	PWS Name: Ravenna l	Park						PWS Identification N	Number: 3591061
	PWS Type:	Community	Non-Transient Non-C	ommunity	Transien	t Non-Community	Cc	nsecutive	
	Number of Service Cor	nnections at Er	nd of Month: 337			Total Population S	Served at E	End of Month: 1.187	
	PWS Owner: Utilities,	Inc. of Florida							
İ	Contact Person: Patricl	k Flynn				Contact Person's	litle: Region	onal Director	
	Contact Person's Maili	ng Address: 20	0 Weathersfield Ave.			City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number:	407-869-1919			Contact Person's I	Fax Numb	er: 407-869-6961	
			flynn@utilitiesinc-usa.com	m					
В.	Water Treatment Plant								
	Plant Name: Utilites, I								mber: 407-869-1919
	Plant Address: 200 We					City: Altamonte S	Springs	State: Fl	Zip Code: 32714
	Type of Water Treated		Raw Ground Water		ased Finished V	<u>Vater</u>			
			Capacity of Plant, gallons	per day: 36	0,000				
	Plant Category (per su	bsection 62-69	9.310(4), F.A.C.): IV	and other from steen product had	school interested of traffe in Basic Ad			62-699.310(4), F.A.C.	
			Name			License Number	1000		ft(s) Worked
	Lead/Chief Operator:				<u>C</u>	5642	<b> </b>		a.m 4:30 p.m.
	Other Operators:	Terry Sillitoe			С	12749	<del> </del>	Sat. 8 A.M	I 4:30 P.M.
							<del> </del>	<del></del>	
							<del></del>		
					<b>}</b>	<u> </u>	<del> </del>		
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		·}			<del> </del>	<del>                                     </del>	<del> </del>		
		<del></del>					<del> </del>		
						<u> </u>			
	I. Certification by Lea	id/Chief Oper	ator						
Ī,	the undersigned water to	reatment plant	operator licensed in Florid	a, am the le	ad/chief operat	or of the water trea	tment plan	it identified in Part I of	this report. I certify that the
in	formation provided in the	nis report is tru	e and accurate to the best of	of my know	ledge and belie	f. I certify that all	drinking w	ater treatment chemica	als used at this plant conform to
N	SF International Standar	rd 60 or other a	pplicable standards referen	nced in sub	section 62-555.	320(3), F.A.C. I al	so certify	that the following addi	tional operations records for this
pl	ant were prepared each	day that a licer	ised operator staffed or vis	nea mis pi	ant during the m	I caree to retain th	ve: (1)160 ese additio	ords or amounts or che	micals used and chemical feed at the plant site for at least ten
ra	tes; and (2) if applicable	e, appropriate t	reaument process periorina	nce records	s. ruitileimoie,	i agree to retain th	ese additio	mar operations records	at the plant site for at least ton
ye	ars and to make them a	valiable for rev							
	mulael De	rantita	8/3/04	Michael J	. Gavaletz			C5642	
- C	ignature and Date	JUSIUS	0/-1	***************************************	Typed Name			License 1	Number
3	gnature and Date C	• ()			7 F				

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	F.0										000'\$L	<del>ለ</del> ተ	31
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	L'o										37,000	bτ	LZ
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	8.0			L				L			000/89	he	52
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	8.0										000,001	۸rc	73
	0.1		L								000,001	he	77
	3.0	<b></b>	<b></b>	<b> </b>			ļ	ļ			cog 19	hτ	71
	9.0		<b></b>	<b> </b>		<b> </b>	<b></b>	<b> </b>			26,000	hσ	70
	07		<u> </u>				<b> </b>	ļI			Ovova	55	61
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	4.0		<del></del>	ļ	<del></del>	<del> </del>	<del> </del>	<del> </del>	·		600,501	hτ	El
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	0'1							1		t	41,000	<del>he</del>	1
System Components Out of Operation	J\ym ,motsy&	aco/can	*(III)/008	J\nim	Applicable	ಾ.	J\nim-gm	salunia .	How, mg/L	Rate, gpd		Operation	
Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water	ni mios Roindi thild	bedupasi Wm	UV Dose,	Asquired, ng.	to Hq. Ti , ramW	· 10 VValent		Point Diring ,wolf Heat	During Poals	Peak Flow	Water	ni inal4	the
	stoms.A ts	DOOG VU	Spinsago	CL.	11.	duneT	Customer	Mediculation Institution	(C) Before or at Pitat Customer		Visional Operation of Prinished	nuoH ,	Day of
	Conocertation	minniniM	189M07]	miniM	****	42.	teni i in	<b>」&gt;</b> ₩Ϣ	Constitution		Address of talk		
	Distintecturit			1000		10.4	Before or	Contact Time	tentostaiziQ				
	laubiseA	1.850			1997		bobivor	Dainfectant	Lowest Residual				
	POMOSI	7-7-		12.433	286 (236)	1- 34	Lowest CT		3.4 %				
		CONTRACTOR OF THE PERSON OF TH	I AN		Action Server	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	anoin	CT Calcula			1	la de la gue	
Chlorine Dioxide	(communicum	2/ 2/11/2	** Apple of C	MATI AND	Vitaen an	V 20.1-11	ANT SINTERPORT	N Dose, to Den	Calculations, or U	<u> </u>			<u> </u>
Apivoid animald)	hloramines)	اorine (ر	Id'S banic	ا رسا	anito	ee Chl	년 [X]	on System:	ed in Distributi		ubizeA trastoe	AnisiQ Yo	Type o
(00.00000) 00000								_	Descripe):	Other (I	Radiation	Isloiver	រាប 🔲
Combined Chlorine (Chloramines)	One To	<sup>2</sup> O 🗌	əbixoi	d sninolh	(C)	aninol	Free Ch		activation/Rem				
											off, oilt rol s		
			<del></del>				lant Name:				tion Number		
SHASED FINISHED WATER	OR PURC	AIFK	MD M	าดหถ	WAY U	NIIA	28 IKEV	FOR PW:	KEPUKI				

Average 82,000

Maximum 127,000

\* 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: 5. of	2004				
А.,	Public Water System (P						
	PWS Name: Ravenna	Park				PWS Identification	Number: 3591061
	PWS Type:	Community Non-Transient No	on-Community Transier	t Non-Community	ПСо	nsecutive	
	Number of Service Co	nnections at End of Month: 337				and of Month: 1.187	
	PWS Owner: Utilities,	Inc. of Florida					
	Contact Person: Patricl	c Flynn	<u> </u>	Contact Person's Ti	tle: Regio	nal Director	
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Spi		State: Fl	Zip Code: 32714
	Contact Person's Telep	hone Number: 407-869-1919		Contact Person's Fa		<del></del>	
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-us	a.com	001111111111111111111111111111111111111		4. 107 007 0701	
B.	Water Treatment Plant	Information		<del></del>		<del></del>	
1	Plant Name: Utilites, I			<del></del>		Plant Telephone Nu	mber: 407-869-1919
	Plant Address: 200 We	athersfield Ave.		City: Altamonte Sp	rings	State: Fl	Zip Code: 32714
	Type of Water Treated		Purchased Finished V			<u> </u>	
	Permitted Maximum D	bay Operating Capacity of Plant, gall	ons per day: 360,000				
1	Plant Category (per su	osection 62-699.310(4), F.A.C.): IV		Plant Class (per sub	section 6	2-699.310(4), F.A.C.	): C
	Licensed Operators	Name	License Class	THE RESIDENCE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY	13311		ft(s) Worked
1	Lead/Chief Operator:	Mike Gavaletz	C	5642			a.m 4:30 p.m.
1	Other Operators:	Terry Sillitoe	C	12749			1 4:30 P.M.
1						Jun. 0 7 L.10	1. 1.30 1.111
Î							
ı							
						<del></del>	
					<del></del>	<del></del>	
- 1							
	Contiguation	1/21				<del></del>	
I ti	Certification by Lead	i/Chief Operator					
i, u infe	ormation provided in the	eatment plant operator licensed in Flo	orida, am the lead/chief operato	r of the water treatm	ent plant	identified in Part I of	this report. I certify that the
	simulation provided in thi	s report is true and accurate to the be	est of my knowledge and helief	I certify that all dri	nkino wa	ter treatment chemics	de used at this plant conform to
pla	nt were prepared each d	60 or other applicable standards ref	erenced in subsection 62-555.3	20(3), F.A.C. I also	certify th	at the following addi-	tional operations records for this
rate	es: and (2) if annlicable	ay that a licensed operator staffed or	visited this plant during the mo	onth indicated above	(1) reco	rds of amounts of che	micals used and chemical feed
yea	irs and to make them av	appropriate treatment process performaliable for review upon request.	mance records. Furthermore, I	agree to retain these	e addition	al operations records	at the plant site for at least ten
• "							
	mulal 16	estate 10/5/04	Michael J. Gavaletz			C5642	
Sig	nature and Date		Printed or Typed Name	······································		License 1	Number

D--- 1

PWS	PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida - Parking Phake												
III. D	11. Daily Data for the Month/Year of: Sept 2004												
Means	of Achie	eving Four-L Radiation	og Virus In	activation/Rem (Describe):	oval: *	Free Cl	lorine	□с	hlorine D	Dioxide	☐ O <sub>2</sub>	zone [] (	Combined Chlorine (Chloramines)
Type o	f Disinfo	ectant Residu	ıal Maintair	ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
	1 2 1 2 2		C	l' Calculations, or l	JV Dose, to De	monstrate Fo	ur-Log	Virus Inactiv	ation, if An	olicable*	4,5,4,7,1	55-1-55-1-75-1	
					CT Calcul	ations	46.044	****	4.	UV	Dose	and the same	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Lowest CT Provided Before or						Lowest	
}				Concentration	(T) at C	at First	10.	4.0	Minimum	Lowest	Minimum	Concentration	
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.		_ cr	Operating	UV Dose	at Kemole	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	of Water	pH of Water, if	mg-	UV Dose, mW-	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair of Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L		Applicable	min/L	sec/am	sec/cm²	System, mg/L	System Components Out of Operation
1	24	88,000										1.0	
2	14 14	65,000	·	<u> </u>								0,8	
1 4	24	85,000		<del> </del>								1.0	
5	11	72,000	<del></del>			ļ			<b> </b>			1.6	
6	24	74,000			<del></del>	<del></del>	<b></b>			<b></b>			
7	24	70,000	_			<u> </u>						1.0	
8	24	64,000										1.0	
9	24	85,000										1.0	
10	214	66,000										0.8	
12	24	80,000 37,000						ļ				1.0	
13	27	971000		<del> </del>				ļ	<b> </b> -		<u> </u>		
14	77	66,000			<del></del>	<del> </del>	<del></del>	<del></del>	<del> </del>		<b></b>	0.8	
15	24	85,000				<del> </del>		<b></b>	<del> </del>	<b></b>		0.3	
16	14	96,000				<del>                                     </del>			<del></del>		<del>                                     </del>	1.0	
17	24	126,000										1.0	<del></del>
18	2V	10/100										0.9	
20	24	157,000		ļ	ļ								
21	24	156,000		<del> </del>		<del> </del>						1.0	
22		P2,000		<del> </del>		<del> </del>	<del> </del>					2.8	
23	24	63.000				<del></del>		<b></b>	<del>                                     </del>	<del></del>		7 (.0	
24	.14	109,000			<del></del>				<del>                                     </del>	<del></del>	<del> </del>	77	
25	24	67,000						<u> </u>				1-7-7-	
26	24	70,000									<b></b>	1.0	
27	37	90,000		<u> </u>								100	
29	<del>- 24</del>	83,000		<del> </del>								1-0	
30	2 V	75,000		<del> </del>	ļ		<u> </u>	<b> </b>				0,8	
31	<del></del> -	00,000		<del> </del>	<u> </u>	<u> </u>		<b> </b>		<b></b>		1.0	
Total		2,714 000		<del></del>	<u> </u>	i	L	L		<u> </u>	L	L	
Average	•	93,000											

<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					
۹.	Public Water System (P						
	PWS Name: Ravenna I					PWS Identification Nur	nber: 3591061
		ommunity Non-Transient Non-Com	<u>ımunity                                    </u>	ent Non-Community	Cor	nsecutive	
		nnections at End of Month: 339		Total Population S	erved at E	nd of Month: 4187	
	PWS Owner: Utilities,						
	Contact Person: Patricl			Contact Person's T	itle: Regio	nal Director	
	Contact Person's Maili	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	r: 407-869-6961	
		il Address: p.c.flynn@utilitiesinc-usa.com					
В.	Water Treatment Plant						
	Plant Name: Utilites, In					Plant Telephone Numb	er: 407-869-1919
	Plant Address: 200 We			City: Altamonte S	prings	State: Fl	Zip Code: 32714
	Type of Water Treated		Purchased Finished	Water			
		bay Operating Capacity of Plant, gallons per	day: 360,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.): (	
		A PARTY OF THE PAR	With Michigan	THE STREET STREET	Sec. 1	DEV (Vanini)	) Wenter
	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	1:30 P.M.
	Land to the state of the state						
	■ 自然的 中央 (本) (本) (本) (本) (本) (本) (本) (本) (本) (本)						
					<u> </u>		
				<u> </u>			
	. Certification by Lea	I Chief Oppositor					
		eatment plant operator licensed in Florida, a	m the lead/chief one	tor of the water treat	ment plant	identified in Part Lafthi	a report I contife that the
l, l	ne undersigned water tr	is report is true and accurate to the best of n	un me reau/ciner opera	ef I certify that all d	mem piam Irinkina wa	ter treatment chemicals	used at this plant conform to
M	Offilation provided in th	d 60 or other applicable standards reference	d in subsection 62-55	320(3) F.A.C. Lals	o certify th	et the following addition	nal operations records for this
nls	ent were prepared each	lay that a licensed operator staffed or visited	this plant during the	month indicated above	e: (1) reco	rds of amounts of chemi	cals used and chemical feed
rai	tes: and (2) if applicable	, appropriate treatment process performance	records. Furthermore	e, I agree to retain the	se addition	al operations records at	the plant site for at least ten
ve	ars and to make them as	vailable for review upon request.		,			•
, -	0 0 ^	· / — • · · · · · · · · · · · · · · · · · ·					
	mulail	1 1/2/1002	ichael J. Gavaletz			C5642	
Si	gnature and Date	Pı	inted or Typed Name			License Nu	mber
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	7.8								<del> </del>	<del> </del>	00013	hc	ot
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	07								1	<del> </del>	000,80		18
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	0.)								<del> </del>	+	000/29		Ş
	77								<del> </del>	<del></del>	00016		,
	<del>- 64</del> -								<del> </del>	+	90,000	んて	3
System Components Ont of Operation	CO THE PROPERTY AND ADDRESS OF THE PARTY AND A	0/1								<del>                                     </del>	000 Jel	んて	7
Total Warmen Work the History of Taking White	Antonio Linearia	James Lawrence		1/4/41	SHAMING!	. 2	TANK BUIL	No.	Section 1	BEET A TOTAL	92, 490	አ <del>ረ</del>	1
standing of Abdomaid Operating Conditions: Report	Santa Care	Post and the		and the	A STATE OF	THE REAL PROPERTY.	PACIFICATION AND ADDRESS OF		Market Contract	Mar and	he beamond	Operation	
	THE COURSE OF THE CO.	productions that is	distant of the	NA		10 10 at		The parties of the second	MIL A TOLLOW		A MON	ni smi4	oth
System Components Operating Conditions; Repaired to the Mark Internation of Mark Internation of Mark Internation of Mark Internation of Mark Internation of Mark Internation of Mark Internation of Mark Internation of Mark		CLARK C. LAMB	PRANCES	Carried Street	7 . T. C.	19/03		E established and a service of	indirisid in be	4000 BASE		amoli	JO ANG
	The Paris		<b>对的</b>	Facilities.	<b>487.3</b>	2.00	HAM BE	CHEST.		1000000	Section of Section		11.
	Printer!	A PARTY	A 100 A	200	A 24 1	1	State E.	The state of the	Silvery Mar 189	200	X 37.		111
	January 188	100			25 X 25 X		Action 1	and the land of the		12 300	A More		- K
	718.4 M. P.		ATTEN	202. EL 1439	and the second	Company of the Company	A seminarial		SALES TO	The Address of the Ad	Art Burn		45
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Chlorine Dioxide	hloramines)	Orine (C	omed Cn	UIO >		The same	C Contract	A 18 " 18 A	1	方面は	1	200	
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Combined Chlorine (Chloramines)		, C							Descripe):	Other (	HOURIDAY	20101475	
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								7100	oc + 20	oring Calino	dCollinot in	nd din	<u>a 111</u>
VIZIVA CIUS				Florida .	tes, Inc. of	:: Utilit	nant Name	-					
CHASED FINISHED WATER	OK PUR	<b>HIFK</b>	M ONC	OVO	MYNIO	MILL	3311.00			1301025 -1	ation Numbe	ofitinəbl	SMd

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See page 4 for instructions.

_							
		for the Month Year of: Nov200	<u> </u>				
A.	Public Water System (P						
	PWS Name: Ravenna					PWS Identification N	lumber: 3591061
		Community Non-Transient Non-	Community Transie	nt Non-Community	Cor	nsecutive	
		nnections at End of Month: 337				nd of Month: 1.187	
	PWS Owner: Utilities,					<b>,</b>	
	Contact Person: Patricl			Contact Person's	Title: 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	Fax Numbe	r: 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 Nur	nber: 407-869-1919
	Plant Address: 200 We			City: Altamonte S	Springs	State: Fl	Zip Code: 32714
	Type of Water Treated		Purchased Finished	Water			
	Permitted Maximum D	Day Operating Capacity of Plant, gallon	s per day: 360,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per s	ubsection 6	2-699.310(4), F.A.C.)	: C
	Licensed Operators		ALERSON BACT LETT		in Service	Partie Partie Comment	(in) A 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.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		<u></u>					
n	L Certification by Lea	d Chief Onerator					
		eatment plant operator licensed in Flori	da am the lead/chief operat	or of the water trea	tment plent	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 helie	f. I certify that all	drinking wa	ater treatment chemics	ls used at this plant conform to
N.	SF International Standar	d 60 or other applicable standards refer	enced in subsection 62-555.	320(3), F.A.C. I al	so certify th	nat the following addit	ional operations records for this
pl	ant were prepared each o	day that a licensed operator staffed or vi	isited this plant during the n	onth indicated abo	ve: (1) reco	rds of amounts of che	nicals used and chemical feed
ra	tes; and (2) if applicable	, appropriate treatment process perform	ance records. Furthermore,	I agree to retain the	ese addition	nal operations records	at the plant site for at least ten
ye	ars and to make them av	vailable for review upon request.					
	mil	11 A malay					
	muhal	1 (variale 12/2/04	Michael J. Gavaletz			C5642	·
Si	gnature and Date	1 /1	Printed or Typed Name			License N	lumber

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Chlorine Dioxide	(cənims10)	dD) agino	ined Chl	Comb	ənin	е Срјо	ગર્મ ⊠	n System:	oitudittaid ni b	el Maintaine	ubies Residu	Anisid To	ίλας (
									escribe):	Other (D	noitaibas	19loiver	IN [
combined Chlorine (Chloramines)	OL Sn	020	əpixo	orine Di	ПСЫ	orine	Free Chlo	val: *	ctivation/Remo	og Virus Inac	Ving Four-L	of Achie	Means
								LC(	JC VOIA	nth Year of	(10k que 710	and tim	II. D
L													
PWS Identification Number: 3591061 Plant Mame: Utilites, Inc. of Florida													
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Average (0.3, 0.00)

| (0.3, 0.00) | (0.3, 0.00) |
| Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions.

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	1 0	•											
1.	General Information	for the Month/Year of: Dec- Ze	004			<del></del>	<del></del>						
A.	Public Water System (I	WS) Information			· ·								
	PWS Name: Ravenna						PWS Identification N	lumber: 3591061					
		Community Non-Transient Non-Cor	mmunity	Transier	nt Non-Community	Пс	onsecutive						
		nnections at End of Month: 331			Total Population S								
	PWS Owner: Utilities,												
	Contact Person: Patric				Contact Person's T	itle: Regi	onal Director						
		ng Address: 200 Weathersfield Ave.			City: Altamonte S	prings	. State: Fl	Zip Code: 32714					
	Contact Person's Telephone Number: 407-869-1919  Contact Person's Fax Number: 407-869-6961												
_	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com												
В.	Water Treatment Plant		<del></del>										
	Plant Name: Utilites, I						Plant Telephone Nun	nber: 407-869-1919					
	Plant Address: 200 We				City: Altamonte S	prings	State: Fl	Zip Code: 32714					
	Type of Water Treated			ised Finished V	Vater	···							
		Day Operating Capacity of Plant, gallons per	r day: 360	0,000									
		bsection 62-699.310(4), F.A.C.): IV	esser esser	<del> </del>			62-699.310(4), F.A.C.):						
	Licensed Operators	Name***	16.1 - 127	License Class		Berling to Contra	- Day(3)(Dini						
	Lead/Chief Operator:			<u>C</u>	5642		Mon - Fri 8 a.						
	Other Operators:	Terry Sillitoe		c	12749		Sat. 8 A.M.	- 4:30 P.M.					
			<del></del>				<del></del>						
Ì	The state of the state of												
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	The Part of the Pa						<del></del>						
							· <del></del>						
_		VOL. 10											
	Certification by Lead			11.1.2									
, {{	ie undersigned water tre	eatment plant operator licensed in Florida, a	im the lead	d/chief operator	r of the water treatn	nent plant	identified in Part I of the	nis report. I certify that the					
VC.	F International Standard	s report is true and accurate to the best of m 1 60 or other applicable standards referenced	ny Knowie d in subse	edge and belief.	i certify that all of	inking wa	iter treatment chemicals	s used at this plant conform to					
olai	nt were prepared each d	ay that a licensed operator staffed or visited	this plant	t during the ma	nth indicated above	· (1) reco	rds of amounts of chem	icals used and chemical feed					
ate	s; and (2) if applicable,	appropriate treatment process performance	records.	Furthermore, I	agree to retain thes	se addition	nal operations records at	the plant site for at least ten					
/ea	rs and to make them av												
1		P \ I I I RI	чүтол	ID ALAN F.	PRRISH		C-12	170					
	Whom The		ichael J. C				C5642						
rg	nature and Date	Pri	inted or T	yped Name			License Nu	ımber					

LPWS	PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida - RAVIANA													
111.	III. Daily Data for the Month/Year of: Dec- 2004													
				nactivation/Ren	2 Z 00 c	Free C	hlorina		VL 1	St 1 .		<u> </u>	0 1: 1011: (0):	
U	traviolet	Radiation	Other (	(Describe):			iioi iiie		Chlorine I	Jioxiae	O <sub>2</sub>	zone 🔲	Combined Chlorine (Chloramines)	
Туре	of Disinf	ectant Residu	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 Fo	our-Log	Virus Inactiv	ration, if A	plicable*	1	A-2- 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	See See See See See See See See See See	
					CT Calcu	lations					Dose			
						Lowest CT						Lowest		
				Lowest Residual	Disinfectant	Provided	1	11.00		1 1 1 1 m	7.	Residual		
1				Disinfectant Concentration	Contact Time	Before or	·					Disinfectant		
		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	T			Lowest	Minimum	Concentration		
Day of	Hours	of Finished		First Customer	Point During	During	Temp, of	pH of	CT	Operating	UV Dose Required,	at Remote	P	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water.	Water, if	mg-	mW-	mW-	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair	
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable		sec/cm <sup>2</sup>	sec/cm <sup>1</sup>	System, mg/L	or Maintenance Work that Involves Taking Water System Components Out of Operation	
1	24	94,000									-	1.0	System Components Out of Operation	
2		80,000									<u> </u>	0.8		
3		78.000									l	1.1		
<b>4.</b>		63.000										1.0		
= 35-4		91,000	ļ	ļ			L							
∴6 <i>6</i> . ⊃\7::		92,000		<u> </u>								0.9		
878		75,000		<del> </del>			<b> </b> _					1.0		
34.9		68,000		<del>                                     </del>	ļ		<b> </b>					0.8		
10.5		110,000			<b></b>		<b></b>	ļ	<u> </u>			0.9		
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13:		85,000		<del> </del>	ļ		<del> </del>		ļ			<del></del>		
1143	-1/-	79,000				ļ	<del> </del>		ļ			1,0		
215,	24	77,000			<del></del>	ļ			<del> </del>			1.0		
16.	<del></del>	78,000		<del> </del>	<u> </u>	<b></b>			<b></b>		ļ	0.8		
17	-1-	78,000		<del> </del>	<del> </del>			<del></del>	<del> </del> -			9.9		
C 1811	_	54,000		<del> </del>								0.7		
44192		94,000	<del></del>					<del></del>	ļ ——			0.7		
\$20×		94,000	·						<del>                                     </del>			0.7		
212		67,000										T.O		
227		90,000										0.8		
23.		84,000										1.5		
24/2		84.00							1			1.9		
≥ 25.5		58,000										1.4		
₫• <b>26</b> %		73,000												
27:		73.000										1.5		
::28:-		95,000										115		
:: 29.×	٦,	74,000										1,2		
. 30.	V	45,000										1,2		
:::315	24	46,000	_									1,3		
Total 3	100 S915	1,425000	1											
Averag	C. P. B. S. L. L. A.	18,000	$\checkmark$											
Mexim	mm - 1	110,000	1											

<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: January/2005										
Α.	Public Water System (P											
	PWS Name: Ravenna F					PWS Identification	Number: 3591061					
		ommunity Non-Transient Non-Con		t Non-Community		nsecutive						
	Number of Service Cor	nnections at End of Month: 339		Total Population Se	rved at E	nd of Month: 1,187						
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patrick			Contact Person's Tit								
	Contact Person's Mailin	ng Address: 200 Weathersfield Ave.		City: Altamonte Spi	rings	State: Fl	Zip Code: 32714					
	Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961											
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
В.	Water Treatment Plant											
	Plant Name: Utilites, In	nc. of Florida				Plant Telephone Nu	mber: 407-869-1919					
	Plant Address: 200 We	athersfield Ave.		City: Altamonte Sp	rings	State: Fl	Zip Code: 32714					
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished W	/ater								
		Day Operating Capacity of Plant, gallons pe	r 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	and the second		ift(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.N	4 4:30 P.M.					
		Ray Parrish	С	12740	Mon 8 A.M 4:30 P.M.							
_												
	1. Certification by Lea-											
Ι, 1	the undersigned water tr	eatment plant operator licensed in Florida,	am the lead/chief operato	or of the water treatm	nent plant	t identified in Part I of	this report. I certify that the					
in	tormation provided in th	is report is true and accurate to the best of	ny knowledge and belief	. I certify that all dr	inking w	ater treatment chemic	als used at this plant conform to					
N	SF International Standar	d 60 or other applicable standards reference	ed in subsection 62-555.3	20(3), F.A.C. I also	certify t	hat the following addi	itional operations records for this					
pla	ant were prepared each of	lay that a licensed operator staffed or visite	d this plant during the mo	onth indicated above	e: (1) reco	ords of amounts of che	emicals used and chemical feed					
		, appropriate treatment process performanc	e records. Furthermore,	agree to retain thes	e addition	nai operations records	at the plant site for at least ten					
ye	ears and to make them av	ailable for review upon request.										
	1/191	Me 2-2-5 R	oy J. Mericle			C13808						
<del>ر</del>	ignature and Date		rinted or Typed Name	<u> </u>		License	Number					
JI	Buaranceana Date 7	r	inition of Typen Maine			Liconsc	. 10111071					

D--- 1

PWS	PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida													
III. D	III. Daily Data for the Month/Year of: January/2005													
Means	of Achie	eving Four-I	.og Virus In	activation/Rem		Free Cl	nlorine	□ C	hlorine D	oioxide	Oz	one []	Combined Chlorine (Chloramines)	
		Radiation	Other (	(Describe):		K7 55	<u> </u>			1. 1.61	1	11		
1 ype o	or Disinte	ectant Residi	ual Maintain	ned in Distribut I Calculations, or I	ion System:	X F	ree Ch	lorine			ilorine (C	hloramines)	Chlorine Dioxide	
			70. TO . TO .	r Carculations, or i	CT Calcu	ations	m-rak	VII US THACLIV		UV	Dose			
			The same stand	**************************************		Lowest CT					70.00	Lowest		
				Lowest Residual		Provided						* Residual		
				Disinfectant Concentration	Contact Time (T) at C	Before or at First				T	Minimum	Disinfectant Concentration		
4.55		Net Quantity		(C) Before or at	Measurement	Customer	Temp,		CT	Operating		at Remote		
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of	Required,	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Repair	
the Month	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, °C	Water, if Applicable	mg-	mW- sec/cm²	mW-	Distribution	or Maintenance Work that Involves Taking Water System Components Out of Operation	
1	24	89,000	Truite, Epu	1 tow, mp.c.	immues	ing-mari-	-	Approauce	min/L	secrem	sec/cm²	System, mg/L 0.9	System Components Out of Operation	
2	24	73,000	· · · · · · · · · · · · · · · · · · ·								<del>                                     </del>	0.7		
3	24	73,000										1.3		
4	24	96,000										1.3		
6	24	77,000 78,000	ļ	ļ		<u> </u>	<b> </b>	<b></b>				1.3		
7	24	84,000					<del> </del>	<del> </del>				1.1		
8	24	58,000		<u> </u>	<del></del>		<del>}</del>	<del> </del>	-	<del> </del>	<u> </u>	1.6		
9	24	99,000	<del> </del>	<del>                                     </del>	·		<b>-</b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.1		
10	24	99,000		1			<b>T</b>	<b>†</b>	<del> </del>	1	1	1.0		
11	24	46,000										1.0		
12	24 24	70,000 78,000	<b> </b>	<u> </u>	<b></b>	<b></b>	<u> </u>					1.0		
14	24	77,000	<del> </del>	<del> </del>	ļ	ļ	<del> </del>	ļ	<b></b>		<del> </del>	1.5		
15	24	63,000	<del> </del>	<del> </del>			<del> </del>	\	<del> </del>	<del> </del>	<del> </del> -	1.8		
16	24	59,000			<b></b>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.3		
17	24	59,000								<b> </b>	<del> </del>	1.5		
18	24	87,000										1.5		
20	24 24	46,000 75,000	<del> </del>	<del> </del>	<del></del>	ļ	——	ļ		<b> </b>		1.4		
21	24	96,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<u> </u>	<del> </del>		<b> </b>	1.5		
22	24	50,000		<del>                                     </del>	<b></b>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.4		
23	24	75,000						<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		
24	24	75,000										1.5		
25 26	24 24	88,000 63,000	ļ	ļ		ļ						1.5		
27	24	84,000	1	<del> </del>	<del> </del>	<del> </del>	<b> </b>	<del> </del>	<del>                                     </del>			1.5		
28	24	87,000		<del>                                     </del>	<del> </del>	<del> </del>	+	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.5		
29	24	40,000		<u> </u>	<del>                                     </del>		+	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del> -	1.3		
30	24	87,000								<b>†</b>	1	† <del></del>		
31 Total	24	88,000		1							1	1.50		
Average	p	2,319,000	1											

Maximum

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

614



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

See page 4 for instructions.

١.	General Information	for the Month Year of: February/2005											
	Public Water System (P												
- 1	PWS Name: Ravenna l	Park				PWS Identification	n Number: 3591061						
		Community Non-Transient Non-Community	Transier	t Non-Community	Cor	rsecutive							
	Number of Service Co	nnections at End of Month: 340		<b>Total Population S</b>	erved at Er	nd of Month: 1,190							
	PWS Owner: Utilities.												
	Contact Person: Patricl	k Flynn		Contact Person's T	itle: Regio	nal Director							
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte St	orings	State: Fl	Zip Code: 32714						
	Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961												
	Contact Person's E-Mail Address; p.c.flynn@utilitiesinc-usa.com												
В.	Water Treatment Plant												
	Plant Name: Utilites, I						Number: 407-869-1919						
	Plant Address: 200 We			City: Altamonte S	prings	State: Fl	Zip Code: 32714						
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water												
		Day Operating Capacity of Plant, gallons per day: 30	60,000										
		bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.							
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked												
	Lead/Chief Operator:	Roy Mericle	С	13808		Tue - Fri	8 a.m 4:30 p.m.						
	Other Operators:	Terry Sillitoe	C	12749		Sat. 8 /	A.M 4:30 P.M.						
		Ray Parrish	С	12740		Mon 8	A.M 4:30 P.M.						
	}												
	. Certification by Lea	d Chief Operator											
		eatment plant operator licensed in Florida, am the l	ead/chief operate	or of the water treat	ment plant	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 my known	vledge and belie	f I certify that all d	lrinking wa	ster treatment chem	icals used at this plant conform to						
NS	SF International Standar	d 60 or other applicable standards referenced in sub	section 62-555.	320(3), F.A.C. I als	o certify th	nat the following a	dditional operations records for this						
pla	int were prepared each o	day that a licensed operator staffed or visited this pl	ant during the m	onth indicated above	e: (1) reco	rds of amounts of	chemicals used and chemical feed						
rat	es; and (2) if applicable	, appropriate treatment process performance record	s. Furthermore,	I agree to retain the	se addition	nal operations reco	rds at the plant site for at least ten						
yea	ars and to make them ay	vailable for review upon request.	ŕ	-		•	-						
	1)6	12.1											
	1aria	12 2-28-05 Roy J. M.				C1380							
Si	gnature and Date Printed or Typed Name License Number												

PWS	PWS Identification Number: 3591061 Plant Name: Utilities, Inc. of Florida												
	III. Daily Data for the Month Year of: February/2005  Means of Achieving Four-Log Virus Inactivation/Removal: *												
Means	of Achi	eving Four-I	og Virus In	activation/Rem	oval: *	Free Ch	nlorine	□с	hlorine D	Dioxide	☐ Oz	one 🔲 (	Combined Chlorine (Chloramines)
-		Radiation		(Describe):									<b></b>
Type	of Disinf	ectant Residu	ıal Maintain	ed in Distribut	on System:	⊠ F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			C	T Calculations, or I			our-Log	Virus Inactiv	ation, if Ar				
				·	CT Calcu					UV	Dose	Y	
<u> </u>				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
]		ļ		Disinfectant	Contact Time	Before or			1		Minimu	Disinfectant	
				Concentration	(T) at C	at First			Minimu	Lowest	m UV	Concentration	
] .		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		m CT	Operating	Dose	at Remote	
Day of	Hours Plant in	of Finished Water		First Customer	Point During	During	of	pH of	Required,	UV Dose,		Point in	Emergency or Abnormal Operating Conditions; Repair
Month		Produced, gai	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	79,000	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
2	24	72,000	<del></del>	<del> </del>		<del></del>		<b> </b>	ļ			1.4	
$\frac{2}{3}$	24	71,000		<del> </del>	ļ		<del> </del>	<del> </del>	<b></b>	<b></b>		1,4	
4	24	55,000		<del> </del>	<del> </del>		<del> </del>	<u> </u>	<del> </del>			1.3	
5	24	54,000		<u> </u>		<del> </del>		<u> </u>	<del> </del>		<del> </del>	1.6	
6	24	80,000				<del> </del>	├	<del> </del>	<del>}</del>	<del>  </del>	<del>}</del>	1.2	
7	24	80,000	<del></del>	<del> </del>	<del> </del>	-		<del> </del>			<del>                                     </del>	1.5	
8	24	84,000		<del> </del>	<del></del>	<del> </del>			-		<del> </del>	1.4	
9	24	64,000			<del></del>	<del> </del>	<del>                                     </del>		<del> </del>		<b></b>	1.3	
10	24	71,000			<u> </u>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	1.3	
11	24	76,000		~ · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	<del>                                      </del>	<del> </del>	<del></del>	<del> </del>	<b>†</b>	1.3	
12	24	58,000				1	<del>                                     </del>	<del> </del>	<del>                                     </del>		<b> </b>	0.9	
13	24	86,000				1		T	†———		<b>†</b>		
14	24	87,000				1					†	2.0	
15	24	87,000										2.6	
16	24	91,000					1					2.0	
17	24	85,000										1.5	
18	24	75,000										1.4	
19	24	72,000					<u> </u>					1.1	
20	24	84,000		<b>↓</b>		<u> </u>	L						
22	24 24	85,000	ļ	ļ	ļ	ļ	L					1.5	
23	24	76,000 75,000	ļ	<b> </b>	<b></b>	<u> </u>	<del>  </del>	<u> </u>	<u> </u>	<b></b>		2.5	
24	24	88,000	<del> </del>	<del> </del>	<b></b> _	<b> </b>	<b> </b>	ļ	<del>  </del>	ļ	<b></b>	2.3	
25	24	70,000	<del> </del>	<del> </del>	<b></b>	<del> </del>	<del> </del>	ļ	<del> </del>			2.0	
26	24	58,000	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.7	
27	24	74,000	<del>                                     </del>	<del> </del>	<del> </del>	<del></del>	-		<del> </del>		<del> </del>	1.5	
28	24	75,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>					
29	24	75,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<u> </u>	<del>                                     </del>	<del> </del>	<del> </del>	1.5	
30	24	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<u> </u>
31	24	<u> </u>	<b></b>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
Total		2,112,000	<del> </del>	<u> </u>	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<del></del>		<u> </u>	<u> </u>	
Averag	e	75,428	1										
Maxim		91,000	1										

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

#### WATER LOSS RECORD

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

Representation of the Property of the Propert MONTH/YEAR:

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

- Type Code 1) Water breaks 2) Flushing hydrants
  - 3) Meter defect
  - 4) Construction
  - 5) Other



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See	page 4 for instructions.				i i in her	00					
i.	General Information	for the Month/Year of: March/2005									
Α. Ι	Public Water System (P	WS) Information									
ſ	PWS Name: Ravenna	Park			PWS Identification N	umber: 3591061					
		Community Non-Transient Non-	Community Transien	t Non-Community	Consecutive						
ı	Number of Service Con	nnections at End of Month: 339		Total Population Served at	End of Month: 1.187						
	PWS Owner: Utilities,	Inc. of Florida									
- 1	Contact Person: Patricl	k Flynn		Contact Person's Title: Reg	ional Director						
-	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714					
1	Contact Person's Telep	hone Number: 407-869-1919		Contact Person's Fax Num	ber: 407-869-6961						
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.co	om								
В.	Water Treatment Plant										
	Plant Name: Utilites, I				Plant Telephone Nun	nber: 407-869-1919					
	Plant Address: 200 We			City: Altamonte Springs	State: Fl	Zip Code: 32714					
	Type of Water Treated		Purchased Finished W	/ater							
		Day Operating Capacity of Plant, gallons	per day: 360,000								
		bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection	62-699.310(4), F.A.C.):	C					
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked											
	Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.	m 4:30 p.m.					
	Other Operators:	Terry Sillitoe	С	12749	Sat. 8 A.M.	- 4:30 P.M.					
		Ray Parrish	C	12740	Mon 8 A.M.	- 4:30 P.M					
	. Certification by Lea	d/Chief Operator									
		eatment plant operator licensed in Florid	am the lead/chief operato	or of the water treatment nla	nt identified in Part Loft	his report. I certify that the					
inf	ormation provided in th	is report is true and accurate to the best	of my knowledge and belief	I certify that all drinking	water treatment chemical	s used at this plant conform to					
NS	F International Standar	d 60 or other applicable standards refere	enced in subsection 62-555.3	20(3), F.A.C. I also certify	that the following additi	onal operations records for this					
pla	nt were prepared each o	day that a licensed operator staffed or vis	sited this plant during the me	onth indicated above: (1) re-	cords of amounts of chen	nicals used and chemical feed					
rate	es; and (2) if applicable	, appropriate treatment process performa	ance records. Furthermore,	I agree to retain these additi	onal operations records a	t the plant site for at least ten					
yea	ars and to make them as	vailable for review upon request.									
	1/00	2/1 771	Dan I Martil		C12000						
<u>_</u>	"III"	Mu 3-31-5	Roy J. Mericle		<u>C13808</u>						
Sig	gnature and Date	•	Printed or Typed Name		License N	umber					

PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida														
III. Daily Data for the Month/Year of: March/2005														
Means	Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)  Ultraviolet Radiation Other (Describe):													
				(Describe):										
Type	of Disinfe	ectant Residu		ed in Distribut			ree Chl				lorine (C	hloramines)	Chlorine Dioxide	
			C	l' Calculations, or U			ur-Log	Virus Inactiv	ation, if Ap					
					CT Calcul	ations Lowest CT				UV	Dose			
				Lowest Residual	Disinfectant	Provided					2.4	Lowest Residual		
				Disinfectant	Contact Time	Before or						Disinfectant		
		Net Quantity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Tama		Minimum		Minimum	Concentration		
Day of	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	CT Required	Operating UV Dose	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair	
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water	
Month	Operation 24	Produced, gal 72,000	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	94,000									<b> </b>	1.4 1.5		
3	24	82,000	·					ļ ————————————————————————————————————				1.3		
4	24	91,000						<b>——</b>				1.3		
5	24	54,000										1.2		
7	24	108,000												
8	24	109,000	ļ				<b></b>	ļ	ļ			1.2		
9	24	95,000									ļ	1.2		
10	24	85,000	<del> </del>								<del> </del>	1.1		
- 11	24	78,000	1	<u> </u>		·····					<del> </del>	1.1		
12	24	75,000								· · · · · · · · · · · · · · · · · · ·		1.3		
13	24	114,000												
15	24 24	115,000	ļ	ļ			ļ					1.4		
16	24	87,000 102,000	<del> </del>			ļ	<del> </del>	<b>}</b>	ļ	ļ		1.1		
17	24	48,000				<u> </u>	<del> </del>	<del></del>	<del> </del>			1.1		
18	24	65,000				<u> </u>				<del></del>	<del> </del>	0.9		
19	24	72,000			†		<b></b>		<del>                                     </del>	İ		1,2		
20	24	74,000												
21	24	74,000										1.5		
22	24	83,000 57,000	ļ	<del>                                     </del>	ļ	<u> </u>	<del>   </del>		-	ļ	<del>                                     </del>	1.3		
24	24	75,000	<del> </del>	<del> </del>	<b></b>	<del></del>	ļ		<del>                                     </del>	<u> </u>	<del> </del>	1.5		
25	24	60,000	<del> </del>	<del> </del>		ļ	-	<del> </del>	<del>                                     </del>	<u> </u>	<del> </del>	1.3	<del> </del>	
26	24	61,000	<del> </del>		· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>	<b></b>	<del> </del>		0.9		
27	24	79,000							<b>1</b>	1	<b>1</b>	<u> </u>		
28	24	79,000										1.0		
29	24	56,000	ļ									1.3		
30	24	107,000 59,000					<u> </u>	ļ	ļ	ļ	ļ	1.5		
Total	1 24	2,510,000	<del> </del>	1	1	J	Ц	<u> </u>	<u> </u>	<u> </u>	1	1.50	<u> </u>	
Averag	ţe	80,967	1											

Maximum

115,000

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

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(FLORIDA		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6 10			
					()/V			
See page 4 for instruction								
	for the Month Year of: April/200	)5						
A. Public Water System				I payer 11 (Company)	L-L 2501661			
PWS Name: Ravenn				PWS Identification N	(umber: 3591001			
	Community Non-Transient No	on-Community   Transiep	t Non-Community	Consecutive				
	Connections at End of Month: 339		Total Population Ser	ved at End of Month: 1.187				
PWS Owner Utilitie								
Contact Person: Patr				e: Regional Director ngs State: Fl	Zip Code: 32714			
	iling Address: 200 Weathersfield Ave.		City: Altamonte Spri	حبوان جانيات النبوالية أنبي المراجعين المراجعين المراجعين	[Zip Code, 32714			
	ephone Number: 407-869-1919	L	Contact Person's Fax	Number: 407-869-6961				
	Mail Address: p.c.flynn@utilitiesinc-us	sa.com						
B. Water Treatment Pla	والتناوية كالمنبة الانبيط فيهمي والمنبط والمناوية				L 407 960 1010			
Plant Name: Utilites				Plant Telephone Nur				
Plant Address: 200			City: Altamonte Spr	ings State: Fl	Zip Code: 32714			
Type of Water Trea			Vater					
	Day Operating Capacity of Plant, gal							
Plant Category (per	subsection 62-699.310(4), F.A.C.): IV			section 62-699,310(4), F.A.C.)	: C			
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked								
Lead/Chief Operato	r: Roy Mericle	C	13808		.m 4:30 p.m.			
Other Operators:	Terry Sillitoe	c	12749		4:30 P.M.			
•	Ray Parrish	C	12740	Mon 8 A.M	I 4:30 P.M.			
j								
1								
					وبالمجالة والمرابط والمرابط المرابط والمرابط والمتاري والمتاري والمتاريخ والمتاريخ والمتاريخ			
11. Certification by 1	r treatment plant operator licensed in F	davide any the lead/abjet exercit	or of the water treatm	ent plant identified in Part I of	this report. I certify that the			
information provided in	this report is true and accurate to the t	londa, am the read/enter operations of my knowledge and believed	of the water accuming the second of the seco	nkino water treatment chemica	als used at this plant conform to			
NSE International Stand	land 60 or other applicable standards re	oferenced in subsection 62-555	320/3) FAC Laiso	certify that the following addit	tional operations records for this			
nlant were prepared each	h day that a licensed operator staffed c	or visited this plant during the m	onth indicated above	: (1) records of amounts of che	micais used and chemical reed			
rates: and (2) if applica	ble, appropriate treatment process perfe	formance records Furthermore.	I agree to retain these	additional operations records	at the plant site for at least ten			
vears and to make them	available for review upon request.	ominio revolus. I diciozzio e,	- 40 44 44 44	•	•			
	2/1-5-3-05	Daniel Mandala		C13808				
1422	Nu 5-3-03	Roy J. Mericle		License 1	Number			
Signature and Date		Printed or Typed Name		License i	rumoei			

DWG Liberties Newton 1501041													
PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida													
111	HE Daily Data for the Month/Year of: April/2005												
Mean	of Achi	evina Four I	on Vina In	activation/Rem	ovol. *	Free Cl	lorisa		hlorine D	Viovido	Oz	one [](	Combined Chlorine (Chloramines)
1910411	traviolet	eving rour-i Radiation	OR Anns III	acuvauon/kem Describe):	oval, "	FIGE CI	попис	шС	morne L	MOXIGE	O2	OTEC T	Totaloniea Cinoraie (Cinoraimies)
						F7 =							
Type	or Disini	ectant Residi	ual Maintain	ed in Distribut	on System:	⊠ F	ree Ch	lorine	Com	bined Ch	dorine (C	hloramines)	Chlorine Dioxide
			C.	Γ Calculations, or l			our-Log	Virus Inactiv	ration, if Ar				
				<del></del>	CT Calcui			er i server er er er er	V-1 (1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	UV	Dose		
				Larrant Danish	District.	Lowest CT						Lowest Residual	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or					Minimu	Disinfectant	
				Concentration	(T) at C	at First			Minimu	Lowest	m UV	Concentration	
		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		m CT	Operating		at Remote	
Day of		of Finished		First Customer	<b>Point During</b>	During	of	pH of		UV Dose,		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/om <sup>2</sup>	System, mg/L	System Components Out of Operation
<u> </u>	24	84,000										1,0	
- 2	24	69,000										1,3	
3	24	88,000											
- 4	24	89,000										1,6	
	24	75,000										1.5	
6	24	81,000										1,5	
7	24	61,000										1.7	
- 8	24	84,000										1,5	
9	24	66,000										1,3	
10	24	85,000											
11	24	86,000										1,4	
12	24	113,000										1,4	
13	24	85,000										1.1	
14	24	86,000										1,4	
15	24	94,000										1,4	
15	24	55,000			<u> </u>							1,6	
17	24	98,000	<u> </u>										
18	24	98,000	<b></b>		<u> </u>							1.4	
19	24	113,000										1,5	
20	24	89,000	<del> </del>	<del> </del>		<u> </u>	ļ					1.5	
21	24	116,000	<del> </del>	<b></b>								1.5	
22	24	104,000	<b></b>	<u> </u>	<u> </u>			<u> </u>				1.6	
23	24	81,000	<u> </u>	ļ								1.3	
24	24	91,000	<u> </u>	<b>↓</b>	<u> </u>								
25	24	92,000		<u> </u>								1.6	
25	24	112,000	<b> </b>	<b></b>								1,5	
27	24	56,000		<u> </u>								1.5	
28	24	92,000	<u> </u>	<u> </u>								1.6	
29	24	100,000										1.4	
30	24	64,000	<u> </u>			<u> </u>						1.6	
31	<u> </u>	<u> </u>				<u> </u>							
Total		2,607,000	1										
Avera	ge	86,900	1										
Maxin	ura	116,000	1										

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

# FILE COPY



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

See page 4 for instructions.

	page 4 for instructions:											
		or the Month/Year of: May/2005										
Α.	Public Water System (P	WS) Information										
	PWS Name: Ravenna I	Park				PWS Identification No	umber: 3591061					
	PWS Type:	ommunity Non-Transient Non-C	ommunity	Transien	t Non-Community	Consecutive						
	Number of Service Cor	nnections at End of Month: 339			<b>Total Population Se</b>	erved at End of Month: 1,187						
	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											
		il Address: p.c.flynn@utilitiesinc-usa.com	m									
B.	3. Water Treatment Plant Information											
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919											
	Plant Address: 200 We	eathersfield Ave.			City: Altamonte Sp	orings State: Fl	Zip Code: 32714					
	Type of Water Treated			ased Finished V	Vater							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons	per day: 36	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 Day(s)/Shift(s) Worked											
Lead/Chief Operator: Kathy Sillitoe C 13094 Mon Fri. Days												
Other Operators; Terry Sillitoe B 12749 Thur.Fri.Sat. Days												
		Roy Mericle		С	13808	Tues Fri. Days F	rom 5/1 Thru 5/17					
		Alexander Lorenzo		C	13756	Mon. & W	Ved. Days					
		Roger Holsapple		С	7436	Tues.	Days					
	l. Certification by Lea	d/Chief Operator										
		eatment plant operator licensed in Florida	a am the le	ad/chief operato	or of the water treatn	pent plant identified in Part Loft	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	Leertify that all dr	inking water treatment chemical	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 also	certify that the following addition	onal operations records for this					
pla	ant were prepared each o	lay that a licensed operator staffed or visit	ited this pla	int during the me	onth indicated above	e: (1) records of amounts of chem	nicals used and chemical feed					
rat	tes; and (2) if applicable	, appropriate treatment process performa	nce records	. Furthermore,	I agree to retain thes	se additional operations records a	t the plant site for at least ten					
ye	ars and to make them av	ailable for review upon request.			_	•	-					
	V CD Sinn	<b>*</b>	, } , ;	6.11.1	_	0 10	201					
<u>~</u>	Karl Sel	toe 6-2-05	Koth	S:\\:\\ Typed Name	08	<u> </u>	094					
Si	gnature and Date		Printed or	Typed Name		License N	umber					

PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida													
III. D	III. Daily Data for the Month/Year of: May/2005												
Means	of Achie	eving Four-L	og Virus Ina	activation/Rem	oval: *	Free Ch	lorine	С	hlorine D	ioxide	Oz	one 🔲 C	Combined Chlorine (Chloramines)
		Radiation		Describe):	· · · · · ·	Mr	ree Ch	lanina	Com	hinad Ch	lorine (C	nloramines)	Chlorine Dioxide
Type o	t Disinfe	ectant Residu	al Maintain	ed in Distribut	ion System:	K) Fi	ree Ch	iorine	ction if A=	olicable*		inoraninies)	
1	ł	•	C1	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*  CT Calculations  UV Dose									
i				· · · · · · · · · · · · · · · · · · ·	C1 Calcul	Lowest CT				1810.41	70,0	Lowest	
l				Lowest Residual	Disinfectant	Provided						Residual	
- 1	ĺ			Disinfectant	Contact Time	Before or						Disinfectant	
1	1			Concentration	(T) at C	at First	- Table		Minimum	Lowest	Minimum	Concentration	
D	,,,,,,,,,	Net Quantity		(C) Before or at		Customer	Temp.	-11 of	CT	Operating UV Dose,	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair
Day of	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Water
		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	101,500											
2	24	101,500		<u> </u>								0.1	
3	24	79,000										1.1	
4	24	77,000										1.0	
5	24	70,000							<u> </u>			0.9	
6	24	66,000						<u> </u>	<u> </u>			1.0	
7	24	65,000		ļ	<u> </u>	<b>}</b>	<u> </u>	ļ	<u> </u>		<u> </u>	1.1	
8	24	113,000		<b></b>			<b> </b>	<del> </del>	ļ		<del> </del>	1.0	
9	24 24	113,000					<b>}</b> _	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1.1	
10	24	86,000 100,000	ļ	<del> </del>	<del> </del>	ļ	<del> </del>	<del>]</del>		<del> </del>	<del>}</del>	1.0	
12	24	105,000	<u> </u>	<del> </del>	<del> </del>		┼	<del> </del>	<del> </del>	ļ	<del> </del>	1.3	
13	24	86,000	<del>                                     </del>	<del> </del>	<del> </del>		<del> </del>	<del> </del>			<del>                                     </del>	1.4	
14	24	75,000	<del> </del>	<del> </del>	<del> </del>		+	1	<del> </del>	<del> </del>		1.1	
15	24	111,000	<u> </u>		·		1	<del> </del>	<del>                                     </del>		1		
16	24	111,000	†		1	1	1		· · · · · · · · · · · · · · · · · · ·			1.4	
17	24	84,000										1.9	
18	24	101,000								l		2.0	
19	24	95,000										1.7	
20	24	101,000	<u> </u>		<u> </u>	<u> </u>				<b> </b>		1.8	
21	24	66,000	ļ		<del> </del>		—	<b>↓</b>		<u> </u>		1.6	
22	24	93,000	ļ	<u> </u>		ļ	<del> </del>	<del> </del>	ļ v	ļ	<del> </del>	<del>                                     </del>	
23	24 24	93,000 75,000			<b></b>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<b>├</b>	<del> </del>	1.6	
25	24	100,000	ļ		<del> </del>	<del> </del>	┿		<del> </del>		<del> </del>	1.6	
26	24	103,000	<del> </del>	<del></del>	<del></del>	<del> </del>	<del></del> -		<del> </del>	<del> </del>	<del> </del>	1.6	
27	24	93,000	<del> </del>	+	<del> </del>	<del> </del>	+-	+	+	<del>                                     </del>	┼	1.4	
28	24	65,000	<del> </del>	+	<del> </del>	+	+	+	+	╁┈──	<del> </del>	1.6	
29	24	91,500	<del> </del>	· <del> </del>	<del></del>	<del> </del>	+	+	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	
30	24	91,500	<del> </del>	<del>                                     </del>	1	<del>                                     </del>	1-	+	<del>                                     </del>	1	1	1.3	
31	24	32,000	1	1	1	<del> </del>	+	<del> </del>	1	<del>                                     </del>		1.2	
Total		2,744,000	1			<del></del>					• • • • • • • • • • • • • • • • • • • •	•	
Avera	ge .	88,516	7										

Maximum

n--- 1

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

	MONTHLY OPERATION REPORT FOR P	WSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER
PWS I	dentification Number: 3591061	Plant Name: Utilites, Inc. of Florida
		olymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May/2005
	ny polymer containing the monomer acrylamide used at t	he water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as
Poly	ymer Dose, ppm =	Acrylamide Level, % <sup>†</sup> =
B. Is an	ny polymer containing the monomer epichlorohydrin use	d at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
poly	mer are as follows:	
Poly	ymer Dose, ppm =	Epichlorohydrin Level, % <sup>†</sup> =
C. Is ar	ny iron or manganese sequestrant used at the water treatr	
Тур	be of Sequestrant (polyphosphate or sodium silicate):	
Seq	uestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of sili	cate as SiO <sub>2</sub> =
	odium silicate is used, the amount of added plus naturall	
* Com.	plate and asharis Doct IV felicing a 1 and at	

\* 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.

# TILE UUT Y



							614					
	page 4 for instructions.											
		or the Month/Year of: June/20	05									
	Public Water System (P					PWS Identification Nu	umbow 2501061					
	PWS Name: Ravenna F			.N. G		secutive	iniber. 3391001					
		ommunity Non-Transient	Non-Community   Transier	nt Non-Community  Total Population Se								
ŀ		nnections at End of Month: 339		Total Population Se	erveu at En	a or Monni: 1/19/						
ŀ	PWS Owner: Utilities, Inc. of Florida  Contact Person: Patrick Flynn  Contact Person's Title: Regional Director											
ł												
ŀ	Contact Person's Mailing Address: 200 Weathersfield Ave.City: Altamonte SpringsState: FlZip Code: 32714Contact Person's Telephone Number: 407-869-1919Contact Person's Fax Number: 407-869-6961											
1		il Address: p.c.flynn@utilitiesinc-	use com	Contact Ferson's Fa	ax Number.	. 407-809-0901						
	Water Treatment Plant		usa.com									
	Plant Name: Utilites, I					Plant Telephone Num	ber: 407-869-1919					
	Plant Address: 200 We			City: Altamonte Sp		State: Fl	Zip Code: 32714					
ļ	Type of Water Treated		ater Purchased Finished V		PB							
		bay Operating Capacity of Plant, ga										
	Plant Category (per subsection 62-699.310(4), F.A.C.): IV  Plant Class (per subsection 62-699.310(4), F.A.C.): C											
Licensed Operators   Name   License Class   License Number   Day(s)/Shift(s) Worked												
Lead/Chief Operator: Kathy Sillitoe C 13094 Mon Fri. Days												
	Other Operators:	ur. Days										
•		Terry Sillitoe	В	12749		Thur.Fri. &	Sat. Days					
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>								
П	. Certification by Lead	d/Chief Operator										
		eatment plant operator licensed in	Florida, am the lead/chief operate	or of the water treatn	ment plant i	identified in Part I of t	his report. I certify that the					
		is report is true and accurate to the										
NS	F International Standard	d 60 or other applicable standards i	referenced in subsection 62-555.3	320(3), F.A.C. I also	o certify that	at the following addition	onal operations records for this					
		lay that a licensed operator staffed										
rat	es; and (2) if applicable.	appropriate treatment process per	formance records. Furthermore,	I agree to retain thes	se additiona	al operations records a	t the plant site for at least ten					
yea	ars and to make them av	ailable for review upon request.										
	Kash So	Ctos 7.505	KAHLY S:11:	301.		<u>C-130</u>	N94					
Sig	gnature and Date		Printed or Typed Name			License N	umber					

PWS	PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida												
111. 1	III. Daily Data for the Month/Year of: June/2005												
Mean	of Achi	eving Four-L Radiation	og Virus In	activation/Rem (Describe):	oval: *	Free Cl	nlorine	C	hlorine D	Dioxide	Oz	one [] (	Combined Chlorine (Chloramines)
				ed in Distribut	ion System:	⊠F	ree Ch	lorine	Com	bined Ch	lorine (C	hloramines)	Chlorine Dioxide
			С	Γ Calculations, or I	JV Dose, to De					plicable*			
		CT Calculations								UV Dose			
				Lowest Residual Disinfectant Concentration	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or at First			Minimum		Minimum		
Day of	Hours	Net Quantity of Finished		(C) Before or at	Measurement	Customer	Temp.		CT	Operating	UV Dose	at Remote	
the	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	Required, mg-	mW-	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water
Month	Operation	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	24	127,000										1.40	
2	24	70,000										1.2	
3	24 24	58,000 62,000		ļ								1.3	
5	24	72,500		<del></del>	<b></b>					ļ		1.1	
6	24	72,500	<del></del>	<del> </del>				<del> </del>		<del> </del>	<del> </del>	1.0	
7	24	61,000			<u> </u>		<del> </del>			<del>                                     </del>	<del> </del>	1.4	
- 8	24	77,000				<b>†</b>	<b>†</b>	<b></b>				1.2	
9	24	71,000										1.0	
10	24	67,000										0.8	
11	24	45,000 77,000		ļ	<b></b>	<b> </b>	ļ	ļ				1.0	
13	24	77,000	<del> </del>	·	<del> </del>	ļ	<del> </del>	ļ			<u> </u>		
14	24	74,000			<u> </u>	<del> </del>	<del> </del>	<del> </del>				0.6	
15	24	72,000		<b></b>	<u> </u>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>			1.6	
16	24	68,000				ļ	·	<del> </del>	<del>                                     </del>			1.4	
17	24	62,000					İ.					1.6	**************************************
18	24	58,000										1.3	
20	24	86,000 86,000		<del> </del>		<u> </u>	<u> </u>	<u> </u>					
21	24	63,000		<del> </del>	ļ		<del> </del>	ļ	<b>.</b>		ļ	1.2	
22	24	66,000	<del> </del>	<del> </del>			┼	<del> </del>	ļ	-	<del> </del>	0.4	
23	24	90,000			<del>                                     </del>		<del> </del>	<del> </del>	<del> </del>	-	<del> </del>	0.4	
24	24	61,000		1	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	<del> </del>			<del>                                     </del>	0.9	
25	24	44,000								<del> </del>		1.0	
26 27	24	80,000											
28	24	80,000	ļ	<del> </del>		<u> </u>	<u> </u>	ļ				0.8	
29	24	31,000	<del> </del>	<del> </del>		ļ	<del>  </del>	ļ	<b></b>	ļ		0.8	
30	24	77,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<b> </b> -	ļ	0.6	
31	24	77,000	†	<del>                                     </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.5	
Total		2,116,000		<u> </u>	<u>.                                    </u>	L	L	Ь	<u> </u>	L	1	J	1
Averag	e	70 533	1										

Maximum

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

PWS Identification Number: 3591061	Plant Name: Utilites, Inc. of Florida							
IV. Summary of Use of Polymer Containing Acrylamide, I	Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * June/2005							
	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 used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the								
polymer are as follows:								
Polymer Dose, ppm =	Epichlorohydrin Level, % =							
C. Is any iron or manganese sequestrant used at the water treats	ment 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 naturall	y occurring silicate, in mg/L as SiO <sub>2</sub> =							
* Complete and submit Pout IV of this was at anhanist at								

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

See page 4 for instructions.

500	page 4 for instructions.											
1.	General Information f	or the Month/Year of: July /2005										
A.	Public Water System (P	WS) Information										
	PWS Name: Ravenna I	Park			PWS Identification N	lumber: 3591061						
	PWS Type: 🛛 C	ommunity Non-Transient Non-Com	munity Transien	t Non-Community	Consecutive							
	Number of Service Cor	nnections at End of Month: 339		Total Population Served	at End of Month: 1,187	_						
	PWS Owner: Utilities,	Inc. of Florida										
	Contact Person: Patricl			Contact Person's Title: I	Regional Director							
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714												
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961												
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
B.	B. Water Treatment Plant Information											
	Plant Name: Utilites, In	nc. of Florida			Plant Telephone Nur							
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Springs	s State: Fl	Zip Code: 32714						
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished V	Vater								
	Permitted Maximum Day Operating Capacity of Plant, gallons per 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:	Kathy Sillitoe	13094	Mon	Fri. Days							
	Other Operators:	Alexander Lorenzo	13756	Mon 1	Thur. Days							
		Terry Sillitoe	В	12749	Thur	Sat. Days						
	. 1											
	Contification by Law	J/Ch: co										
	. Certification by Lea	eatment plant operator licensed in Florida, a	m the land/shipf on anote	ar of the wester treatment	plant identified in Part Lof	this report. I certify that the						
inf	ormation provided in th	is report is true and accurate to the best of m	in the lead/chiel operation belief	of of the water treatment	plant luchtmed in Fart For	de used at this plant conform to						
NS	SF International Standar	d 60 or other applicable standards referenced	ly knowledge and belief	320(3) FAC Talso cert	tify that the following addit	ional operations records for this						
		lay that a licensed operator staffed or visited										
rat	es; and (2) if applicable	, appropriate treatment process performance	records. Furthermore.	I agree to retain these ad	ditional operations records	at the plant site for at least ten						
ye	ars and to make them av	vailable for review upon request.	,	<b>G</b>		•						
٠,		• •										
	Kach bui		thy Sillitoe		C-13094							
Si	gnature and Date	Pr	inted or Typed Name		License N	Number						

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PWS	PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida												
	aily Dat	o for the M	onth/Vage c	f: July /2005									
Means	of Achie		og Virus In	activation/Rem (Describe):	oval: *	Free Ch	lorine	ПС	hlorine D	oioxide	Oz	one 🔲 (	Combined Chlorine (Chloramines)
Туре	of Disinfo	ectant Residu	ıal Maintair	ed in Distribut	ion System:		ree Chl				lorine (C	hloramines)	Chlorine Dioxide
			C	l' Calculations, or l	JV Dose, to De		ur-Log`	Virus Inactiv	ation, if Ap				
	CT Calculations UV Dose												
Day of the Month	Hours Plant in	Net Quantity of Finished Water Produced, gal	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp: of Water,	pH of Water, if	Required, mg-	Operating UV Dose, mW-	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	64,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	min/L	sec/cm²	sec/cm	0.9	System Components Out of Operation
2	24	61,000		<del> </del>			<b></b>	<del></del>	<del>                                     </del>	<b></b>		0.6	
3	24	74,500									<u> </u>		
4	24	74,500										0.6	
5	24	96,000										0.6	
7	24 24	64,000		ļ			ļ		1		<b> </b>	0.4	Collected Bacts
8	24	118,000 72,000				<del></del>	<u> </u>	ļ	ļ			0.4	
9	24	58,000	}	<del> </del>			<b> </b>			ļ		0.6	
10	24	83,500	<u> </u>			ļ	<del> </del>	<del> </del>	<del> </del>	ļ	ļ	0.8	
11	24	83,500	·	†		<del> </del>	<del> </del>		1		<del> </del>	1.0	
12	24	54,000				<u> </u>	<del>                                     </del>	<u> </u>		-	<del> </del>	0.4	
13	24	71,000					† <del></del>	<u> </u>	<b>†</b>		<del> </del>	1.2	
14	24	77,000										1.2	
15	24	64,000	<u> </u>									1.0	
16	24	56,000	<u> </u>									0.7	
17	24	83,500		<u> </u>					<u> </u>		<u> </u>		
19	24	83,500 70,000			ļ						<u> </u>	0.6	
20	24	70,000	<del> </del>	<del></del>	<del> </del>		<del>                                     </del>	ļ	<u> </u>		<b>}</b>	1.0	
21	24	74,000				<u> </u>	<del> </del>		<del>                                     </del>	<del> </del>	<del>}</del>	0.8	
22	24	64,000	<u> </u>	<u> </u>	<del> </del>	<b></b>	<del> </del>	-	<del>                                     </del>	<del> </del>	<del> </del>	0.8	
23	24	73,000	1			<b> </b>	<del>                                     </del>	<b>†</b>	<del>                                     </del>	<del>                                     </del>	<b></b>	0.7	
24	24	83,000	İ .				<del>                                     </del>	†	<del>                                     </del>	1	<b>†</b>	1	
25	24	83,000								1	1	0.6	
26	24	69,000										0.60	
27	24	86,000										0.80	
28	24	83,000		ļ			ļ		1	ļ	ļ	0.40	
30	24	68,000 68,000			1	ļ	<del> </del>			<u> </u>	<b> </b>	0.40	
31	24	08,000	<del> </del>	<del></del>		ļ	ļ	ļ	<del> </del>	ļ	<b>_</b>	0.60	
Total	L	2,229,000		.L	L	1	<u> </u>	1	1	l	J	L	
Averag	e	74,300	1										
Maxim		118,000	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.				5 J ESS 4-2							
I.	General Information	for the Month/Year of: August/2005										
	Public Water System (P											
	PWS Name: Ravenna I	······································			PWS Identification	Number: 3591061						
		Community Non-Transient Non-Co	ommunity Transier	nt Non-Community	Consecutive							
		nnections at End of Month: 339		Total Population Served	ed at End of Month: 1,187							
	PWS Owner: Utilities,											
	Contact Person: Patrick Flynn Contact Person's Title: Regional Director											
Contact Person's Mailing Address: 200 Weathersfield Ave.  City: Altamonte Springs  State: Fl Zip Code: 32714												
	Contact Person's Telephone Number: 407-869-1919  Contact Person's Fax Number: 407-869-6961											
	Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com											
B.	Water Treatment Plant											
	Plant Name: Utilites, I	nc. of Florida			Plant Telephone Nu	umber: 407-869-1919						
	Plant Address: 200 We	eathersfield Ave.		City: Altamonte Spring	s State: Fl	Zip Code: 32714						
	Type of Water Treated	by Plant: Raw Ground Water	Purchased Finished	Water								
	Permitted Maximum I	Day Operating Capacity of Plant, gallons p	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:	Kathy Sillitoe	Mon.	Mon Fri. Days								
	Other Operators:	Alexander Lorenzo	13756	Mon	Thur. Days							
	• • • • • • • • • • • • • • • • • • • •	Terry Sillitoe	В	12749	Thur.	- Sat. Days						
		Allan Finch	С	7806	Mon Fri. Days							
	I. Certification by Lea	J/Chi.f O										
		eatment plant operator licensed in Florida	our the lead/shief or such	on of the victor treatment	plant identified in Dart Lo	of this report. I certify that the						
		his report is true and accurate to the best o										
NS	SF International Standar	d 60 or other applicable standards referen	ring knowledge and bene leed in subsection 62-555	320(3) F.A.C. Lalso cer	tify that the following add	litional operations records for this						
pla	ant were prepared each	day that a licensed operator staffed or visi	ted this plant during the m	nonth indicated above: (1)	records of amounts of ch	nemicals used and chemical feed						
		, appropriate treatment process performar										
ye	ars and to make them av	vailable for review upon request.			•	-						
	1 (1)											
4		itoe 7-6-05	Kathy Sillitoe		C-13094							
Si	gnature and Date		Printed or Typed Name		License	Number						

PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida													
III. Daily Data for the Month/Year of: August/2005													
			og Virus In	activation/Rem	oval: *	Free Cl	nlorine	□с	hlorine D	Dioxide	☐ Oz	one 🔲 🤇	Combined Chlorine (Chloramines)
		Radiation		(Describe): ned in Distributi	on Crystans	Mr.	ree Ch	loring	Com	hinad Ch	loring (C	hloramines)	Chlorine Dioxide
Type	ו מוצומו וט	eciani Kesidi	iai Maintain	red in Distribut	IV Dose to De						iornie (C	morannies)	LI CIII III DIOXIGE
	į					ations				UV	Dose		
}				I awani P	<b>5</b>	Lowest CT			7			Lowest Residual	
				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Disinfectant	
· '				Concentration	(T) at C	at First	1 ( X		Minimum	Lowest	Minimum	Concentration	##### :
Day of	Hours	Net Quantity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pHof	CT	Operating	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW•	Distribution	or Maintenance Work that Involves Taking Water
Month		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	<b>°</b> 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 24	187,000 64,000							ļ <u></u>	ļ		0.60	
$\frac{2}{3}$	24	58,000			<b></b>		<del>                                     </del>				-	0.80	
4	24	81,000		<del>                                     </del>			<del> </del>			<b> </b> -	l	0.90	
5	24	87,000										0.80	
6	24	61,000										0.90	
7 8	24	83,500 83,500		<u> </u>	<b> </b>	ļ		ļ		<del> </del>		0.80	
1 9	24	91,000			<del> </del>		<del>                                     </del>	ļ	<del> </del>		<del> </del>	0.80 1.60	
10	24	81,000	<del></del>	<del> </del>			<del> </del>	1.00					
11	24	82,000	<u> </u>	<del> </del>			1	1	<del>                                     </del>		·	1.00	
12	24	73,000										0.90	
13	24	87,000					<u> </u>				ļ	1.00	
14	24 24	86,000 86,000	<del> </del>		<del> </del>		<b>├</b>	<u> </u>	<u> </u>	ļ	<del> </del>	1.60	
16	24	96,000		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.80	
17	24	66,000	<del></del>		<del> </del>			<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	0.80	
18	24	83,000										0.70	
19	24	85,000										0.80	
20	24	76,000 88,500		<u> </u>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<u> </u>	0.80	
22	24	88,500			<del> </del>	<del> </del>	┼	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.70	
23	24	94,000	<b> </b>		†	<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	0.60	
24	24	000,08										0.60	BACTS COLLECTED
25	24	93,000										0.80	
26	24 24	86,000 85,000	ļ	<del> </del>	<b>ļ</b> .	ļ	<b> </b>	<b>├</b> ──	<b> </b>	ļ		0.60	
28	24	80,500			<del>}</del>	<del> </del>	┼		<del> </del>	<del> </del>	-	1.00	
29	24	80,500	<del> </del>	1	<del> </del>	<del>                                     </del>	+	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	0.70	
30	24	86,000						<u> </u>	<del> </del>	1	<b> </b>	0.50	
31	24	85,000		I Total								0.50	
Total		2,644,000	4										

<sup>\*</sup> 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: September/2005								
A. Pu	Public Water System (PWS) Information									
P	WS Name: Ravenna	Park				PWS Identification No	umber: 3591061			
P	WS Type: 🖂 C	Community Non-Transient Non-Community	Transier	nt Non-Community	Co	onsecutive				
N	umber of Service Co	nnections at End of Month: 339		Total Population S	erved at E	and of Month: 1,187				
P	WS Owner: Utilities,	Inc. of Florida								
	ontact Person: Patric			Contact Person's T	itle: Regio	onal Director				
C	ontact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl Zip Code: 32714						
		phone Number: 407-869-1919		Contact Person's Fa		er: 407-869-6961				
		il Address: p.c.flynn@utilitiesinc-usa.com								
3. <u>W</u>	ater Treatment Plant	Information								
	Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919									
	lant Address: 200 We			City: Altamonte Sp	prings	State: Fl	Zip Code: 32714			
	ype of Water Treated		ased Finished V							
Pe	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000									
P	Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C									
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked									
	ead/Chief Operator:	Allan Finch	С	7806		Mon F				
o	ther Operators:	Terry Sillitoe	В	12749		Thur S	at. Days			
	· · · · • · · · · · · · · · · · · · · ·	Roger Holsapple	С	7436 Weekend Checks						
1	-	Donenic Gentillucci	С	12562						
1										
	i									
1										
L										
II. C	Certification by Lea	A/Chief Operator								
			od/shief	n of the	ant -1	identified in Death Cit	is report. I contifue that the			
, aic i nform	nation provided in the	eatment plant operator licensed in Florida, am the le is report is true and accurate to the best of my know	au/cniet operato	or of the water treath	nent plant	identified in Part I of the	us report. I certify that the			
ISF I	nternational Standar	d 60 or other applicable standards referenced in subs	section 67-555 2	. I ceruiy mat ali dr	uikiilg Wâ	not the following addition	onal operations records for this			
olant v	were prepared each d	lay that a licensed operator staffed or visited this pla	nt during the me	onth indicated above	e (1) reco	ards of amounts of chem	icals used and chemical feed			
ates:	and (2) if applicable	appropriate treatment process performance records.	Furthermore	agree to retain thes	e addition	nal operations records at	the plant site for at least ten			
ears	and to make them av	ailable for review upon request.								
[ ] N		• •								
	an Runch	10-3-05 Allan Fine	h			C-7806				
Signat	ture and Date		Typed Name	· · · · · · · · · · · · · · · · · · ·		License Nu	umber			

PWS	WS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida												
IH. D	aily Dat	a for the Mo	onth/Year o	f: September	/2005	·		<del>-</del>					
Means	of Achie	eving Four-L	og Virus In	activation/Rem		Free Cl	lorine		hlorine D	oioxide	Oz	one 🔲 (	Combined Chlorine (Chloramines)
		Radiation		(Describe):									
Type o	of Disinfe	ectant Residu	ıal Maintair	ied in Distribut	on System:	⊠ F	ree Ch	lorine			ilorine (C	hloramines)	Chlorine Dioxide
		1	C	Γ Calculations, or l		monstrate Fo ations	ur-Log	Virus Inactiv		piicable*	Dose		
1 1		the same			C1 Calcu	Lowest CT			<b>.</b>		2030	Lowest	
				Lowest Residual	Disinfectant	Provided						Residual	
1 1			3414	Disinfectant Concentration	Contact Time (T) at C	Before or at First			Minimum	Lowest	Minimum	Disinfectant Concentration	
i I		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		CT	Operating	UV Dose	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 Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, °C	Water, if Applicable	mg- min/L	mW- sec/cm²	⊕mW- sec/cm³	Distribution System, mg/L	or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	78000	Tallet Bro		· · · · · · · · · · · · · · · · · · ·	mp man		2 Parentine			200	7.0	
2	24	86000										0.6	
3 4	24	68000		<u> </u>								0.5	
5	24	84000		<del> </del>				<u> </u>	<del> </del>			0,5	
6	24	94000		<del> </del>								0.5	
7	24	69000										0,8	
8	24	79000										1.0	
9	24 24	74000		ļ			<u> </u>		ļ			0.9	
11	24	30000						<del></del>				1,2	
12	24	105500						· · · · · · · · · · · · · · · · · · ·	<del></del>			0.8	
13	24	8600										0,1	
14	24	93000										7.0	
15 16	24	94000						<u> </u>	ļ		ļ	0.6	
17	24	107000					<del></del>				-	2,2	
18	24	99000	<del></del>										
19	24	99000										0.5	
20	24 24	92000										0.6	
22	24	62000 85060		<del> </del>								0.6	
23	24	83000						<del></del>	<del> </del>	<del> </del>	<del> </del>	0.5	
24	24	85000							<del>                                     </del>			0.7	
25	24	84000											
26 27	24	84000		<u> </u>					ļ			0,5	
28	24	12000	<del></del>	<del> </del>			<u> </u>	<del> </del>	<del> </del>	<u> </u>		0.5	
29	24	87000		<del></del>				<del></del>			<b> </b>	0,7	
30	24	79000										0.6	
31	24	A 15: 200											
Total Average		<del>2,151,00</del> 0 74,1 <del>72</del>	2,544,00	0					•				
riverage		/4,172	84,800										

Maximum 118,000 le 7,000 \* Refer to the instructions for this report to determine which plants must provide this information.



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See	page 4 for instructions.						• •		
l.	General Information f	or the Month/Year of: October/2005							
۸	Public Water System (P	WS) Information							
J	PWS Name: Ravenna F						PWS Identification N	lumber: 3591061	
		ommunity Non-Transient Non-C	ommunity	Transien	t Non-Community	Cor	nsecutive		
		nnections at End of Month: 339			Total Population Se	rved at Er	nd of Month: 1,187		
	PWS Owner: Utilities,								
	Contact Person: Patrick	Flynn		ŀ	Contact Person's Ti	tle: Regio	nal Director		
		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	x Numbe	r: 407-869-6961		
		il Address: p.c.flynn@utilitiesinc-usa.co	m						
В.	Water Treatment Plant								
	Plant Name: Utilites, In	nc. of Florida					Plant Telephone Nun		
	Plant Address: 200 We	athersfield Ave.			City: Altamonte Sp	rings	State: Fl	Zip Code: 32714	
	Type of Water Treated	by Plant: Raw Ground Water	Purch	ased Finished W	/ater				
	Permitted Maximum D	bay Operating Capacity of Plant, gallons	per day: 36	0,000					
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): IV			Plant Class (per sul	osection 6	2-699.310(4), F.A.C.)		
	Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked								
	Lead/Chief Operator:	Allan Finch		С	7806			Fri. Days	
	Other Operators:	Terry Sillitoe		В	12749		Thur	Sat. Days	
		Roger Holsapple		. C	7436		Weeken	d Checks	
		Donenic Gentillucci		С	12562		weeken	d checks	
	)								
							·····		
				<u> </u>					
MI	l. Certification by Lea	d/Chief Operator							
	the undersigned water tr	eatment plant operator licensed in Florid	a am the le	ead/chief operato	or of the water treatr	nent plant	identified in Part I of	this report. I certify that the	
int	formation provided in th	is report is true and accurate to the best of	of my know	ledge and belief	<ol> <li>I certify that all di</li> </ol>	rinking wa	ater treatment chemica	is used at this plant conform to	
N.	SF International Standar	d 60 or other applicable standards referen	nced in sub	section 62-555.3	320(3), F.A.C. I also	o certify th	nat the following addit	ional operations records for this	
nl	ant were prepared each a	lay that a licensed operator staffed or vis	ited this pla	ant during the m	onth indicated above	e: (1) reco	ords of amounts of che	micals used and chemical feed	
rai	tes; and (2) if applicable	, appropriate treatment process performa	nce records	s. Furthermore,	I agree to retain the:	se addition	nal operations records	at the plant site for at least ten	
ye	ars and to make them av	ailable for review upon request.							
	(am Mal	11 1 2 2		,			C-7806		
1	Total fluites It I of Alland Hell								
Si	gnature and Date Printed or Typed Name License Number								

Da ~ 1

PWS	dentifica	WS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida												
III. D	aily Data	a for the Mo	nth/Year o	f: October/20	05			<u>-</u>				<u></u>		$\neg$
Means	of Achie	of Achieving Four-Log Virus Inactivation/Removal: *  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)												
		Radiation		Describe):	<del>,</del>	5.4.5		<del></del>		1. 1.01	1 1 (0			_
Type	of Disinfe	ectant Residu		ed in Distribut Calculations, or U			ree Ch				Iorine (C	hloramines)	Chlorine Dioxide	_
				Calculations, or C	CT Calcul		ui-Log	VIIUS IIIACIIV	ation, it Ap	UV	Dose			l
) ]				1		Lowest CT						Lowest		
	ì			Lowest Residual	Disinfectant	Provided						Residual		
[ [				Disinfectant Concentration	Contact Time (T) at C	Before or at First			Minimum	Lowect	Minimum	Disinfectant Concentration		- 1
		Net Quantity		(C) Before or at		Customer	Temp.			Operating		at Remote		
Day of	Hours	of Finished		First Customer	Point During	During	of	pH of		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions; Rep	pair
the	Plant in	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	mg-	mW-	mW-	Distribution	or Maintenance Work that Involves Taking Wate	r
1	24	71, 3¢0	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	92,500		<del> </del>			<b></b>		<b></b>			0,6		$\dashv$
3	24	92,500			· · · · · · · · · · · · · · · · · · ·			ļ				0.6	collected 3 Backs	
4	24	58,000	<del></del>	† · · · · · · · · · · · · · · · · · · ·			<del> </del>					2.9	Collecter 3 Backs	-
5	24	77.000										0.8		
6	24	76,000										øл		
7	24	79,000										Fig		
8	24	59,000		ļ			ļ			·		0.8		
9	24 24	86,000	····			ļ	ļ	ļ		ļ	ļ	0.0		
11	24	96,000 102,000		<u> </u>		<del> </del>				<u> </u>		0.7		
12	24	75,000	<del>                                     </del>		<del> </del>		<del> </del>			<u> </u>	ļ	6.7		
13	24	80.000		····	1			<del>                                     </del>	1	t		0.6		
14	24	85.000		1	1							0.6		
15	24	80,000										0.6		
16	24	86,000												
17	24	86,000		<b></b>			<u> </u>	<u> </u>	<u> </u>		ļ	0.5		
18	24 24	80,000		ļ		ļ	<del> </del>	<del> </del>	ļ		ļ	8.5		
20	24	82,000	<del> </del>		<u> </u>		<del> </del>	<del> </del>		<del> </del>		0,6		
21	24	57,000	<b></b>	<del> </del>	<del> </del>	1	<del> </del>	1	<u> </u>	<del> </del>	<del> </del>	0,5		
22	24	74,000	<del> </del>	†	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>			0.7		-
23	24	90,500		1	<del>                                     </del>	†		<u> </u>	$\vdash$		<del> </del>	1		
24	24	90,500										רוס		
25	24	77.000										0.5		
26	24	75,000								ļ		0.3		
27	24	81,000	ļ	<b>_</b>		ļ	<b> </b>		1	ļ	<u> </u>	مج		
28	24	78,000	<del> </del>	-		<del> </del>	<del> </del>	<del> </del>	<del></del>	<del> </del>		0.8	· <del> </del>	
30	24	88,500	<del> </del>	<del> </del>	<del> </del>	<del> </del>	┼	<del> </del>	<del> </del>	<del> </del>	<del> </del>	U. Y		
31	24	88,500		<del></del>	+	<del>                                     </del>	+	<del>                                     </del>	1	<del> </del>	<del> </del>	0.7	<del> </del>	
Total	1	3,151,000	2507.00	20		1	Ь	<u></u>	_L		<u> </u>	<u>'</u>		
		+	1 - 1 - 1 - 1	<del>-</del>										

Maximum 118.800 to 2,000

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

# FILE COPY



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER $\mathcal{C}(\mathcal{L})$

See page 4 for instructions.

300	page 4 for instructions.								
l.	General Information 1	or the Month/Year of: November/2	2005						
	Public Water System (P			7					
1	PWS Name: Ravenna l	Park				PWS Identification 1	Number: 3591061		
	PWS Type:	Community Non-Transient Non-	Community Tran	ient Non-Community Consecutive					
	Number of Service Cor	nnections at End of Month: 340				nd of Month: 1,190			
į	PWS Owner: Utilities,								
	Contact Person: Patricl			Contact Person's	itle: Regio	nal Director			
	Contact Person's Maili	ng Address: 200 Weathersfield Ave.		City: Altamonte S		State: Fl	Zip Code: 32714		
		hone Number: 407-869-1919		Contact Person's I	ax Number	r: 407-869-6961			
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.co	om						
В.	Water Treatment Plant								
	Plant Name: Utilites, I					Plant Telephone Nu	mber: 407-869-1919		
	Plant Address: 200 We			City: Altamonte S	prings	State: Fl	Zip Code: 32714		
	Type of Water Treated		Purchased Finishe	ed 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 Cla	ss License Number		Day(s)/Shi	fi(s) Worked		
	Lead/Chief Operator:	Allan Finch	C	7806		Mon	Fri. Days		
	Other Operators:	Terry Sillitoe	В	12749		Thur	Sat. Days		
		Alex Lorenzo	C	13756		Mon	Fri. Days		
		Kathy Sillitoe	C	13094		Mon	Fri. Days		
					<u> </u>	· · · · · · · · · · · · · · · · · · ·			
11.	Certification by Lead	l/Chief Operator							
I, tl	ne undersigned water tre	eatment plant operator licensed in Florid	la am the lead/chief oper	ator of the water treat	nent plant i	identified in Part Loft	this report. I certify that the		
info	ormation provided in thi	s report is true and accurate to the best	of my knowledge and bel	ief. I certify that all d	rinking wat	ter treatment chemical	s used at this plant conform to		
NS	F International Standard	1 60 or other applicable standards refere	enced in subsection 62-55	5.320(3), F.A.C. I als	o certify th	at the following addit	ional operations records for this		
pia	nt were prepared each d	ay that a licensed operator staffed or vis	sited this plant during the	month indicated abov	e: (1) recor	ds of amounts of cher	nicals used and chemical feed		
rate	es; and (2) if applicable,	appropriate treatment process performa	ance records. Furthermore	re, I agree to retain the	se addition	al operations records	at the plant site for at least ten		
yea	rs and to make them ava	ailable for review upon request.		. •		•	•		
١	1 a signi	_							
<u>ځ</u>	Kan Selv	THE 12-1-05	Kathy Sillitoe			C-13094			
Sig	nature and Date		Printed or Typed Name	}		License N	lumber		

#### 08.0 Þζ 57 74,000 1.00 74 000,88 00.1 23 000,62 77 09.0 77 110,000 77 09.0 17 000,19 74 07.050 000,16 57 61 000,77 57 07.0 81 000,78 77 07.0 41 000,88 t7 07.0 91 000,88 09.0 ۶١ 000,67 09.0 71 103,000 07.0 EI 103,000 74 000,88 **t**7 15 07.0 000,87 74 īΪ 07.001 000,97 74 08.0 6 000,48 77 Collected 4 bacts 06.08 000,28 77 08.0 L 92,500 57 08.0 9 92,500 ς. 000,78 74 08.0 Þ 000,08 77 00.1 ε 000,68 77 00.1 000,08 06.0 000,18 06.0 Mater, if Required, mw. "mW." Distribution Water, if Required, mw. "mW." Distribution Mater, if Required, mw. "mW." Distribution Second Operation Flow, mg/L Rate, and Produced, gal Month 7/mw-8w sammu System Components Qui of Operation Water During Peak Peak Flow m meld pup Peak Flow, Peak Flow, Water or Maintenance Work that Involves Taking Water Day of First Customer Roint During During bedsinid Jo Hours Energency or Abnormal Operating Conditions, Repair (C) Before or at Measurement Customet Net Quantity D ts (1) Concentration Lowest Minimum Concentration ोशान १८ Jana politika (1 Contact Time Before or Disinfectant Lowest Residual Disinfectant Provided Residual LO ISSWOJ Lowest CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\* UV Dose UV Dose Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Ultraviolet Radiation Other (Describe): Means of Achieving Four-Log Virus Inactivation/Removal: \* Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) 9nozO [ III. Daily Data for the Month/Year of: November/2005 PWS Identification Number: 3591061 Plant Name: Utilites, Inc. of Florida MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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

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

See page 4 for instructions.

							<del></del>		
		or the Month/Year of: December/2005							
١.	Public Water System (P				<del></del> ,	NIVO II V.C. V. N.	1 2501061		
	PWS Name: Ravenna F		·.	PWS Identification Number: 3591061					
		Community Non-Transient Non-Cor		ansient Non-Community Consecutive  Total Population Served at End of Month: 1,190					
		nnections at End of Month: 340		Total Population Ser	ved at End	1 of Month: 1,190			
	PWS Owner: Utilities,								
	Contact Person: Patricl			Contact Person's Tit					
		ng Address: 200 Weathersfield Ave.		City: Altamonte Spri		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.com							
3.	Water Treatment Plant								
	Plant Name: Utilites, In					Plant Telephone Num			
	Plant Address: 200 We			City: Altamonte Spr	ings	State: Fl	Zip Code: 32714		
	Type of Water Treated		Purchased Finished V	Vater					
	Permitted Maximum D	ay Operating Capacity of Plant, gallons per	r day: 360,000						
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per sub	section 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 F	ri. Days		
	Other Operators:	Terry Sillitoe	В	12749		Thur S	at. Days		
		Alex Lorenzo	С	13756		Mon F	ri. Days		
		Kathy Sillitoe	С	13094		Mon F	ri. Days		
II Contification by Level/Chief Operator									
<ol> <li>Certification by Lead/Chief Operator</li> <li>the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identification.</li> </ol>							is now and I contify that the		
I, 1	the undersigned water tr	eatment plant operator licensed in Florida,	am the lead/chief operato	or of the water treatme	ent plant ic	dentified in Part I of th	us report. I ceruly that the		
ini	formation provided in th	is report is true and accurate to the best of	my knowledge and belief	. I certify that all dri	nking wate	er treatment chemicals	used at this plant conform to		
N:	SF International Standar	d 60 or other applicable standards reference	ed in subsection 62-555.3	320(3), F.A.C. Talso	certify tha	it the following addition	in all operations records for this		
pla	ant were prepared each of	lay that a licensed operator staffed or visite	a this plant during the mo	onth indicated above:	(1) record	is of amounts of chem	the plant site for at least to-		
		, appropriate treatment process performanc	e records. Furthermore,	agree to retain these	e additiona	ii operations records a	t the plant site for at least ten		
ye	ars and to make them av	railable for review upon request.							
	//m. //	$\theta = 0$				O 700/			
*	wan sure	1// -	Allan Finch			<u>C-7806</u>			
Si	gnature and Bate	P	Printed or Typed Name			License N	umber		

PWS I	dentifica	tion Number	r: 3591061		P	lant Name	: Utilit	es, Inc. of	Florida					
111. D	Daily Data for the Month/Year of: December/2005													
				activation/Rem	oval: *	Free Cl	nlorine		hlorine D	Dioxide		zone 🔲 (	Combined Chlorine (Chlorami	nes)
		Radiation		(Describe):		<u> </u>		<del></del>			1 : (6			
Type o	t Disinte	ectant Residu	ial Maintain	ed in Distributi	ion System:		ree Ch				ilorine (C	hloramines)	Chlorine Dioxide	
			0	- Carculations, or	CT Calcul		ont-roß	Virus inacuv	auon, u A		Dose		And the second s	
		iori elebi		F 5 45 75 2 3 5	Ci Calcu	Lowest CT						Lowest		
				Lowest Residual	Disinfectant	Provided		***			13.00 to	Residual		
1.01%				Disinfectant	Contact Time	A CONTRACTOR OF THE PARTY OF TH						Disinfectant		
689		Net Quantity		Concentration (C) Before or at	(T) at C	at First Customer	Temp.		Minimum		Minimum UV Dose	Concentration at Remote		
Day of	Hours	of Finished		First Customer	Point During	During	of	pHof	CT	UV Dose.	Required,	Point in	Emergency or Abnormal Operating	Conditions; Repair
the	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if	Required,	mW-	mW•	Distribution	or Maintenance Work that Involv	
Month	<del></del>	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	System Components Out of	Operation
1	24	79,000						<u> </u>	ļ	ļ	ļ <u></u>	1.5		
3	24	93,000	<del> </del>	<del> </del>			<del> </del>		<del> </del>		<u> </u>	1.4		
4	24	101,000							<u> </u>	<del> </del>		1.2		
5	24	101,000	1		<del> </del>		<del> </del>	ļ	<u> </u>	<del>                                     </del>	<del>                                     </del>	1.4	BACT Samples	
6	24	82,000		<u> </u>			1			<del></del>		1.0		
7	24	78,000										9.0		
8	24	88,000				ļ	<u> </u>	ļ		<u> </u>	<del></del>	0.9		
9	24	80,000	<u> </u>	<b></b>	ļ	ļ	<b></b>	ļ		ļ	ļ			
10	24 24	65,000	<del> </del>	<u> </u>	<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.6		
12	24	84,000	<del> </del>		·	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	0.6		
13	24	79,000	<del> </del>		1	<del> </del>	1	<del> </del>	†	<del>                                     </del>	<u> </u>	0.7		
14	24	76,000					1		1	1		0.6		
15	24	87,000										0.9		
16	24	78,000				<u> </u>	1	1	<u> </u>	ļ	<u> </u>	0.9		
17	24	73,000	ļ <u>.</u>		1	ļ	<b></b>	ļ	<del> </del>	<b></b>	-	0.6		
18	24	80,500	<u> </u>	<del> </del>	<del>                                     </del>	-	<del> </del>		<del> </del>	<del>                                      </del>	<del>                                     </del>	Γ.0		
20	24	76,000	<del> </del>	·	<del> </del>		<del>                                     </del>	<del> </del>			+	0.7		
21	24	78,000	,	<del>-  </del>		<del>                                     </del>	<u> </u>	1				0.8		
22	24	84,000										6.8		
23	24	79,000										6.7		
24	24	75,000		<u> </u>	<u> </u>	_	ļ	ļ	<b></b>	ļ	<b></b>	0.1		
25	24	83,000	<del>-</del>	_		<del> </del>	<del> </del>	-			<del>                                     </del>	0.8		
26 27	24	83,000		<del></del>	<b>+</b>	<del> </del>	+	<del> </del>	+	+		0.8	<del>                                     </del>	
28	24	79,000		-	<del> </del>	+	+	<del> </del>	-	<del> </del>	<del>                                     </del>	0.8	<u> </u>	
29	24	84.000		<del> </del>	<del></del>	1	†	1	1	<b>†</b>	1	0.7		
30	24	76,000							1			0.7		
31	24	84,000							J			0.8		***************************************
Total		2511000												
Averag	že .	41 DOD	1											

<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: 3591061 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, %<sup>†</sup> = Polymer Dose, ppm = B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? X No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows: Epichlorohydrin Level, %<sup>†</sup> = Polymer Dose, ppm = C. Is any iron or manganese sequestrant used at the water treatment plant? Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: Type of Sequestrant (polyphosphate or sodium silicate): Sequestrant Dose, mg/L of phosphate as 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  $SiO_2 =$ 

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

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (5) Inspection Reports

Test Year Ended December 31, 2005

ORIG: 5H 3/4



# Department of RECEIVED Environmental Protection JAN 08 2002

Jeb Bush Governor

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

UTILITIES David B. Service.

UTILITES INCORPORATED OF FLORIDA 200 WEATHERSFIELD AVENUE ALTAMONE SPRINGS FL 32714

OCD-C-WW-02-0007

ATTENTION DONALD RASMUSSEN VICE PRESIDENT

> Seminole County - DW Lincoln Heights WWTF Wastewater Facility - Permit No. FL0025917

Dear Mr. Rasmussen:

On November 27, 2001, Department personnel conducted a Compliance Evaluation Inspection (CEI) of your wastewater facility. A copy of the inspection report is enclosed for your review.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact John Bowles at the above address or at (407) 893-3313.

Sincerely

Gary P. Miller Program Manager

Wastewater Compliance/Enforcement

GM/jb/ww KW

**Enclosures** 

24 West Land

Mike Tanski, FDEP Tallahassee

Seminole County Environmental Services

'More Protection, Less Process''

Printed on recycled paper.

19.2,614

At the time of the inspection there was no discharge to surface waters. The last polishing pond which discharge to surface waters was nearly dry.

10. **EFFLUENT DISPOSAL**: Satisfactory

It does not appear that there could be a discharge from the site.

11. RESIDUALS/SLUDGE: Not Evaluated

12. **GROUNDWATER**: Not Evaluated

13. OTHER: Not Evaluated

### FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## WASTEWATER COMPLIANCE INSPECTION REPORT

F	ACILITY AND	) INSPECTIO	ON INFO	ORMATION		@ = Optional
Name and Physical Location of Fac	cility	WAFR ID:	· · · · · · · · · · · · · · · · · · ·	County	F	Entry Date/Time
Lincoln Heights WWTF		FL0025917		Semmole	1	1-27-01 @ 10:10 A.M.
Terminus of Hughey Street				Phone	(	Exit Date/Time
Sanford, Florida 32771				No Phone At Plant	1	1-27-01 @ 10:25 A.M.
Name(s) of Field Representatives(s)	s)	Title				Phone
Ron Evans		Area Manager			4	407-682-5651
						·
Name and Address of Permittee or	Designated Representative	Title		Phone	æ	Operator Certification #
Utilities, Incorporated of Florida c/o I	Donald Rasmussen	Vice Pre	esident	•		
200 Weathersfield Avenue						
Altamonte Springs, Florida 32714						
Inspection Type C E	I Samples Taken(Y/N):	, No	@ Sample ID#:	•	Sa	mples Split (Y/N):
	37/	···				<u> </u>
∑ Domestic □	Industrial We	ere Photos Taken(Y/N): N	Vo	@ Log book Volume :		@ Page
Significant Non-Com  FIRESITIS ORDERS  S 1. Permit FL0025917  S 2. Compliance Schedules  13. Other:	npliance Criteria Should SELEMONI PROGREM 3. Laborato	TORING Dry S	FACILITY 6 6 Facility 7. Flow M	Ratings Are Given i	S 1	S Marked by a " • "  FFLUENT/DISPOSAL  9. • Effluent Quality 0. • Effuent Disposal 1. Residuals/Sludge 2. Groundwater
15. Other.					1 1	2. Groundwater
Facility and/or Order Compliance S	Status: In-Compliance	Out-Of-C	ompliance	Significant-Out	-Of-Cor	ripliance .
Recommended Actions: Under Enfor	orcement In Violation of Conse	nt Order	····		-,	
Name(s) and Signature(s) of Inspect	tor(s)			District Office/Phone N	umber	Date
John B. Bowles And C.				Central District/(407) 893	-3313	1-2-02
	<u> </u>			(407) 894-7555 or (40	7) 893-3	
@ Signature of Reviewer	NIO			District Office/Phone No	ımber	Date
Kalina Warren	Alwon	es		Central District/(407) 893	-3313	1/7/02
	tion For All Surfac	ce Water Dischar	rger Inspe	ctions (CEI, CS	I, CB	I, PAI, XSI, RI)
Transaction Code  N 5 F	NPDES Numl  L 0 0 2 5  A	1 1 1 1 1		1 2 7 1 C	Гуре	Inspector Fac Type 2 S 3 2
Inspection Type (Field 1) A= Inspection Code (Field 2): S= Facility Type (Field 3): 1=Mu Every other field is self explar	=State, J=Joint EPA/Statunicipal (Publicly Owner	te-EPA Lead, T=Join			_	

### INSPECTION COMMENTS

1. PERMIT: Satisfactory

An existing 0.12 MGD annual average daily flow (AADF) permitted capacity activated sludge wastewater treatment facility (WWTF) consisting of manual influent screening, an aeration tank operated in the extended aeration mode, clarification, disinfection by chlorination, dechlorination by sodium dioxide (SO<sub>2</sub>) and temporary storage of residuals.

The facility entered into Consent Order OGC File No. 98-2102 on June 23, 1999. The Consent Order was issued due to effluent violations. The Consent Order has interim permit limits that started on the issuance date of the Consent Order and lasts no later than January 1, 2002.

2. **COMPLIANCE SCHEDULE**: Satisfactory

The Consent Order requires the construction of the sewer connection to the City of Sanford wastewater collection system by July 1, 2001. If this schedule cannot be met please apply for a modification of the Consent Order within 60 days of the July 1, 2001 deadline. It appeared that the facility has completed the connection to the City of Sanford wastewater collection system as of July 1, 2001.

3. LABORATORY: Not Evaluated

4. SAMPLING: Not Evaluated

5. RECORDS AND REPORTS: Satisfactory

A review of the Discharge Monitoring Reports (DMRs) from March 2001 to June 2001 indicated no reporting deficiencies.

A No Discharge Certification has been received.

6. FACILITY SITE REVIEW: Satisfactory

All treatment tanks have been cleaned and have had holes bored in the sides at the bottom so no rain water can collect and become stagnate. A new lift station was constructed at the site to transfer wastewater to the City of Sanford North WWTF.

7. FLOW MEASUREMENT: Not Evaluated

8. OPERATION AND MAINTENANCE: Not Evaluated

9. **EFFLUENT QUALITY**: Not Evaluated

A review of the Discharge Monitoring Reports was not performed because the facility has not discharged to surface or groundwater of the State since June 30, 2001. The facility tied into the City of Sanford due to construction of new toll road construction and surface water violations.

# State of Florida Department of Environmental Protection Central District

## **SANITARY SURVEY REPORT**

Plant Name:	RAVENNA PARK	County	Seminole	_ PWS ID#	3591061
Plant Location	Temple Avenue, Sanford, FL			Phone	407.869.1919
Owner Name	Utilities, Inc. of Florida	-			407.869.1919
Owner Address	200 Weathersfield Avenue, Altamonte	Springs, FL 3271	4		
Contact Person	Patrick Flynn/ Kathy Sillitoe Title Re	g. Director/Mgr.	Phone: 407.	869.1919/407	.869.8588 x229
This Survey Dat	te <u>10/18/05</u> Last Survey Dat	e <u>10/30/0</u> 2	2 Las	t C.I. Date _	4/3/03
PWS TYPE & C			TER SOURC		
Community				of Wells	
_	nt Non-community				
☐ Non-Commu	unity	Emerg	ency Water (	Capacity	
DIMO OTATUO		ALIVILIAD	V DOWED 6	COURCE	
PWS STATUS			Y POWER S		uirad
Approved sy	ystem with approval number & date	∑ res	None	■ Not Req	uli ea
Serial #31/5	dated 3/5/59 dated 3/20/84, cleared 12/28/84	Source	Groban f Ctandby (k	W)	70
		Capacity o	n Standby (K	otio Non	
	8000 dated 11/14/03			atic 🔲 Man	luai
Unapproved	system		lan: ⊠ Yes		>1 h
SERVICE AREA	A CHARACTERISTICS			oad	24 hrs/mo.
	ome subdivision		pment does i	it operate? <u>ith @ 440 gpm</u>	+o+o1
Single family in	One subdivision				500 gpm total
Food Service:	☐ Yes ☐ No ☒ N/A	⊠ ⊓igii M Troo	tment Equip	ment all	300 gpin totai
1 000 0014100.		Sotiofy 1/2	may day da	mand $\nabla \nabla$	s  No Unk
<b>OPERATION &amp;</b>	MAINTENANCE	Comments	max-uay ue	manu: 🖂 re	2 MIO MOUNT
Certified Operat	or: 🛛 Yes 🗌 No 🗌 Not required	Comments	·	<del></del>	
	ertification Class-Number		<del> </del>		
	ucci C-12562, Allan Finch C-7806				
		TREATME	NT PROCE	SSES IN US	E
O & M Log: 🛛	Yes ☐ No ☐ Not required			ination; Aerat	
Operator Visitati	ion Frequency				
Hrs/day: Requir	redActual				
Days/wk: Requ	ired5+1Actual5+1	What addit	ional treatme	ent is needed	1?
Non-consecuti	ive Days? ☐ Yes  ☐ No  ⊠ N/A	None at the			
MORs submitted	d regularly? ⊠ Yes 🔲 No 🔲 N/A	For control	of what defi	ciencies?	
Data missing fro	om MORs? ☐ No ☒ Yes ☐ N/A				
Operator visits	column not indicated.				
		DISTRIBU	TION SYSTI	EM	
		Flow Meas	uring Device	Flov	v Meter
	ice Connections 339 (MOR)		& Type6		
	ed <u>1187</u> Basis <u>3.5/svc. cx.</u>			evices: 🔀 Y	es 🗌 No
	om MORs)0.080MGD		nections <u>N</u>		
	MORs) <u>0.192 MGD9/04</u>			on Control Pi	
Max-day Design	Capacity 0.360 MGD				] No 🔲 N/A
Comments		Comments			
		•			

PWS ID#_	<u>3591</u> 061
Date	10/18/05

### **GROUND WATER SOURCE**

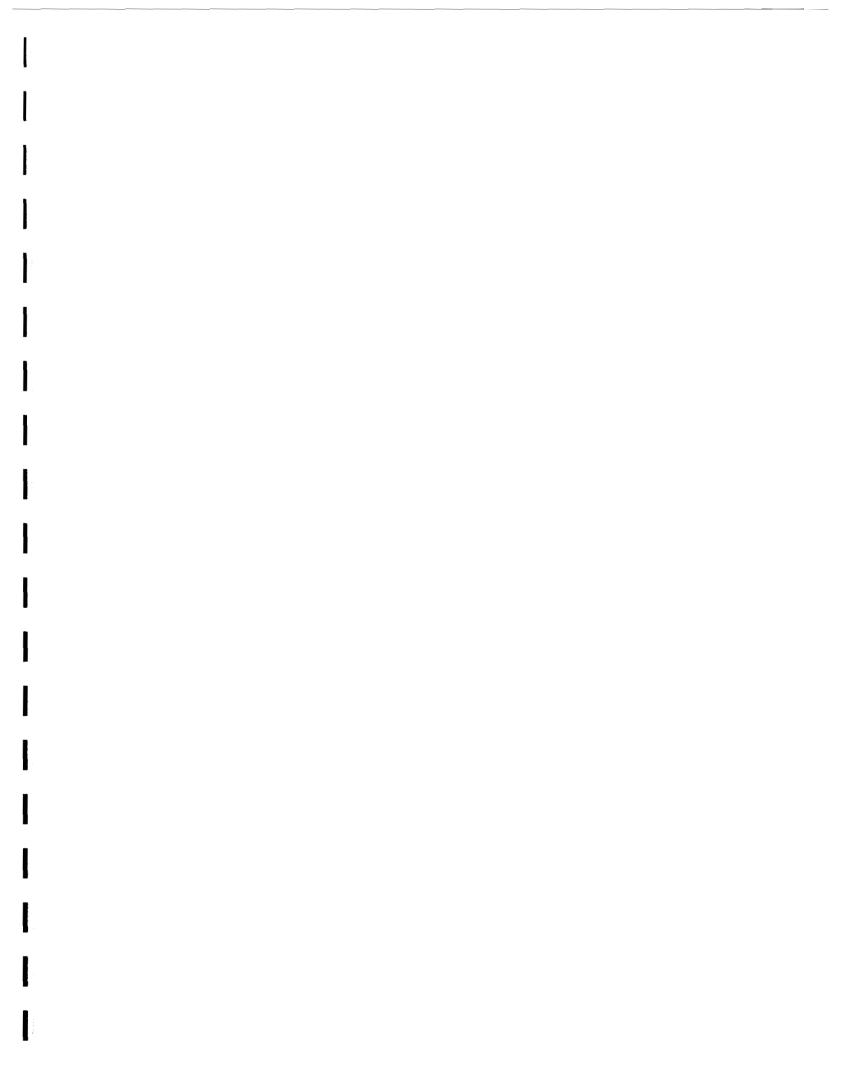
Year Drilled         1959         1965           Depth Drilled         475°         460°           Drilling Method         Unknown         Unknown           Type of Grout         Cement         Unknown           Static Water Level         6°         3°           Pumping Water Level         Unknown         16°           Design Well Yield         Unknown         Unknown           Test Yield         Unknown         190 gpm           Actual Yield (if different than rated capacity)         Unknown           Strainer         Unknown         Unknown           Length (outside casing)         195°         148°           Diameter (outside casing)         6°         8°           Material (outside casing)         Steel         Steel           Well Contamination History         None         None           Is inundation of well possible?         No         No           6° X 6° X 4° Concrete Pad         Yes         Yes           SET         Reuse Water         N/A         N/A           BACKS         Reuse Water         N/A         N/A           WWIP Jumbing         ~100°         ~100°           Other Sanitary Hazard         None observed         None observ	Well Num	ber	1	2	
Drilling Method			1959	1965	
Type of Grout	Depth Dril	led	475'	460'	
Static Water Level   6'   3'	Drilling Me	ethod	Unknown	Unknown	
Design Well Yield	Type of G	rout	Cement	Unknown	
Design Well Yield	Static Wat	er Level	6'	3'	
Test Yield         Unknown         190 gpm           Actual Yield (if different than rated capacity)         Unknown         Unknown           Strainer         Unknown         Unknown           Length (outside casing)         195'         148'           Diameter (outside casing)         6"         8"           Material (outside casing)         Steel         Steel           Well Contamination History         None         None           Is inundation of well possible?         No         No           6' X 6' X 4" Concrete Pad         Yes         Yes           Septic Tank         WWTP >200'         WWTP >200'           SET         Reuse Water         N/A         N/A           BACKS         Reuse Water         N/A         N/A           WW Plumbing         ~100'         ~100'           Other Sanitary Hazard         None observed         None observed           PUMP         Model Number         Goulds         Goulds           PUMP         Model Number         6DHHC-6         6DHHC-6           Rated Capacity (gpm)         Unknown         Unknown           Motor Horsepower         20         15           Well Casing Sanitary Seal         Yes         Yes	Pumping \	Water Level	Unknown	16'	
Actual Yield (if different than rated capacity)	Design W	ell Yield	Unknown	Unknown	
Strainer	Test Yield		Unknown	190 gpm	
Diameter (outside casing)	Actual Yie	ld (if different than rated capacity)	Unknown	Unknown	
Diameter (outside casing)   6"   8"	Strainer		Unknown	Unknown	
Material (outside casing)         Steel         Steel           Well Contamination History         None         None           Is inundation of well possible?         No         No           6' X 6' X 4" Concrete Pad         Yes         Yes           Septic Tank         WWTP > 200'         WWTP > 200'           SET         Reuse Water         N/A         N/A           BACKS         WW Plumbing         ~100'         ~100'           Other Sanitary Hazard         None observed         None observed           Vertical turbine         Vertical turbine         Wanufacturer Name         Goulds           Model Number         6DHHC-6         6DHHC-6         6DHHC-6           Rated Capacity (gpm)         Unknown         Unknown           Motor Horsepower         20         15           Well casing 12" above grade?         Yes         Yes           Well Casing Sanitary Seal         Yes         Yes           Raw Water Sampling Tap         Yes         Yes           Above Ground Check Valve         Yes         Yes           Fence/Housing         Yes         Yes	Length (or	utside casing)	195'	148'	
Well Contamination History         None         None           Is inundation of well possible?         No         No           6' X 6' X 4" Concrete Pad         Yes         Yes           Septic Tank         WWTP > 200'         WWTP > 200'           SET         Reuse Water         N/A         N/A           BACKS         WW Plumbing         ~100'         ~100'           Other Sanitary Hazard         None observed         None observed           PUMP         Manufacturer Name         Goulds         Goulds           Model Number         6DHHC-6         6DHHC-6           Rated Capacity (gpm)         Unknown         Unknown           Motor Horsepower         20         15           Well casing 12" above grade?         Yes         Yes           Well Casing Sanitary Seal         Yes         Yes           Raw Water Sampling Tap         Yes         Yes           Above Ground Check Valve         Yes         Yes           Fence/Housing         Yes         Yes	Diameter	(outside casing)	6"	8"	
Is inundation of well possible?   No	Material (d	outside casing)	Steel	Steel	
6' X 6' X 4" Concrete Pad         Yes         Yes           SET         Septic Tank         WWTP > 200'         WWTP > 200'           BACKS         Reuse Water         N/A         N/A           WW Plumbing         ~100'         ~100'           Other Sanitary Hazard         None observed           None observed         None observed           Wertical turbine         Vertical turbine           Manufacturer Name         Goulds           Model Number         6DHHC-6         6DHHC-6           Rated Capacity (gpm)         Unknown         Unknown           Motor Horsepower         20         15           Well casing 12" above grade?         Yes         Yes           Well Casing Sanitary Seal         Yes         Yes           Raw Water Sampling Tap         Yes         Yes           Above Ground Check Valve         Yes         Yes           Fence/Housing         Yes         Yes	Well Conta	amination History	None	None	
Septic Tank   WWTP > 200'   WWTP > 200'	Is inundati	on of well possible?	No	No	
SET BACKS         Reuse Water         N/A         N/A         N/A           PUMP Plumbing Other Sanitary Hazard         None observed None observed         None observed           PUMP Pumber Pum			Yes	Yes	
BACKS	Septic Tank		WWTP >200'	WWTP >200'	
Other Sanitary Hazard         None observed         None observed           Type         Vertical turbine         Vertical turbine           Manufacturer Name         Goulds         Goulds           Model Number         6DHHC-6         6DHHC-6           Rated Capacity (gpm)         Unknown         Unknown           Motor Horsepower         20         15           Well casing 12" above grade?         Yes         Yes           Well Casing Sanitary Seal         Yes         Yes           Raw Water Sampling Tap         Yes         Yes           Above Ground Check Valve         Yes         Yes           Fence/Housing         Yes         Yes	SET	Reuse Water	N/A	N/A	
Type	BACKS WW Plumbing Other Sanitary Hazard		~100'	~100'	
PUMP         Manufacturer Name         Goulds         Goulds           Model Number         6DHHC-6         6DHHC-6           Rated Capacity (gpm)         Unknown         Unknown           Motor Horsepower         20         15           Well casing 12" above grade?         Yes         Yes           Well Casing Sanitary Seal         Yes         Yes           Raw Water Sampling Tap         Yes         Yes           Above Ground Check Valve         Yes         Yes           Fence/Housing         Yes         Yes			None observed	None observed	
PUMP Model Number 6DHHC-6 6DHHC-6 Rated Capacity (gpm) Unknown Unknown Motor Horsepower 20 15  Well casing 12" above grade? Yes Yes Well Casing Sanitary Seal Yes Yes Raw Water Sampling Tap Yes Yes Above Ground Check Valve Yes Yes Fence/Housing Yes Yes			Vertical turbine	Vertical turbine	·
Rated Capacity (gpm) Unknown Unknown  Motor Horsepower 20 15  Well casing 12" above grade? Yes Yes  Well Casing Sanitary Seal Yes Yes  Raw Water Sampling Tap Yes Yes  Above Ground Check Valve Yes Yes  Fence/Housing Yes Yes		Manufacturer Name	Goulds	Goulds	
Motor Horsepower 20 15  Well casing 12" above grade? Yes Yes  Well Casing Sanitary Seal Yes Yes  Raw Water Sampling Tap Yes Yes  Above Ground Check Valve Yes Yes  Fence/Housing Yes Yes	Rated Capacity (gpm)		6DHHC-6	6DHHC-6	
Well casing 12" above grade?  Well Casing Sanitary Seal  Raw Water Sampling Tap  Above Ground Check Valve  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Y			Unknown	Unknown	
Well Casing Sanitary Seal Yes Yes  Raw Water Sampling Tap Yes Yes  Above Ground Check Valve Yes Yes  Fence/Housing Yes Yes	<u>.                                    </u>		20	15	
Raw Water Sampling Tap Yes Yes  Above Ground Check Valve Yes Yes  Fence/Housing Yes Yes			Yes	Yes	
Above Ground Check Valve Yes Yes Fence/Housing Yes Yes	Well Casing Sanitary Seal		Yes	Yes	
Fence/Housing Yes Yes	Raw Water Sampling Tap			Yes	
Well Vent Protection N/A N/A					
	Well Vent	Protection	N/A	N/A	

COMMENTS \*Wells alternate automatically. Well 1 - AAH2573, Well 2 - AAH2574

Supply information, if available, for spaces marked "Unknown".

PWS ID#	3591061
Date	10/18/05

CHLORINATION (Disinfection)			STORAGE FAC			
Type: ☐ Gas ☒ Hypo		(G) Ground (H) Hydropneumatic (E) Elevated				
Make Stenner Capacity 85x2 gpd				Clearwell		<del> </del>
Chlorine Feed Rate _			Tank Type/Num	ber G	H1	H2
Avg. Amount of Cl <sub>2</sub> gas used N/A Chlorine Residuals: Plant 1.3 Remote 0.3			Capacity (gal)	20,00	00 3,000	10,000
Remote tap location _	101 Idyllwilde		Material	Stee	l Steel	Steel
DPD Test Kit: Or		n operator	Gravity Drain	Yes	Yes	Yes
None Not Used Daily Injection Points Into GST			By-pass Piping	Yes	Yes	Yes
Booster Pump Info _			Pressure Gauge	N/A	Yes	Yes
Comments		Sight Glass or Level Indicator	Yes	No	Yes	
Chlorine Gas Use Requirements	YES NO	Comments	Fittings for Sight Glass	Yes		N/A
Dual System			Protected Opening			Yes
Auto-switchover			PRV/ARV	N/A	ARV	ARV
Alarms:			On/Off Pressure			
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual			Access Padlocke	ed Yes	Yes	Yes
Cl <sub>2</sub> leak detection			Height to Bottom	of		
Scale			Elevated Tank Height to Max.			
Chained Cylinders		Water Level				
Reserve Supply		Comments Tank inspection and maintenance is scheduled for the first quarter of 2006. H1 is now				
Adequate Air-pak			used as a GST. The sight glass has been removed.			
Sign of Leaks						
Fresh Ammonia						
Ventilation						
Room Lighting					·	
Warning Signs			HIGH SERVICE		T	
Repair Kits			Pump Number	1	2	
Fitted Wrench			Туре	Centrifugal	Centrifugal	
Housing/Protection		*	Make	Goulds	Peerless	
AEDATION (Cooper	To 9 Mn Domo		Model	3656	820A	
AERATION (Gases, Fe, & Mn Removal)  Type <u>Cascade</u> Capacity <u>440 gpm</u>			Capacity (gpm)	Unknown	250	
Aerator Condition OK			Motor HP	15	15	
Bloodworm Presence None observed			Date Installed	Unknown	1986	
Visible Algae Growth No			Maintenance	As needed	As needed	
Protective Screen Condition OK						
Comments FG aerator installed 09/03. Checked for			Comments Supp		on, if available	e, for
needed maintenance every two weeks.			spaces marked "Unknown".			



PWS ID#	<u>3591061</u>
Date	10/18/05

### **DEFICIENCIES:**

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

### **MONITORING AND REPORTING:**

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2006

12m

- Lead and Copper Tap Sampling due 06/2008-09/2008
- SOCs due 2006
- Radiologicals due 2006
- VOCs due 2006
- Secondaries due 2006
- Disinfection Byproducts due 07/2006-09/2006

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

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

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

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

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 _	10/18/05
1-				
Approved by	Title	Environmental Manager	Date _	12/1/05

## RESPONSE:

### Please indicate changes to the following:

PWS ID Number: 3591061	Business Name:	
PWS Name: Ravenna Park	Owner(s) Name:	
Attn: Patrick Flynn, Utilities, Inc. of		
Mailing Address:		
Date:	Phone Number(s):	
Florida Department of Environ Drinking Water Compliance/Er 3319 Maguire Boulevard, Suite Orlando, Florida 32803	nforcement Program	
Attention: Reggie Phillips, Environn	nental Specialist	
In response to the Department's Satthe following actions were done to c	nitary Survey Report for the subject public water systemorect the listed deficiencies:	em dated <u>October 18, 2005</u> ,
Deficiency <u>Item No</u> .	Corrective Action Done	Date Done
(Attach additional sheet if necessary	")	
I hereby certify to the correctness of	the above information:	
PWS Owner/Representative Signatu	ire:	
Name of PWS Owner/Representative	e:	
	(Please Type or Print)	

### UTILITIES, INC. OF FLORIDA

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

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

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

### VIA: E-mail and United States Mail

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

Re: Seminole County - PW

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

Dear Mr. Phillips:

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

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

Sincerely,

Kathy Sillitoe Area Manager

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

Scotty L. Haws, Assistant Operations Manager, UIF

Page 1 of 1 Document1 FHILE COMY

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## RESPONSE:

### Please indicate changes to the following:

PWS ID Number: <u>3591061</u>		Business Name: Utilities, Inc. of Florida				
PWS Nan	ne: <u>Ravenna Park</u>	Owner(s) Name: Utilities, Inc. of Flor	ida			
Attn: Pat	trick Flynn, Utilities, Inc. of Florida					
Mailing Ad	ddress: 200 Weathersfield Avenue	Mailing Address: 200 Weathersfield A	venue			
	Altamonte Springs, FL 32714	Altamonte Springs,	Altamonte Springs, FL 32714			
Date:	December 13, 2005	Phone Number(s): 407-869-1919				
Drinking 3319 Ma Orlando, Attention:	Department of Environmental Protecti Water Compliance/Enforcement Prog guire Boulevard, Suite 232 Florida 32803 Reggie Phillips, Environmental Specialist se to the Department's Sanitary Survey Re	gram	ated October 18, 2005			
	ng actions were done to correct the listed de		ateu <u>October 18, 2003</u>			
<u>ltem No</u> .	Corrective A	Action Done	Date Done			
1	The monthly operations report contained correct	December 2005				
	future MORs will be legible and completed accu	rately.				
2	Unable to locate any additional information for the state of the state	he spaces marked "unknown."				
hereby ce	ditional sheet if necessary) entify to the correctness of the above informater/Representative Signature:	tion: Teste Hyn 12/19	05			
Name of P\	WS Owner/Representative: Patrick C. Flynn	, Regional Director				
		(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

November 3, 2004

#### **VIA FASCIMILE AND CERTIFIED MAIL NO. 7099-3220-0003-2500-9814**

Mr. Gary P. Miller Program Manager Florida Department of Environmental Protection 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

RE:

Department's Noncompliance Letter Dated October 20, 2004

Vihlen Road Lift Station

Dear Mr. Miller:

Our office is in receipt of the Department's noncompliance letter dated October 20, 2004. As discussed with Mr. David Smicherko, the overflow occurred at 100 Idyllwilde Drive during Hurricane Jeanne. Once operations personnel were able to respond, it was determined that the lift station located on Vihlen Road had lost power during the storm event, but power was restored almost immediately. It would appear that a surcharge that occurred within the collection system resulted in the discharge of wastewater within the residence of 100 Idyllwilde Drive during the actual storm event. Also, the discharge was solely within the residence and without resulting in additional discharges anywhere else within the system.

After our operations personnel discussed the circumstances with the resident, they determined that the incident warranted notification to our insurance company. Due to liability reasons, we do not authorize our personnel to enter a private residence to perform clean-up services. The property owner was instructed to contact her insurance company to determine the best method of mitigating any damages. In this particular case, our insurance company determined that the incident occurred due to a natural disaster and that the property owner should seek recourse through their insurance company.

In the Department's letter it is inferred that the Department requires the Utility to perform clean-up services within a private residence under the circumstances discussed. The Utility is unaware of how our current response warrants additional corrective action.

The utility understands our responsive actions during events such as Hurricane Jeanne, and our responsibility to remain in compliance with all Department rules and regulations. If the Department determines the utility is not in compliance with the current rules and regulations as a result of our actions, please let us know so that our response may be modified for any similar circumstance in the future.

Sincerely,

David L. Orr, P.E. Regional Manager

cc:

Patrick Flynn, Regional Director

Page 1 of 1 FL Jackie 3335:Desktop Folder:David:ltr-FDEP noncom... Idyllwilde.doc



### Environmental Protection 708 - 409 -

Department of GAB Robbins

Jeb Bush Governor

`Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

Colleen M. Castille Secretary

SENT VIA E-MAIL TO: p.c.flynn@utilitiesinc-usa.com

October 20, 2004

UTILITIES INC OF FLORIDA 200 WEATHERSFIELD AVENUE **ALTAMONTE SPRINGS FL 32714**  OCD-C-WW-04-1023

ATTENTION PATRICK FLYNN REGIONAL DIRECTOR

> Seminole County Vihlen Road Lift Station Noncompliance Letter

Dear Mr. Flynn:

On September 30, 2004, the Department received and investigated a complaint regarding a lift station malfunction on Vihlen Road in Sanford, Florida.

On the morning of September 26, 2004 power was lost at the lift station due to Hurricane Jeanne. As a result of the power outage a sewage backup occurred to a residence at 100 Idyllwilde Drive causing damage to the residence. Power was restored to the lift station the afternoon of September 26, 2004. It is the Department's understanding that Utilities Inc. has not done any cleanup of the residence after the malfunction of the lift station, which is required by the Department.

Please respond with a schedule of corrective action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to David Smicherko at (407) 893-3313.

Due - 11/3/04

Sincerely,

Gary P. Miller Program Manager

Wastewater Compliance/Enforcement

Lay f. Miller

10/25/04 - Left msg of David Smicherko @ 9:05 Am.
10/25/04 - returned msg from David - Notes -> Left another msg.

10/26/04 According

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RESOLUTION

9/8/04-PER DALE WHITE 104-106 & 100 ARE HAVING THESE PROBLEMS-AFTER
HURRICANE, CUSTOMERS WILL HAVE TO CALL THERE INSURANCE COMPANIES
DALE WHITE SPOKE TO CUSTOMERS AT 104 & 106 VIHLEN & ADVISED THEM
OF THIS
PER ISABEL
DALE W/DB

RESOLUTION
9/8/04-LIFT STATION LOST POWER SET UP GENERATOR AT STATION
KEUIN C/DB

#### RESOLUTION

JOHN M/DB

9/8/04-PER JOHN MARINELLI WHEN PAGED IN FIELD HE INFORMED OFFICE THAT THIS IS NOT THE LIFT STATION-IT IS THE COUNTYS STORM DRAINS & THE CUSTOMER WILL NEED TO PHONE THEM
\*\*\*THIS CUSTOMER DID NOT PHONE OUR OFFICE HER NEIGHBOR PHONED FOR HER
MS BERRY 106 IDYLLWILDE-& DB PHONED MS BERRY BACK TO INFORM HER TO PHONE THE COUNTY REGARDING THE SUPPOSED SEWAGE FROMOUR LIFT STATION IS NOT OUR

RESOLUTION
9/8/04-PER DALE WHITE INFORMING ISABEL IN OFC-HE SPOKE TO CUSTOMER
& INFORMED HER SHE WOULD HAVE TO CONTACT HER INSURANCE COMPANY
THIS WAS THE CUSTOMERS PROBLEM\*\*NOT OUR PROBLEM\*\*\*
DALE W/DB

### RESOLUTION

9/8/04-DEB B PAGED TO JOHN MARINELLI -HE INFORMED THE OFFICE THAT THIS IS NOT FROM OUR LIFT STSTION IT WAS CHECKED & IS WORKING PROPERLY. IT IS THE COUNTY'S STORM DRAINS -(SEMINOLE CTY PER JOHN M)DB PHONED THIS CUSTOMER & DID INFORM HER OF THIS & TO PHONE THE COUNTY JM/DB

RESOLUTION

9/8/04-PER DALE WHITE HE SPOKE TO THEM & DID INFORM THAT THEY NEED

TO CONTACT THERE INSURANCE COMPANIES-
DB-HE INFORMED ISABEL OF THIS\*\*

RESOLUTION

9/30/04-SPOKE WITH MRS BERRY -SHE HAD SEWAGE ON THAT SUNDAY OF THE STORM-WE HAD AN OUTAGE, BUT WHEN WE GOT OUT THERE AT 10:00PM-12:00PM THE PWOER WAS RESTORED TO THE STATION IF THEY HAD A BACCK UP THEY NEED TO CALL THERE INSURANCE CO & FILE A CLAIM-THE CUSTOMER WAS SATISFIED WITH THIS EXPLANATION PH 407-322-1842 JP/DB

# Ravenna Park Docket No. 060253-WS Seminole County

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** 

TELEPHONE 904-329-4500 TDD 904-329-4450 PALATKA. 32478-1429

TDD SUNCOM 860-4450

(Permitting) 329-4315 on/Finance) 329-4508

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

618 E. South Street Orlando, Florida 32801 407-897-4300 TDD 407-897-5960

7775 Baymeadows Way Suite 102 Jacksonville, Florida 32256 904-730-6270 TDD 904-448-7900

PERMITTING Melbourne, Florida 32904 TDD 407-722-5368

OPERATIONS 2133 N. Wickham Road Melbourne, Florida 32935-8109 407-752-3100 TDD 407-752-3102

SUBJECT: Consumptive Use Permit Number 8352

**RAVENNA PARK** 

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,

Gloria Lewis Director

Permit Data Services Division

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

cc: District Permit File

Agent:

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

William Kerr, CHAIRMAN MEI BOURNE BEACH

Ometrias D. Long, VICE CHAIRMAN

Jeff K. Jennings, SECRETARY

Duane Ottenstroer, TREASURER SWITZERLAND

Reid Hughes

PERMIT NO. 8352

PROJECT NAME: RAVENNA PARK

#### A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 44.57 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 1099.

#### LOCATION:

Site: Ravenna Park

Seminole County

Section(s): 34 Township(s): 19S 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

Bv:

Dwight T Jenkins
Division Director

## "EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8352 UTILITIES INC OF FLORIDA DATED NOVEMBER 15, 2000

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

permittee.

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

permit number 8352 plainly labeled on the submittals.

- 13. This permit will expire on November 15, 2020.
- 14. Maximum annual ground water withdrawals must not exceed 44.57 million gallons.
- 15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
- 16. The permittee must assure that all service connections are metered.
- 17. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
- 18. Wells no. 1 and 2 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. The permittee has elected to monitor both wells with a common flowmeter.
- 19. Total withdrawals from wells no. 1 and 2 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31

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

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

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

### **Notice Of Rights**

- 1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
- 2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice).

  Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
- 3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party reqarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
- 4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
- 5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
- 6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
- 7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

### **Notice Of Rights**

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

### **Notice Of Rights**

### Certificate of Service

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

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

at 4:00 p.m. this ten day of Exember, 2000.

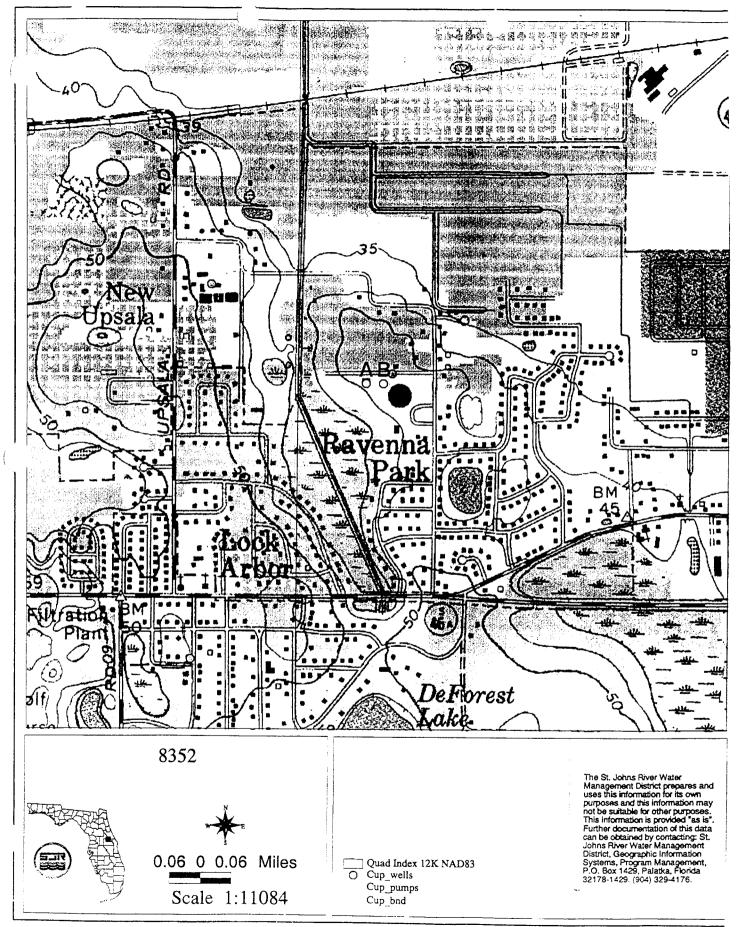
Division of Permit Data Services Gloria Lewis, Director

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

Permit Number: 8352



TILITIES INC OF FLORIDA
STRA IS-NOV-2026
FLORIDAN ARVITER
HOUSEGOLD
GLVENNI PARK



### FLOW METER WATER CALIBRATION RECORD - EN51

### ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429 Palatka, Florida 32178-1429

Consumptive Use Permit Number: 8352 - RAVENNA PARK Permittee Name: Utilities Inc of Florida Date of Permit Issuance: November 15, 2000 Station Name: 1 Pump Capacity: 200 GPM Serial Number on Meter: Meter Model: Discharge Pipe Diameter: Date of Last Meter Calibration: \_\_\_\_/\_\_\_/ Date of This Calibration: Name of Person Performing Calibration: od 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):

Please Retain a Copy for Your Records

Company Name:

laytime Telephone: (\_\_\_\_\_\_ - \_\_\_\_ -

\ddress:

i State/Zip:

### FLOW METER WATER CALIBRATION RECORD - EN51

### ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429 Palatka, Florida 32178-1429

Permittee Name: Utilities Inc of Florida	MARK
Date of Permit Issuance: November 15, 2000 Sta	ation Name: 2
Pump Capacity: 240 GPM	
Serial Number on Meter:	
Meter Model:	<del></del>
Discharge Pipe Diameter:	<del></del>
Date of Last Meter Calibration://	<del></del>
Date of This Calibration://_	<del></del>
Name of Person Performing Calibration:	
M od 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: En	nd:
(Attach Formulas Used to	o Make Calculations)
Percent of Error Between Meter Reading and Calibration	n Equipment:%
Name of Person Completing Form (Please Print):	
Company Name:	
\ddress:	
i State/Zip:	
aytime 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# 8352

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

WELL NAME 1

PUMP NAME

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

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	<ul> <li>WELL ABANDONED (40C-3, FAC)</li> <li>PROPERTY SOLD</li> </ul>	
	○ COMMENTS: (PLEASE PRINT):	

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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FEB 01		
MAR 01		
APR 01		
MAY 01		
JUN 01		
•	NTACT NAME	







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

WATER USE RECORD

FORM EN - 50

CUP# 8352

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

WELL NAME 2

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** 

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	PH	ONE NUM	1BER							







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

WATER USE RECORD

FORM EN - 50

CUP# **8352** 

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

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PUMP NAME

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Step 3.	CONTACT NAME
	PHONE NUMBER







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

WATER USE RECORD

FORM EN - 50

CUP# 8352

PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID

OWNERS ID

PERMITTEE Utilities Inc of Florida

PROJECT RAVENNA PARK

WELL NAME 2

PUMP NAME

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# Ravenna Park Docket No. 060253-WS Seminole County

25.30.440 (7) Notices

Test Year Ended December 31, 2005

### **NOTICES**

None

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (8) Field Employees

Test Year Ended December 31, 2005

### 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)

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

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

#### Facilities:

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

### Duties and Responsibilities:

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

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (9) Vehicles

Test Year Ended December 31, 2005

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

Vah #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL		Alafaya Utilities, Inc.
	99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET		Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY		Alafaya Utilities, Inc.
	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK		Alafaya Utilities, Inc.
	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON		Alafaya Utilities, Inc.
	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS		Alafaya Utilities, Inc.
	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED		Alafaya Utilities, Inc.
	04 CHEV C25 00 CHEV S-10	1GCHK24U04E296751 1GCCS14W9YK229577	DON TAYLOR		Alafaya Utilities, Inc. Bayside Utility Services, Inc.
	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP		Bayside Utility Services, Inc.
	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK		Bayside Utility Services, Inc.
	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL		Cypress Lakes, Utilities, Inc.
	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF		Eastlake Water Service, Inc.
	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW		Labrador Utilities, Inc.
	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY		Labrador Utilities, Inc.
	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS		Mid-County
	01 CHEV \$10	1GCCS14W01K129325	MATTHEW GUNTHER		Mid-County Mid-County
	98 CHEV S-10 01 CHEV 1500	1GCCS14X2WK245013 1GCEC14W81Z185977	STEVEN SZCZEPKOWSKI SPARE		Mid-County
	04 CHEV C15	1GCEC14W612163977	ROBERT BUONO		Mid-County
	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN		Sandalhaven
	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT		Sandalhaven
	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.
	99 DODGE DAKOTA	1B7FL26X6X\$261956	RAY HOGUE		Sanlando Utilities, Inc.
	99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER		Sanlando Utilities, Inc.
	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE		Sanlando Utilities, Inc.
	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN		Sanlando Utilities, Inc.
	01 CHEV \$10	1GCCS14W01K129261 1GCCS14W128209201	ROBERTO REMIGIO ROY MERICLE		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
	02 CHEVY S-10 00 CHEV CS10803		ALEXANDER LORENZO		Sanlando Utilities, Inc.
	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER		Sanlando Utilities, Inc.
	98 CHEV S-10	1GCCS14X0WK247116			Sanlando Utilities, Inc.
	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER		Sanlando Utilities, Inc.
	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER		Sanlando Utilities, Inc.
	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE		Sanlando Utilities, Inc.
	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH MATTHEW MORRELL		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
	01 CHEV 1500 01 CHEV 1500	1GCEC14V91E265755 1GCEC14W21Z187837	JIMMIE HOLLISTER		Sanlando Utilities, Inc.
	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS		Sanlando Utilities, Inc.
	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT		Sanlando Utilities, Inc.
	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE		Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN		Sanlando Utilities, Inc.
	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK		Sanlando Utilities, Inc.
	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN		Tierre Verde
	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK		Utilities, Inc, of Florida
	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET		Utilities, Inc. of Florida Utilities, Inc. of Florida
	00 CHEV C25 BOOM 05 CHEV COLORADO	1GBGK24R5YF484662 1GCCS146658179178	CENTRAL FL BOOM TRUCK CHRIS PHILLIPS		Utilities, Inc. of Florida
	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY		Utilities, Inc. of Florida
	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH		Utilities, Inc, of Florida
	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES		Utilities, Inc, of Florida
	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH		Utilities, Inc, of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS		Utilities, Inc, of Florida
	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY		Utilities, Inc. of Florida
	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ		Utilities, Inc. of Florida
	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI		Utilities, Inc, of Florida Utilities, Inc, of Florida
	06 CHEV C15 4X4 EXT 04 CHEV S10 TRAILBLAZER	1GCEK19Z26Z225726 1GNDT13S442340667	BILL COATES BRYAN GONGRE		Utilities, Inc. of Florida
	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN		Utilities, Inc. of Florida
	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY		Utilities, Inc. of Florida
	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN		Utilities, Inc, of Florida
	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS		Utilities, Inc, of Florida
	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE		Utilities, Inc, of Florida
	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI		Utilities, Inc. of Florida
	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART		Utilities, Inc. of Florida
	01 CHEV FULL 1500 4WD	2GCEK19T111381348 1B7GG22X7YS753556	WILLIAM NEAL SPARE		Utilities, Inc. of Florida Utilities, Inc. of Pennbrooke
33	00 DODGE DAKOTA	15, 0022A/ 10/00000	OF MALE	Ψ20,721.00	Summod mor of Followorks

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 Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (10) Customer Complaints

Test Year Ended December 31, 2005

### **CUSTOMER COMPLAINTS**

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

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