CLASS A and B WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF Utilities, Inc. of Florida - Seminole County Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (/)

BINDER 11 of 11

System(s):

Weathersfield

DOCUMENT NUMBER-DATE

a ray

Weathersfield

Docket No.: 060253-WS

Seminole County

Test Year Ended December 31, 2005

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (1) Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (2) Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

PAGE 02/05

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

| | | Chemical | Water | Unit |
|--|---|---------------|-----------|--|
| County | System Name | Used | Treatment | Price |
| County | - Of Stell Hall | | | |
| Seminole | Weathersfield | Chlorine | 40-45 gpd | \$ 1.15/gal |
| | | | 1 | |
| | | Chemical | Water | Unit |
| County | System Name | Used | Treatment | Price |
| | | | | 0 1 15/201 |
| Seminole | Oakland Shores | Chlorine | 20-25 gpd | \$ 1.15/gal |
| | | Chemical | Water | Unit |
| County | System Name | Used | Treatment | Price |
| County | System Name | Useq | Heatment | |
| Seminole | Little Wekiva | Chlorine | 3-4 gpd | \$ 1.15/gal |
| the second s | | | | |
| and a help officially first to many of the providence of the provi | | Chemical | Water | Unit |
| County | System Name | Used | Treatment | Price |
| | | | | |
| Seminole | Park Ridge | Chlorine | 3-4 gpd | \$ 1.15/gai |
| | | Polyphosphate | 1-2 gpd | \$14.00/ gal |
| | | | Mater | Unit |
| | | Chemical | Water | |
| County | System Name | Used | Treatment | Price |
| Seminole | Phillips | Chlorine | 2-3 gpd | \$ 1.15/gal |
| | | Polyphosphate | 1-2 gpd | \$14.00/ gal |
| Constitution of the | | | | |
| | | Chemical | Water | Unit |
| County | System Name | Used | Treatment | Price |
| | | | | |
| Seminole | Crystal Lake | Chlorine | 3-4 gpd | \$ 1.15/gal |
| and the second | | Polyphosphate | 1-2 gpd | \$14.00/ gal |
| | | Chemical | Water | Unit |
| | | Used | Treatment | Price |
| County | System Name | USed | freatment | FILE |
| Seminole | Ravenna | Chlorine | 8-12 gpd | \$ 1.15/gal |
| | | | | and the second |
| 7/@+\$######\$f1#f14f7#f3f3################################ | ⋺⋺⋽⋓⋺⋫⋺⋣⋕⋪⋬⋻⋻⋳⋹⋳⋳⋽⋠⋭⋰⋫⋫⋴⋐⋸⋪⋴⋴⋜⋽⋶⋴⋎⋠⋇⋇⋽⋑∊⋳⋛⋢⋐⋕⋹⋎⋏ ⋺⋺⋽⋓⋺⋫⋺⋣⋕⋪⋨⋤⋳⋹⋳⋳⋽⋠⋭⋰⋫⋫⋴⋐⋸⋪⋴⋴⋜⋽⋶⋴⋎⋠⋇⋇⋽⋑∊⋳⋛⋢⋐⋕⋹⋎⋏ | Chemical | Water | Unit_ |
| County | System Name | Used | Treatment | Price |
| | | | | |
| Seminole | Bear Lake | Chlorine | 7-10 gpd | \$ 1.15/gal |
| | | | | |
| | | Chemical | Water | Unit |
| County | System Name | Used | Treatment | Price |
| Cominala | | Chloring | 10-1Eand | \$ 1.15/gal |
| Seminole | Jansen | Chlorine | 12-15gpd | \$14.00/ gal |
| | 1 | Polyphosphate | _2-3 gpd | 914.00/ yai |

~~···

UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

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

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| | 2006 C | HEMICAL US | e da'la | | |
|-----------|------------------|--------------------|-------------------------|------------------|----|
| stem Name | Chemical Used | Water Treatment | Wastewater Treatmont | Annual Amount | Qu |
| | | | | · · · · | ι |

UTILITIES, INC. OF FLORIDA

| County | System Name | Chemical Used | Water Treatment | Wastewater Treatment | Annual Amount | Quantity | Unit Price | Feed Rate |
|---------------|--------------|------------------|---|-------------------------|------------------|----------|------------|-----------------|
| | | | | | · · · · | | ├ | |
| MARION COUNTY | | | | | 1 | | <u></u> | |
| | GOLDEN HILLS | Liquid Chloring | (Yes) No | Yes / No | 1,325 6.4 | GALS | 0.95/GAL | 4.9 gals/day |
| | | Ammonia | -Yes/No- | Yes / No- | | | | |
| | | | | | | | <u></u> | |
| | | | | | | | | |
| | CROWNWOOD | En Chi a | Yes/No | Vice/No | 50 485 | LBS | 2.16/18 | 0.2 185/ day |
| | CROWNWOOD | Stick Chlorda | | | 1,945 64 | | | 7.2 gals / clay |
| | | Liquid Chlorine | the second se | Yes No | 11,775 640 | 1011-2 | TUND JOAN | 1-2 yais / may |
| | \$ | -Gas Chlorina | -Yes/No- | - Yes/No | 1 | | | |
| | | Liquid Chlorine | Yes/No | Yest No- | | | | |
| | | Granular Chlora | | Yas INa | 100 185 | LBS | 5 1.48/LB | 0.4 LBS/day |
| | | | | | ·} | | | ↓ |
| L | <u> </u> | | <u>ا</u> | L | 1 | <u>}</u> | <u></u> | |

(So far)

(269 days sofar)

GOLDEN HILLS

UTILITIES INC OF FL

1.)

UTILITIES INC OF FL

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PAGE 02 PAGE 04/05

Weathersfield

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

September 1, 2005

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

Re: Second Quarter Herbicides Synthetic Organic Contaminants Weathersfield Utilities, Inc. PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results for samples taken on July 25, 2005 for the above referenced analysis and system. The Herbicides were resampled due to incorrect preservative causing matrix interference.

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

Sincerely,

WEDGEFIELD UTILITIES INC.

1 5:00, TD

Kathy Sillitoe Area Manager

EC: Patrick Flynn, Regional Director, UIOF Scotty L. Haws, Assistant Operations Manager



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: Weathersfield | PWSID.#3591451 |
| System Type (check one): Community Address: | □Nontransient Noncommunity □Transient Noncommunity IERSFIELD_AUE. |
| | UGSState: FLA, ZIP Code: 32714 |
| Phone #: 407-869-1919 | Fax #: 407-869-6961 |
| E-Mail Address: 5, C. HAWS (a | DUTILITIES INC USA, COM |
| SAMPLE INFORMATION (to be completed | by sampler) |
| | Location Code (if known): POE |
| Sample Date: 7/25/05 | Sample Time: AM PM (Circle One) |
| Sample Location (be specific): | |
| | results for trihalomethanes and haloacetic acids): mg/L Field pH: |
| | |
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| | Routine Compliance (with 62-550) |
| 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) |
| Max Residence Time | Other: |
| Ave Residence Time | Sampling Procedure Used or Other Comments: |
| Near First Customer | |
| *See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e | ditional requirements attach a results page for each site. |
| Sampler's Name: <u>ALEXANDER</u> | CORENZO |
| Sampler's Phone #: 407-948-4 | -207 Sampler's Fax #: <u>407-869-6961</u> |
| Sampler's E-Mail Address:N | |
| CERTIFICATION (to be completed by s | ampler) |
| ALEXANDER (OREN) | 20 OPERATOR |
| I. <u>ALEXANDER LOREN</u> (Print Name) | (Print Title) |
| do HEREBY CERTIFY that the abov complete and correct. | e public water system and sample collection information is |
| Signature: | Tourso Date: 8/30/05 |
| | |

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

| | | | Reporting | | | na an a |
|--|--|--|---|---|-----------------------------|--|
| | ORY CERTIFICATIO | | to be complete | ed by lab - Please typ | be or pri | nt legibly) |
| LabName: | Advanced Environn | nental Labs - Orland | 0 | F | lorida C | ertification #: E53076 |
| Address | | | | Certifica | ation Exp | piration Date: 6/30/2006 |
| | Altamonte Springs, | FL 32701 | | | | Telephone #: (407) 937-15 |
| ANALYSIS | S INFORMATION (to | be completed by lat | 0 | | | |
| PWS ID (fi | rom page 1): | | | Date Sa | ample(s |) Received: 7/25/2005 12: |
| | ned Report Number of | or Job ID A052554 | | Sample Num | nber (Fr | om page 1) |
| | Analyzed Results att | | e with chapter | 62-550, F.A.C. (che | ck all tha | at apply): |
| ł | Inorganics | Synthetic Organ | nics | Volatile Organics | | Disinfection Byproducts |
| [| All 17 | All 30 | | 🗌 All 21 | | Trihalomethanes |
| [| Partial | All Except D | ioxin | Partial | | Haloacetic Acids |
| [| Nitrate | Partial | | Radionuclides | | Bromate Chlorite |
| L | Nitrite | 🔲 Díoxín Only | | Single Sample | | Secondaries |
| L | Abbalos only | | | Qtrly Composite | | |
| | | | | | | Partial |
| If yes, plea | analyses subcontrac ase provide DOH cer DOH ANALYTE SHE | tification number E8 | | D LAB | | _ |
| If yes, plea | ase provide DOH cer | tification number E8 | 32574 | | | _ |
| If yes, plea ATTACH I | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) | tification number E | 32574 BCONTRACTE CERTIFI Hager | CATION | , | _ |
| If yes, plea ATTACH I I, Myrna S | ase provide DOH cer DOH ANALYTE SHE Santiago | tification number E8 ET FOR EACH SUE , Laboratory Man attached analytical o | 32574 BCONTRACTE CERTIFI hager data are correct | CATION | ., neet all i | requirements of the |
| If yes, plea ATTACH I I, Myrna S | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora | tification number E8 ET FOR EACH SUE , Laboratory Man attached analytical o | 32574 BCONTRACTE CERTIFI hager data are correct | CATION t and unless noted m LAC). | | requirements of the $2 - 19 - 05$ |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis ra analysis ra | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and esults will result in rej result in notification o | tification number Ed ET FOR EACH SUE , Laboratory Man attached analytical c atory Accreditation C MM-MMC current Florida DOI jection of the report, f the DOH Bureau of | B2574 BCONTRACTE CERTIFI Hager data are correc onference (NE U) H lab certificat possible enfoi f Laboratory S | CATION t and unless noted m LAC). Date ion number and a cui reement against the p ervices. | rrent An | |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis ra analysis ra | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and | tification number Ed ET FOR EACH SUE , Laboratory Man attached analytical c atory Accreditation C MM-MMC current Florida DOI jection of the report, f the DOH Bureau of | B2574 BCONTRACTE CERTIFI Hager data are correc onference (NE U) H lab certificat possible enfoi f Laboratory S | CATION t and unless noted m LAC). Date ion number and a cui reement against the p ervices. | rrent An | - 19 - 05 alvte Sheet for the attache |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis ra and may r ** Please | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and esults will result in rej result in notification o | tification number Es ET FOR EACH SUE , Laboratory Man attached analytical o atory Accreditation C MALANCE current Florida DOI jection of the report, f the DOH Bureau of sample dates and lo | B2574 BCONTRACTE CERTIFI Hager data are correc onference (NE U) H lab certificat possible enfoi f Laboratory S | CATION t and unless noted m LAC). Date ion number and a cur recement against the p ervices. ch quarter. | rrent An | - 19 - 05 alvte Sheet for the attache |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis ra and may r ** Please COMPLIA | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and esults will result in rej result in notification o provide radiological s | tification number Ed ET FOR EACH SUE , Laboratory Man attached analytical of atory Accreditation C Marcent Accreditation C Marcent Florida DOI jection of the report, f the DOH Bureau of sample dates and Io ION (to be comple | B2574 BCONTRACTE CERTIFI hager data are correc onference (NE U) H lab certificat possible enfoi f Laboratory S cations for ea | CATION t and unless noted m LAC). Date ion number and a cur recement against the p ervices. ch quarter. | e: rrent An bublic wa | 2 - 19 - 0 5 alyte Sheet for the attache ater system for failure to s |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis rr and may r ** Please COMPLIA Sample C | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora es to provide a valid and esults will result in rej result in notification o provide radiological s ANCE DETERMINATI | tification number Est ET FOR EACH SUE , Laboratory Man attached analytical of atory Accreditation C Multiple Control (1997) d current Florida DOI jection of the report, f the DOH Bureau of sample dates and lo ION (to be complectory Yes | B2574 CERTIFI CERTIFI data are correct onference (NE U/O H lab certificat possible enfoi Laboratory S cations for ear eted by DEP c | CATION t and unless noted m LAC). Date ion number and a cui recement against the p ervices. ch quarter. r DOH) Sample Analysis | rrent An bublic wa | 2 - 19 - 0 5 alyte Sheet for the attache ater system for failure to s |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis ra and may r ** Please COMPLIA Sample C | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and esults will result in rej result in notification o provide radiological s ANCE DETERMINATI collection Info Satisfad | tification number Ed ET FOR EACH SUE , Laboratory Man attached analytical of atory Accreditation C MMMMMM d current Florida DOI jection of the report, f the DOH Bureau of sample dates and to ION (to be complet ctory Yes sted (circle or highlight) | B2574 BCONTRACTE CERTIFI hager data are correc onference (NE UI) H lab certificat possible enfoi f Laboratory S cations for eau eted by DEP c No group(s) above) | CATION t and unless noted m LAC). Date ion number and a cul rement against the p ervices. ch quarter. r DOH) Sample Analysis Revised Repoi | rrent An bublic wa | A - 19 - 05 alyte Sheet for the attache ater system for failure to s tisfactory: Yes |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis re and may r ** Please COMPLIA Sample C Replace | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and esuits will result in rej result in notification o provide radiological s ANCE DETERMINATI collection Info Satisfac ement Sample(s) Reque onal Monitoring Requi): MCL(s) Exceed Missing Analyte | tification number Ed ET FOR EACH SUE , Laboratory Man attached analytical of atory Accreditation C MALANCE d current Florida DOI jection of the report, f the DOH Bureau of sample dates and lo ION (to be comple sted (circle or highlight ired (circle or highlight) | Bazora Bazora CERTIFI Mager data are correct onference (NE U) H lab certificat possible enfor i Laboratory S cations for ear eted by DEP of No group(s) above) ht group(s) ab | CATION t and unless noted m LAC). Date ion number and a cui rcement against the p ervices. ch quarter. r DOH) Sample Analysis Revised Report ove) | rrent An bublic wa | A - 19 - 05 alyte Sheet for the attache ater system for failure to s tisfactory: Yes |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis re and may r ** Please COMPLIA Sample C Sample C Replace Replace | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and esults will result in rej result in notification of provide radiological s ANCE DETERMINATI collection Info Satisface ement Sample(s) Request onal Monitoring Requi): MCL(s) Exceed Missing Analyte Other: | tification number Ed ET FOR EACH SUE , Laboratory Man attached analytical of atory Accreditation C MALANCE d current Florida DOI jection of the report, f the DOH Bureau of sample dates and lo ION (to be comple sted (circle or highlight ired (circle or highlight) | Bazora Bazora CERTIFI Mager data are correct onference (NE U) H lab certificat possible enfor i Laboratory S cations for ear eted by DEP of No group(s) above) ht group(s) ab | CATION t and unless noted m LAC). Date ion number and a cul recement against the p ervices. ch quarter. r DOH) Sample Analysis Revised Report ove) | rrent An public wa | Analysis Unsatisfactor |
| If yes, plea ATTACH I I, Myrna S do HEREE National E Signature * Failure I analysis re and may r ** Please COMPLIA Sample C Replace Additio | ase provide DOH cer DOH ANALYTE SHE Santiago (Print Name) BY CERTIFY that all Environmental Labora a: to provide a valid and esuits will result in rej result in notification o provide radiological s ANCE DETERMINATI collection Info Satisfac ement Sample(s) Reque onal Monitoring Requi): MCL(s) Exceed Missing Analyte Other: otified: | tification number Ed ET FOR EACH SUE , Laboratory Man attached analytical of atory Accreditation C MALANCE d current Florida DOI jection of the report, f the DOH Bureau of sample dates and lo ION (to be comple sted (circle or highlight ired (circle or highlight ded | Bazora Bazora CERTIFI Mager data are correct onference (NE U) H lab certificat possible enfor i Laboratory S cations for ear eted by DEP of No group(s) above) ht group(s) ab | CATION t and unless noted m LAC). Date ion number and a cul recement against the p ervices. ch quarter. r DOH) Sample Analysis Revised Report ove) | rrent An public wa | A - 19 - 05 alyte Sheet for the attache ater system for failure to s tisfactory: Yes sted (circle or highlight group(s |

V2



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

| Client: | Utilities, Inc. |
|-----------------|-----------------|
| Project Name: | Weathersfield |
| Project Number: | |
| PWS ID#: | |
| Attention: | Kathy Sillitoe |
| Phone Number: | 8002721919 |

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

 Report No.:
 A052554

 Date Sampled:
 7/25/2005

 Date Received:
 7/25/05 12:40

 Date Reported:
 8/19/2005

Project Description

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

Project Name: Weathersfield

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: POE

Sample Number: A052554-01

 Report No.:
 A052554

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

 Date/Time Received:
 7/25/05
 12:40

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

Synthetic Organics

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
|-----------|-------------------|-----|-------|---------------------|-----------|-------------------|---------|-------|------------------|------------------|--------------------|
| 2031 | Dalapon | 200 | ug/L | 0.86 | U | E515.3 | 0.86 | 1.0 | 8/2/2005 | 11:56 | E82574 |
| 2040 | Picloram | 500 | ug/L | 0.47 | U | E515.3 | 0.47 | 0.10 | 8/2/2005 | 11:56 | E82574 |
| 2041 | Dinoseb | 7.0 | ug/L | 0.64 | U | E515.3 | 0.64 | 0.20 | 8/2/2005 | 11:56 | E82574 |
| 2105 | 2, 4-D | 70 | ug/L | 1.7 | U | E515.3 | 1.7 | 0.10 | 8/2/2005 | 11:56 | E82574 |
| 2110 | 2,4,5-TP (Silvex) | 50 | ug/L | 0.080 | U | E515.3 | 0.080 | 0.20 | 8/2/2005 | 11:56 | E82574 |
| 2326 | Pentachlorophenol | 1.0 | ug/L | 0.24 | U | E515.3 | 0.24 | 0.040 | 8/2/2005 | 11:56 | E82574 |

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A) Pr

Project name: WEATHERSFIELD

Completed by: RPG

Date/Time Rcvd: 7/25/05 12.40 Log-In request number: A052554

Received by: RPG

Cooler/Shipping Information:

Courier:

AEL

Client
UPS
Pony Express
FedEx
Other (describe):

Type: ⊠ Cooler □ Box □ Other (describe) ____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--|--|--|--|--|
| Temp (°C) | 2 | | | | |
| Temp taken from | □ Temp blank ⊠ Cooler | □ Temp blank □ Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|-----|--|-----|----|----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 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? | | | l |
| 8. | Were proper sample preservation techniques indicated on the label? | | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | 1 | | |
| 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? | 1 | | |
| 16. | Were samples accepted into the laboratory? | 1 | | |
| 17. | Was it necessary to split samples into other bottles? | | 1 | |

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

| AEL Orlando | AEL Jax |
|--------------------------------|-------------------------------|
| 528 South North Lake Blvd, S | 6601 Southpoint Parkway |
| Altamonte Springs FL 32701 | Jacksonville, FI 32216 |
| | 904-363-9350 Fax 904-363-9354 |
| Contact Person: Myrna Santiago | Contact Person: Sean Hyde |
| Project #: A052554 | Check if Rush |
| CustomerName: Utilities, Inc. | |
| Collector: Alexander Lorenzo | |
| | |

| Lab Code | Client Sample ID | Test | Matrix | Collect Date | / Time | Receive Date | Due Date | # Bottles | Bottle Type (Pres.) |
|------------|------------------|-----------------------------|----------------|--------------|--------|---------------|----------|-----------|---------------------|
| A052554-01 | 1 | 62-550 Herbicides (J)-515.3 | Drinking Water | 7/25/2005 | 9:25 | 7/25/05 12:40 | 8/8/2005 | | 40mL Vial |

Date/Time: $\frac{7/26/05}{7/66/05}$ Orlando Relinquisher: Shipping Receiver: AEL Courier Annah Shipping Relinquisher: AEL Courier Jacksonville Receiver:

Page 1 of 1

| | | | | | | | | | | | | | L | | n. | | | |
|---------------|----------------|--|--|---------------|-------------------------|----------------------------|---------------------------|---------|-----------|--|-------------------|---------|---|-------------|-------------|-----|----------|--|
| Ð | 6601 Sol | Il Laboratories, uthpoint Pkwy. • Jac ncess Palm Ave. • V 67th Place, Ste. 7 lorth Lake Blvd., St | cksonville, FL 3221 Tampa, FL 33619 | 010.000.00 | 7.1500 • F 2701 • 40 | ax 352.367.0 7.937.1594 | 0050 • E826 Fax 407.93 | | 53076 | BOTTLE | | | _ | A 0 | 525 | 554 | • | |
| LIENT NAME: | | es Inc. | PROJECT NAME: | | V | NEATH | ERSFI | ELD | | SIZE & TYPE | 1-L AMBER | | , | (| | I | ۰ ۱ | |
| | 0 Weathe | rsfield Ave | P.O. NUMBER/PR | OJECT NUMBER | | | | | | | -4- | | | | | | | |
| | te Springs, | and the second | PROJECT LOCAT | ION: P | 0,E | | | | | | | | | | | | | |
| HONE | | 48-1715 | FAX | | | | | | | REQUIRED | | | | | | 1 | | ł |
| ONTACT | Kathy | Sillitoe | SAMPLED BY: | ALEXAL | DER | <u>LOR</u> | LENZ | 0 | | 5 | | | | i | | | | 15 |
| | TURN AROUND TI | | | REMA | RKS/SPEC | CIAL INSTRUC | TIONS: | | | U U U U | | | | | | | | σ |
| X STANDARD | | | _ | | | | | | | ANALYSIS F | 5 | | | | | | | NUMBER |
| | | | | | | OIL / | ∖≕air S | SO=soil | SL=sludge | A | 51 | | | ļ | | | + | |
| WW=waste wate | ter SW=su | urface water GW≍gro | und water DW=drinki | ng water | Grab | SAMP | | | NO. | Preserv | | | and the second secon | | | | 7000 | |
| SAMPLE ID | | SAMPLE DES | SCRIPTION | | Comp | DATE | TIME | MATRIX | COUNT | | ingenetic Weblink | | | (Arthorney) | | | | |
| 1 | P01 | NT OF | ENTRY | , | G | 7/25/05 | 0925 | DW | 1 | | <u>×</u> | | | | | | + | -+- |
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| | | | | | | | | | | | 107 236 | Date | Time | | Received DX | | Date | Time |
| l-lce | H=(HCI) | 5=(H2SO4 N=(H | HNO3) T=(Sodium | Thiosulfate) | | | | 1000 | | kelinquish by | | 7/25/05 | 5/240 | -pi | \square | 7/ | 25/15 | 1240 |
| Shipment | 1 | thod | Sample Kit | Cooler # | | | 2 | Jacop | ran | n 1000 | MD | | | | | | <u> </u> | ┼ |
| Out | V | ia: | RB | ол | | ······ | 3 | | | | | | | | | | | |
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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 7, 2005

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

Re: Resample of Odor Synthetic Organic Contaminants Weathersfield Utilities, Inc. PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results for samples taken on July 25, July 26 and July 27, 2005 for the above referenced analysis and system. The odor was resampled due to the first sample taken was above the MCL

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

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: WEATHERSFIELD | PWS I.(| 0.#:3591451 |
| System Type (check one): 🛛 🖾 Community | Nontransient Noncommunit | y Transient Noncommunity |
| Address: 196 WEATHE | RSFIELD AVE. | |
| | | |
| City: ALT, SPRINGS | State: _ <i>FLA</i> | ZIP Code: <u>32714</u> |
| Phone #: 407-869-1919 | Fax #:4 | 07-869-6961 |
| E-Mail Address: 5, C, HAWS | | |
| | | |
| SAMPLE INFORMATION (to be completed | by sampler) | |
| Sample Number: <u>A052553-01</u> | Location Code (if k | nown): |
| Sample Date: 7/25/05 | Sample Time: | 9:20 AM PM (Circle One) |
| Sample Location (be specific):POE | | |
| Disinfectant Residual (Required when reporting | results for trihalomethanes and haloacetic acids) | : mg/L Field pH: |
| | | |
| Sample Type (Check Only One) | Reason(s) for Sa | 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 | Sother:OPOR_TEST | 10F 3 |
| Ave Residence Time | Sampling Procedure Used or Other Co | omments: |
| 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 | 2-550.550(4) for requirements and a results page for each site. |
| Sampler's Name: <u>ALEXANDER</u> | LORENZO | |
| Sampler's Phone #: | 207 Sampler's Fax #: | 407-869-6961 |
| Sampler's E-Mail Address: | | |
| | | |
| CERTIFICATION (to be completed by s | sampler) | |
| I, <u>ALEXANDER</u> LORENZO (Print Name) | 2 | OPERATOR. |
| (Print Name) | | <u>OPERATOR</u> , (Print Title) |
| do HEREBY CERTIFY that the abov complete and correct. | e public water system and samp | le collection information is |
| Signature: | Turys | |
| | | |

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

| Fiorida Department | | tection Safe Drinking W rting Format | Ater Program Laboratory |
|--|---|--|--|
| LABORATORY CERTIFICATIO | ON INFORMATION (to be con | npleted by lab - Please type or | print legibly) |
| ATTACH CURRENT DOH ANA | ALYTE SHEET* | | |
| LabName: Advanced Environn | nental Labs - Orlando | Florida | a 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 iab | | |
| PWS ID (from page 1): | | Date Sample | e(s) Received: 7/25/2005 12:40:00 |
| Lab Assigned Report Number of | or Job ID A052553 | | (From page 1) A052553-01 |
| Group(s) Analyzed Results atta | ached for compliance with cha | | |
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| All 17 Partial Nitrate Nitrite Asbestos Only | All 30 All Except Dioxin Partial Dioxin Only | All 21 Partial Radionuclides Single Sample Qtrly Composite** | Trihalomethanes Haloacetic Acids Bromate Chlorite Secondaries |
| Were any analyses subcontract If ves, please provide DOH certi | | | ☐ All 14 ✓ Partial |
| ATTACH DOH ANALYTE SHEE | | | |
| ATTACH DON ANALTTE SHE | | | |
| | CERT | FIFICATION | |
| I, Myrna Santiago (Print Name) | , Laboratory Manager | ·, | |
| do HEREBY CERTIFY that all a National Environmental Laborate | ttached analytical data are co | rrect and unless noted meet al (NELAC). | I requirements of the |
| Signature: | Santiago | Date: | 7-28-05 |
| Failure to provide a valid and of analysis results will result in reje and may result in notification of t | ction of the report, possible er | nforcement against the public v | nalyte Sheet for the attached water system for failure to sample, |
| ** Please provide radiological sa | mple dates and locations for | each quarter. | |
| COMPLIANCE DETERMINATIO | (to be completed by DE | P or DOH) | |
| Sample Collection Info Satisfacto | ory 🗃 Yes 🏾 No | Sample Analysis Info Sa | atisfactory: 👔 Yes 🏼 No |
| Replacement Sample(s) Requeste | ed (circle or highlight group(s) abov | ve) 🛛 🗿 Revised Report Reque | ested (circle or highlight group(s) above) |
| Additional Monitoring Require | d (circle or highlight group(s) | | |
| Reason(s): 🔳 MCL(s) Exceede | | tion(s) ion Unsatisfactory | Incomplete Report Analysis Unsatisfactory |
| I Other: | | · · · · · · · · · · · · · · · · · · · | |
| Person Notified: | | Date N | Notified: |
| Comments | | | |
| ate Reviewed: | | H Reviewing Official: | |

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



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

Client: Utilities, Inc. Project Name: Weathersfield Project Number: PWS ID#:

Attention:Kathy SillitoePhone Number:8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

 Report No.:
 A052553

 Date Sampled:
 7/25/2005

 Date Received:
 7/25/05 12:40

 Date Reported:
 7/28/2005

Project Description

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

Project Name: Weathersfield

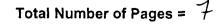
Approved By:

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.



Advanced Environmental Laboratories, Inc.

Analytical Report

| | Client: Utilities, Inc. | | | | | | | Report N | lo.: A05 | 2553 | | |
|------------------|-------------------------|-----|-----------------------------|---------------------|-----------|-------------------|---------|-----------------------------------|-------------------------|--------------------|--|--|
| Proje | ct Name: Weathersfield | | Date/Time Sampled: 07/25/05 | | | | | | | | | |
| | Matrix: Drinking Water | | | | | | | Date/Time Received: 7/25/05 12:40 | | | | |
| P | WS ID#: | | | | | | | | | | | |
| Client Sa | mple ID: 1 | | | | | | | | | | | |
| | Site: POE | | | | | | | Sampled B | • | nder Lorenz | | |
| Sample | Number: A052553-01 | | | | | | | Shipping Meth | od: Client | drop off | | |
| Seconda | ary Contaminants | | | | | | | | | | | |
| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis <u>Time</u> | DOH Lab Cert. # | | |
| 1920 | Odor | 3.0 | TON | 2.0 | | E140.1 | 1.0 | 7/26/2005 | 8:30 | E53076 | | |

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/25/05 12.40 Log-In request number: A052553

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

Courier: 🗆 AEL 🖾 Client 🗇 UPS 🗇 Pony Express 🗇 FedEx 🗇 Other (describe): _____

Type: 🖾 Cooler 🗆 Box 🗖 Other (describe) ____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--------------------------------------|--|--|--|--|
| Temp (°C) | 2 | | | | |
| Temp taken from | □ Temp blank ⊠ Cooler | □ Temp blank □ Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | IR gun Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|-----|--|-----|--------------|----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 2. | Were custody papers properly included with samples? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | 1 | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | 1 | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE 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? | 1 | | |
| 16. | Were samples accepted into the laboratory? | 1 | | |
| 17. | Was it necessary to split samples into other bottles? | | \checkmark | |

<u>Kit ID</u>

Comments:

n.5

| | 🛛 Tampa: | 6601 Southpo 9610 Princes 2106 NW 67tl | BS, INC. oint Parkway, Jacks s Palm Avenue, Tan h Place, Suite 7, Ga Lake Blvd., Suite 10 | onville, FL 32 npa, FL 33619 inesville, FL 3 116, Altamont | 216 • (904 9 • (813) 63 32606 • (35 ie Springs, | 80-9616 Fax (813 2) 367-1500 Fax FL 32701 • (407) | 904) 363-9354) 630-4327 (352) 367-0050 | | | BOTTLE | | A | 052 | 255 | 53 | |
|--------------------------|---------------------|--|--|---|--|---|---|---------|--|--|--------|----|------------|-----|---------|-------------|
| CLIENT NAME: | | | | PROJEC | | | | | | SIZE & | ! | 1 | | 1 | 1 | |
| UTICI | TIES IN DO WEATH | <u>JC.</u> | | | | THERS | |) | | TYPE | | | | | | |
| ADDRESS: | OO WEATH | IERSF | TELD | P.O. NU | MBER / F | PROJECT NU | JMBER: | | | AR | | | | | | - L |
| | | | | PROJEC | CT LOCA | TION: | | | | N E A Q L U | | | | | | A B |
| PHONE: 407- | -869-1919 | FAX: | | | P.O.E | | | | | Y I S R I E | | | | | | N U M |
| 1 (1/ 1/ 1/ 1/ 1/ 1/ 1/ | ATHY SIL | | - | SAMPLI | ED BY: | CEXANI | DER L | OREN | 120 | SD | | | | | | B E B |
| TURN AROUND | D TIME: | RE | EMARKS / SPEC | | | | | | | | D D | | | | | |
| STANDARD | | | | | | | | | | | R | | | | | |
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| WW =waste water | SW≕surface wat | er GW- | =ground water | DW ⇒drinkinç |) water | OIL A- | =air SO ≃s | ioil SL | =sludge | Preserv | | | | | | |
| SAMPLE ID | SA | MPLE DES | SCRIPTION | | Grab Composite | SAMI DATE | PLING TIME | MATRIX | NO. CONT. | | | | | | | |
| 1 | PÖIN | JT O | FENTR | Y | 6 | 7/25/05 | 0920 | DW | 1 | | Х | | | | | 1 |
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| | ia: RB_ | iple Kit | | | 1 | allicand | n Low | 200 | 175/05 | 1240 | 17 | 79 | | | 1/25/05 | 1240 |
| | · · · · · | BI | D/T | | 3 | | | | | | | 4 | | | | |
| Ret: / / V | ia: ^{Irip} | ы. С | D | | 4 | | | | | | | | | | | |
| Received on ice: 14 y | /es □ no □ QC | 🗅 sent | | eceived | l | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ł | | | revised 8 | 101 | | · |

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Jeb Bush Governor





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

Secretary

Laboratory Scope of Accreditation

Page 1 of 2

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

State Laboratory ID: E53076

EPA Lab Code: FL01220

(407) 869-1919

E53076

| Advanced Environmental Laboratories, Inc Orlando |
|--|
| 528 South Northlake Blvd., Suite 1016 |
| Altamonte Springs, FL 32701 |

Matrix, Drinking Water

| Matrix: Drinking water | Method/Tech | Category | Certification Type | Effective Date |
|---------------------------|-------------|----------------------------------|-----------------------|----------------|
| Color | EPA 110.2 | Secondary Inorganic Contaminants | NELAP | 3/16/2005 |
| Ddor | EPA 140.1 | Secondary Inorganic Contaminants | NELAP | 3/16/2005 |
| н | EPA 150.1 | Secondary Inorganic Contaminants | NELAP | 1/21/2005 |
| fotal coliforms | SM 9222 B | Microbiology | NELAP | 1/21/2005 |
| Fotal coliforms & E. coli | SM 9223 B | Microbiology | NELAP | 1/21/2005 |

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

NON-TRANSFERABLE 06/29/2005-E53076

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

| PUBLIC WATER SYSTEM INFORMATIO | N (to be completed by samp | oler – Please ty | pe or print legibly) | | | | | | |
|---|---------------------------------|-----------------------------|---|------------|-----------|--------------|--|--|--|
| System Name: WEATHERSFIELD | | PWS I.[| 0.#:350 | 71 | 4 | 51 | | | |
| System Type (check one): 🛛 🖾 Community | Nontransient N | Noncommuniț | y 🗌 Trans | ient Nor | ncomn | nunity | | | |
| Address: 196 WEAT | HERSFIELD AVE. | / | | | | | | | |
| | | | ~ <u></u> | | | | | | |
| City: <u>ALT, SPRINGS</u> | | State: FLA | <u>/.</u> ZIP Code | : 37 | 2714 | <u>+</u> | | | |
| Phone #: 407-869-1919 | l | Fax #: | 407-869- | 6961 | | | | | |
| E-Mail Address: <u>5, C, HAWS</u> | @ UTILITIES | INC, | | | | | | | |
| | | | | | | | | | |
| SAMPLE INFORMATION (to be completed | by sampler) | | | | | | | | |
| Sample Number: <u>A052575-01</u> | Loca | tion Code (if ki | nown): | | | | | | |
| Sample Date:7/26/05 | Sam | ple Time: | 7:10 | AM | PM | (Circle One) | | | |
| Sample Location (be specific):POE | | | | | | | | | |
| Disinfectant Residual (Required when reporting | results for trihalomethanes and | haloacetic acids) | : mg/L | Fie | eld pH | : | | | |
| | | | | | | | | | |
| Sample Type (Check Only One) | Re | ason(s) for Sa | mple (Check all tha | it apply) | | | | | |
| Distribution | Routine Compliance (| with 62-550) | Quarterly (w | hich Quar | ter? | ······ | | | |
| Entry Point (to Distribution) | Confirmation of MCL | Exceedance* | Special (not for | or complia | ince witi | with 62-550) | | | |
| Plant Tap (not for compliance with 62-550) | Composite of Multiple | mposite of Multiple Sites** | | | | | | | |
| Raw (at well or intake) | Clearance (permitting) | Clearance (permitting) | | | | | | | |
| Max Residence Time | ⊠Other: <u>000R</u> 7 | ODOR TEST ZOF 3 | | | | | | | |
| Ave Residence Time | Sampling Procedure Use | ed or Other Co | mments: | | | | | | |
| Near First Customer | ····· | | | | | | | | |
| *See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL o | Iditional requirements | | 2-550.550(4) for re a results page for | | | i | | | |
| Sampler's Name:ALEXANDE | R LORENZO | | _ | | | | | | |
| Sampler's Phone #: 407-948-4 | 1207 Samp | oler's Fax #: | 407-869- | -6961 | | | | | |
| Sampler's E-Mail Address:N [A | · | | | | | | | | |
| | | | | | | | | | |
| CERTIFICATION (to be completed by a | sampler) | | | | | | | | |
| ALEVANOTO LEREN | 20 | | OPENATO | · 0 | | | | | |
| I, <u>ALEXANDER LOREN</u> (Print Name) | , | | <u>OPERATC</u> (Print Title) | 1.5 | | | | | |
| do HEREBY CERTIFY that the above complete and correct. | | | | | | | | | |
| | 1 | | | , 1 | | | | | |
| Signature: Net Kandle | Torento | | Date: | 8/9/ | 05 | | | | |

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

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

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| LabName: Advanced Environmental Labs - Orlando Florida Certification #: E53076 Address: 528 S. North Lake Blvd., Suite 1016 Attamonte Springs, FL 32701 Telephone #: (407) 937-1594 ANALYSIS INFORMATION (to be completed by lab PWS ID (from page 1): Lab Assigned Report Number or Job ID A052575 Sample Number (From page 1) A052575-01 Group(s) Analyzed Results attached for compliance with chapter 82-550, FA.C. (check all that apply): Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts All 17 All 30 All 21 Trihalomethanes Partial All 17 All 30 Crow and the completed by Composite** Secondaries Chointe Disinfection Only Single Sample Chointe Single Sample (Chointe Composite) Chointe Composite** Secondaries Chointe Composite** Secondaries Certification number Attach DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION I, Myma Samtago (Print Name) Chef Beb Cretification number and a current Analyte Sheet for the attached analysis earlied and current Florids DOH lab certification number and a current Analyte Sheet for the attached analysis earlied on of the DOH Bureau of Laboratory Services. ** Place provide radiological sample dates and locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory I vs I No Resion(s) All strate and locations for each quarter. COMPLIANCE DETERMINATION (to be completed by DEP or DOH) Sample Collection Info Satisfactory I vs I No Resion(s) Analyte Sheet(circle or highlight group(s) above) Reason(s) Addition Analyte Sheet(circle or highlight group(s) above) Reason(s) Analyse Sheet(s) Location Unsatisfactory Additional Monitoring Requested (circle or highlight group(s) above) Reason(s) Analyse Sheet(s) Location Unsatisfactory Additional Monitoring Requested (circle or highlight group(s) above) Reason(s) Additional Monitoring Requeste | LABORATORY CERTIFICATION INFO | | leted by lab - Please type | or print legibly) | | | |
|--|--|----------------------------|----------------------------|--|--|--|--|
| Address: 528 S. North Lake Bvd., Suite 1016 Certification Expiration Date: 6/30/2006 Atlamonte Springs, FL 32701 Telephone #: (407) 937-1594 ANALYSIS INFORMATION (to be completed by lab Date Sample(s) Raceived: 7/28/2005 12:00:00 Lab Assigned Report Number or Job ID A052575 Sample Number (From page 1) A052575-01 Group(s) Analyzed Results attached for compliance with chapter 52-550, F.A.C. (check all that apply): Inorganica Inorganica Synthetic Organics Volatile Organics Partial All 21 Trihalomethanes Nitrate Partial Haloscetic Acids Nitrate Partial Certification number Asbestos Only Disinfection Byroducts Chlorite Vere any analyses subcontracted? Yes No If yes, please provide DOH certification number CERTIFICATION All 14 Were any analyses subcontracted? Yes No Scondaries If yes, please provide DOH certification number Certification number and a current Analyte Sheet for the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accerditation Conference (NELAC). Signature: Partial * Failure to provide a salid and current Floride DOH lab certification number and a current | | | | | | | |
| Attamonte Springs, FL 32701 Telephone #: (407) 937-1594 ANALYSIS INFORMATION (to be completed by lab PWS ID (from page 1): Date Sample(s) Received: 7/26/2005 12:00:00 Lab Assigned Report Number or Job ID A052575 Sample Number (From page 1) A052575-01 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Optimize (Compliance with chapter 62-550, F.A.C. (check all that apply): Intract <td< td=""><td></td><td></td><td colspan="5"></td></td<> | | | | | | | |
| ANALYSIS INFORMATION (to be completed by lab PWS ID (from page 1): Date Sample(s) Received: 7/26/2005 12:00:00 Lab Assigned Report Number or Job ID A052575 Sample Number (From page 1) A052575O1 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Synthetic Organics Volatile Organics Synthetic O | ····· | | Cerimcatio | | | | |
| PWS ID (from page 1): Date Sample(s) Received: 7/26/2005 12:00:00 Lab Assigned Report Number or Job ID A052575 Sample Number (From page 1) A052575-01 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Synthetic Organics Disinfection Byproducts All 17 All 30 All 21 Trihalomethanes Haison Partial All Except Dioxin Partial Haisonetic Acids Nitrate Partial Radionuclides Bromate Nitrate Partial Radionuclides Bromate Nitrate Dioxin Only Single Sample Secondaries Assestos Only Opartial Radionuclides All 14 Were any analyses subcontracted? Yes No No Partial It yes, please provide DOH certification number CERTIFICATION Partial I, Myrma Santlago , Laboratory Manager . (Print Name) , Laboratory Manager . Indicate the provide a Valid and current Florids DOH lab certification number and a current Analyte Sheet for the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: <td>Artamonte Springs, FL 3270</td> <td>J1</td> <td></td> <td>Telephone #: (407) 937-1594</td> | Artamonte Springs, FL 3270 | J1 | | Telephone #: (407) 937-1594 | | | |
| Lab Assigned Report Number or Job ID A052575 Sample Number (From page 1) A052575-01 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Synthetic Organics Disinfection Byproducts All 17 All 30 All 21 Trihalomethanes Byrratial Halioacetic Acids Partial All Except Dioxin Partial Bromate Bromate Nitrate Partial Radionucides Chlorite Secondaries Asbestos Only Oixin Only Single Sample Chlorite Secondaries Asbestos Only Qtriy Composite** Secondaries All 14 Were any analyses subcontracted? Yes No Yes Partial It yes, please provide DOH certification number CERTIFICATION Yes Partial All 14 Were any analyses subcontracted? Yes No Date: * (Print Name) CERTIFICATION Laboratory Manager * * (Print Name) Dete: * Partial all 14 * Mational Environmental Laboratory Accreditation Conference (NELAC). Date: * * Paiter en | ANALYSIS INFORMATION (to be comp | leted by lab | | | | | |
| Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply): Inorganics Synthetic Organics Volatile Organics Isinfection Byproducts All 17 All 30 All 21 Trihalomethanes Partial All 20 Partial Haloscetic Acids Nitrate Partial Radionuclides Bromate Nitrate Doixin Only Signed Sample Chorite Asbestos Only Dioxin Only Signed Sample Chorite Asbestos Only Qitrly Composite** Secondaries Uver any analyses subcontracted? Yes No If yes, please provide DOH certification number ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION I, Myrma Santiago , Laboratory Manager (Print Name) CeRTIFICATION 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: | PWS ID (from page 1): | | Date Sam | ple(s) Received: 7/26/2005 12:00:00 | | | |
| Inorganics Synthetic Organics Volatile Organics Disinfection Byproducts All 17 All 30 All 21 Trihalomethanes Partial All Except Dioxin Partial Haloacetic Acids Nitrate Partial Radionuclides Bromate Nitrate Dioxin Only Single Sample Chorite Asbestos Only Griny Composite** Secondaries All 14 Were any analyses subcontracted? Yes No If yes, please provide DOH certification number All 14 Partial Attrach DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION It yes, please provide a valid and current Floride DOH lab certification number and a current Analyte Sheet for the attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Manager (Print Name) Date: | Lab Assigned Report Number or Job ID | A052575 | Sample Numbe | er (From page 1) A052575-01 | | | |
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| Partial Partial All Except Dioxin Partial Haloacetic Acids Nitrate Partial Bromate Nitrate Dioxin Only Single Sample Asbestos Only Single Sample Asbestos Only Qtrly Composite** Asbestos Only Qtrly Composite** Partial Haloacetic Acids Nitrite Dioxin Only Single Sample Secondaries Centration Qtrly Composite** Secondaries Partial Were any analyses subcontracted? Yes No If yes, please provide DOH certification number 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 Environ/partial Laboratory Accreditation Conference (NELAC). Signature: Failure to provide a valid and current Floride DOH lab certification number and a current Analyte Sheet for the attached analysis results wilk explicit 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 Resonone Sample(s) Requested (circle or highlight group(s) above) Resononing Required (circle | Inorganics Synt | hetic Organics | Volatile Organics | Disinfection Byproducts | | | |
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| Nitrite Dioxin Only Native Single Sample Chorite Asbestos Only Single Sample Recondaries Attributer All 14 Year any analyses subcontracted? Yes No If yes, please provide DOH certification number | | | Partial | Haloacetic Acids | | | |
| Asbestos Only Single Sample Secondaries Qtrly Composite** Secondaries Qtrly Composite** Secondaries All 14 Were any analyses subcontracted? Yes No If yes, please provide DOH certification number | | | Radionuclides | | | | |
| ☐ Qtriy Composite** Secondaries ☐ All 14 Were any analyses subcontracted? Yes Yes, please provide DOH certification number 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: | | ioxin Only | Single Sample | Chlorite | | | |
| Were any analyses subcontracted? Yes No If yes, please provide DOH certification number | Aspestos Only | | Qtrly Composite** | Secondaries | | | |
| Were any analyses subcontracted? Yes No If yes, please provide DOH certification number 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 Floride DOH lab certification number and a current Analyte Sheet for the attached analysis results will regult 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 Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Additional Monitoring Required (circle or highlight group(s) above) Reason(s): Analysis Unsatisfactory Analysis Unsatisfa | | | | All 14 | | | |
| If yes, please provide DOH certification number ATACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB CERTIFICATION I, Myma 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 aboratory 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 notification of the report, possible enforcement against the public water system for failure to sample, and may results will 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 ③ Yes ④ No Sample Analysis Info Satisfactory: Additional Monitoring Required (circle or highlight group(s) above) Reason(s): ④ MCL(s) Exceeded ④ Detection(s) ④ Incomplete Report ④ Missing Analyte Sheet(s) ④ Location Unsatisfactory ④ Analysis Unsatisfactory ④ Cher: Person Notified: Comments | Were any analyses subcontracted? | Yes Vo | | 🗹 Partial | | | |
| 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 I Yes I No Replacement Sample(s) Requested (circle or highlight group(s) above) Additional Monitoring Required (circle or highlight group(s) above) Add | , , , | | | | | | |
| I. Myrna Santiago , Laboratory Manager (Print Name) , Laboratory Manager , do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Date: Signature: | • • • • | | | | | | |
| I, Myrna Santiago (Print Name) do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC). Signature: | | | | | | | |
| (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: | | CERTI | FICATION | | | | |
| 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: | I, Myrna Santiago , Labo | ratory Manager | , | | | | |
| National Environmental Laboratory Accreditation Conference (NELAC). Signature: | (Print Name) | | | | | | |
| Failure to provide a valid and current Floride DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the provide advalid and current Floride 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 I Yes I No Sample Analysis Info Satisfactory: Yes I No Replacement Sample(s) 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 Action Unsatisfactory I Location Unsatisfactory I Location Unsatisfactory Analysis Unsatisfactory Person Notified: Date Notified: | | | | all requirements of the | | | |
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| Sample Collection Info Satisfactory I Yes No Sample Analysis Info Satisfactory: Yes No Yes No Replacement Sample(s) Requested (circle or highlight group(s) above) Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Analysis Unsatisfactory Person Notified: Date Notified: | ** Please provide radiological sample dat | es and locations for ea | ach quarter. | | | | |
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| Additional Monitoring Required (circle or highlight group(s) above) Reason(s): AMCL(s) Exceeded Detection(s) Incomplete Report Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory Other: Person Notified: Comments | Sample Collection Info Satisfactory | Yes 📓 No | Sample Analysis Info | Satisfactory: 🗿 Yes 🗿 No | | | |
| Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report Image: Strain St | Beplacement Sample(s) Requested (circle c | r highlight group(s) above |) 3 Revised Report Re | quested (circle or highlight group(s) above) | | | |
| Missing Analyte Sheet(s) I Location Unsatisfactory Analysis Unsatisfactory Other: Person Notified: Comments | Additional Monitoring Required (circle | or highlight group(s) al | oove) | | | | |
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| Comments | | | | | | | |
| Comments | Person Notified: | | | e Notified: | | | |
| | Comments | | | | | | |
| | | | Reviewing Official: | | | | |



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

| Client: | Utilities, Inc. |
|-----------------|-----------------|
| Project Name: | Weathersfield |
| Project Number: | |
| PWS ID#: | |
| Attention: | Kathy Sillitoe |

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

 Report No.:
 A052575

 Date Sampled:
 7/26/2005

 Date Received:
 7/26/05 12:00

 Date Reported:
 7/28/2005

Project Description

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

Project Name: Weathersfield

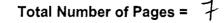
Approved By:

while Myina 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.



Advanced Environmental Laboratories, Inc.

Analytical Report

| Contam ID Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method L | ab MDL | | ilysis DOH Lab ime Cert. # |
|-----------------------------|-----|-------|---------------------|-----------|---------------------|--------|---------------------|-------------------------------|
| Secondary Contaminants | | | | | | | ···· | <u> </u> |
| Sample Number: A052575-01 | | | | | | | Shipping Method: | Client drop off |
| Site: POE | | | | | | | Sampled By: | Alexander Lorenz |
| Client Sample ID: 1 | | | | | | | | |
| PWS ID#: | | | | | | | | 120100 12000 |
| Matrix: Drinking Water | | | | | | | Date/Time Received: | 7/26/05 12:00 |
| Project Name: Weathersfield | | | | | | | Date/Time Sampled: | 07/26/05 7:10 |
| Client: Utilities, Inc. | | | | | | | Report No.: | A052575 |

E140.1

1.0

7/26/2005

16:50

E53076

Odor

1920

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

3.0 TON

2.0

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Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/26/05 12.00

Log-In request number: A052575 Completed by: RPG

Received by: RPG

Cooler/Shipping Information:

Courier:

Type: ⊠ Cooler □ Box □ Other (describe) ____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| 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 with | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|-----|--|-----------------------|---|----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 2. | Were custody papers properly included with samples? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | 1 | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | 1 | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | | | ĺ |
| 13. | Was the cooler temperature less than 6°C? | | | |
| 14. | Were sample pHs checked and recorded by Sample control? | | | 1 |
| | NOTE: VOA samples are checked by laboratory analysts. | | | |
| 15. | Were the sample containers provided by AEL? | 1 | | |
| 16. | Were samples accepted into the laboratory? | ✓ | | |
| 17. | Was it necessary to split samples into other bottles? | | Image: A set of the set of the | |

Kit ID

Comments:

2.5

| | Environmental Lab | ioratories Inc | CHAI | N OF CUS | STODY R | ECORE | 0 | | LAT | • • • • • • | | | • , | |
|---------------------|---------------------------------------|--|-------------------------|------------------------|-----------------|-------------|-----------------|-------------------|-------------------------|-------------|------------|-----|---------|--------------|
| | Jacksonville: 660 | 1 Southpoint Parkway, Jacks 0 Princess Palm Avenue, Tar 6 NW 67th Place, Suite 7, Ga | mpa, FL 33619 • (813) (| 630-9616 Fax (81 | 3) 630-4327 | 0 | | | L | | | | | · . |
| CLIENT NAME: | A Orlando: 528 | S. North Lake Blvd., Suite 1 | 016, Altamonte Springs | , FL 32701 • (40 | 7) 937-1594 Fax | (407) 937-1 | 597 | BOTTLE | | A | 052 | 257 | 5 | - |
| UTILI | TIES INC. | | | THERSF | ELEID | | | SIZE & | | I | | 1 1 | I | I |
| ADDRESS | ATHERSFIEL | | P.O. NUMBER / | PROJECT N | UMBER: | ····· | <u> </u> | TYPE | | | | | | |
| | | | PROJECT LOC | ATION: | | | | A R N E A Q | | | | | | L A B |
| PHONE: 407- | 869-1919 F | FAX: | P.O.E | | | | | LU YI SR | | | | | | N |
| CONTACT: | ATHY SILLIT | TOE | SAMPLED BY: | | | | | I E S D | | | | | | U M B |
| TURN AROUND | D TIME: | REMARKS / SPEC | | X <u>ANDEK</u> DNS: | <u>COKE</u> | PZO | | | | | | | | E R |
| STANDARD | | | | | | | | | 0 | | | | | |
| | | | | | | | | | 000 | | | | | |
| | | - | | | | | | | 0 R | | | | | |
| WW=waste water | SW=surface water | GW=ground water | DW = drinking water | OIL A | =air SO= | soil S | L=sludge | Preserv | | | | | | |
| SAMPLE ID | SAMPL | E DESCRIPTION | Grab | | PLING | MATRI | NO. | | | | | | | |
| 2 | POINT | DE ENTRY | 6 | DATE | TIME | | CONT. | | $\overline{\mathbf{v}}$ | | | + | | |
| | | PEPIN | | 7/26/05 | 0110 | DW | | | X | | | | | |
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| | | | | | | | | | | | | | | |
| = Ice H = (HCI | $S = (H_2SO_4)$ N | V = (HNO ₃) T = (Sodi | um Thiosulfata) | | | | | | | | | | | |
| Shipment I | Method Sample K | Kit Cooler # | | Relin | quished by: | | Date 7/26/05 | Time | I | | celved by: | | Date | Time 1203 |
| Out: / / Via | a: RB AB | D/T D/T | 2 | mann | - va | mgo ! | n web | 1200 | | 5 | | | 1/0405 | 1000 |
| Ret: / / Via | a: Trip Bl. | D | 3 | | | | | | | | | | | |
| Received on ice: Ve | | | 4 | | | | | | | | | | | |

| Heceived on ice: d yes a no | QC | 🗅 sent |
|-----------------------------|----|--------|
|-----------------------------|----|--------|

received

Jeb Bush Governor





John O. Agwunobl, M.D., M.B.A., M.P.H.

Secretary

Page 1 of 2

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

Laboratory Scope of Accreditation

State Laboratory ID: E53076

EPA Lab Code: FL01220

(407) 869-1919

E53076

| Advanced Environmental Laboratories, Inc | · Orlando |
|--|-----------|
| 528 South Northlake Blvd., Suite 1016 | |
| Altamonte Springs, FL 32701 | |

Motrix: Drinking Water

| Matrix: Drinking water Analyte | Method/Tech | Category | Certification Type | Effective Date |
|-----------------------------------|-------------|----------------------------------|-----------------------|----------------|
| Color | EPA 110.2 | Secondary Inorganic Contaminants | NELAP | 3/16/2005 |
| Odor | EPA 140.1 | Secondary Inorganic Contaminants | NELAP | 3/16/2005 |
| pH | EPA 150.1 | Secondary Inorganic Contaminants | NELAP | 1/21/2005 |
| Total coliforms | SM 9222 B | Microbiology | NELAP | i/21/2005 |
| Total coliforms & E. coli | SM 9223 B | Microbiology | NELAP | 1/21/2005 |

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards. NON-TRANSFERABLE 06/29/2005-E53076

R.Y

AEL ORLANDO

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: Weathersfield | PWS I.D. # 3 5 9 1 4 5 1 | | | | | |
| System Name. <u>Weatheroneic</u> | | | | | | |
| System Type (check one): Community INontransient Noncommunity ITransient Noncommunity | | | | | | |
| Address: 196 WEATHERS | field | | | | | |
| | | | | | | |
| City: <u>Alt. Springs</u> | State: <u>41</u> ZIP Code: <u>32714</u> | | | | | |
| | Fax #: 407-869-6961 | | | | | |
| E-Mail Address: S.L. HAWS@L | Hilitics Inc-usa.com | | | | | |
| | | | | | | |
| SAMPLE INFORMATION (to be completed | by sampler) | | | | | |
| Sample Number: A052598 | Location Code (if known): POE | | | | | |
| Sample Date: 7/27/05 | Sample Time: 1025 AM PM (Circle One) | | | | | |
| Sample Location (be specific): POE | | | | | | |
| 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) | | | | | |
| 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) | | | | | |
| Max Residence Time | XOther: ODOR TEST 3 of 3 | | | | | |
| Ave Residence Time | Sampling Procedure Used or Other Comments: | | | | | |
| Near First Customer | | | | | | |
| *See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL | dditional requirements attach a results page for each site. | | | | | |
| Sampler's Name: | R LORENZO | | | | | |
| Sampler's Phone #: 407-948-0 | | | | | | |
| Sampler's E-Mail Address: | | | | | | |
| | | | | | | |

CERTIFICATION (to be completed by sampler)

EXANDER CORENZO

(Print Name)

OPERATOR (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

alexander Toreno Signature:

Date: 9/6/05

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

| Flor | rida Department | of Environm | | tion Safe Drinking ng Format | Water Program Laboratory |
|------------------------|--|--|-----------------------------------|--|---|
| | TORY CERTIFICATIO | | N (to be compl | eted by lab - Please type | e or print legibly) |
| LabName | Advanced Environn | nental Labs - Orl | ando | Fio | rida Certification #: E53076 |
| Address: | 528 S. North Lake I | Blvd., Suite 1016 | | Certificati | on Expiration Date: 6/30/2006 |
| | Altamonte Springs, | FL 32701 | | | Telephone #: (407) 937-1594 |
| ANALYSI | S INFORMATION (to | be completed by | lab | | |
| PWS ID (f | from page 1): | | | Date San | nple(s) Received: 7/27/2005 10:50:00 |
| Lab Assig | ned Report Number o | or Job ID A05259 | 8 | Sample Numb | er (From page 1) A052598 |
| Group(s) | Analyzed Results atta | ached for complia | ance with chapt | er 62-550, F.A.C. (check | all that apply): |
| | Inorganics | Synthetic Or | ganics | Volatile Organics | Disinfection Byproducts |
| [| 📋 All 17 | 🔲 All 30 | | 🗋 All 21 | Trihalomethanes |
| [| 🖌 Partisl | All Excep | t Dioxin | 🛄 Partial | Haloacetic Acids |
| Ĺ | Nitrate | Partial | | Radionuclides | . Bromate |
| i. I | Asbestos Only | Dioxin Or | iry | 🔲 Single Sample | |
| I. | | | | Qtrly Composite** | Secondaries |
| | | | | | □ All 14 |
| Were any | analyses subcontract | ed? 🗌 Yes | No No | | 🔄 Partial |
| - | ase provide DOH certi | _ | | | |
| • • • • | OOH ANALYTE SHE | | UBCONTRACT | ED LAB | |
| | | | CERTIF | ICATION | |
| I, Myrna S | lantiago | , Laboratory M | anager | ······································ | |
| | (Print Name) | | | | |
| do HEREB National E | BY CERTIFY that all a nvironmental Laborati | ttached/andlytics ory Accreditation | I data are corre Conference (N | ict and unless noted mee ELAC). | et all requirements of the |
| Signature | : VUAT | W Aln | Rago | Date: | 8/30/05 |
| analysis re | o provide a valid and sults will result in reje esult in notification of | ction of the repo | rt, possible enfo | proment against the pub | nt Analyte Sheet for the attached blic water system for failure to sample, |
| | provide radiological sa | | locations for ea | sch quarter. | |
| | NCE DETERMINATIO | | pleted by DEP | or DOH) | |
| Sample Co | ellection info Satisfact | ory 🔠 Yes | M No | Sample Analysis Inf | o Satisfactory: 🖾 Yes 🌆 No |
| 🕾 Replacer | ment Sample(s) Request | ed (circle or highligi | nt group(s) above) | Revised Report R | equested (dircle or highlight group(s) above) |
| Addition | nal Monitoring Require | ed (circle or high | ight group(s) at | oove) | |
| Reason(s): | MCL(s) Exceede | d | Detection | in(s) | Incomplete Report |
| | Missing Analyte | | = | n Unsatisfactory | Analysis Unsatisfactory |
| Person Not | ified; | | | n | ate Notified; |
| Comments | | | | D | ale Homed, |
| Date Revie | wed | | DEP/DOH | Reviewing Official: | |
| | | | | | |



Client:Utilities, Inc.Project Name:WeathersfieldProject Number:PWS ID#:Attention:Kathy SillitoePhone Number:8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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

| Report No.: | A052598 |
|----------------|---------------|
| Date Sampled: | 7/27/2005 |
| Date Received: | 7/27/05 10:50 |
| Date Reported: | 8/2/2005 |

Project Description

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

Project Name: Weathersfield

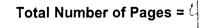
Approved By: 0

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.



Analytical Report

| Client: | Utilities, Inc. | Report No.: | A052598 | |
|-------------------|-----------------|---------------------|------------------|-------|
| Project Name: | Weathersfield | Date/Time Sampled: | 07/27/05 | 10:25 |
| Matrix: | Drinking Water | Date/Time Received: | 7/27/05 10:5/ | С |
| PWS ID#: | | | | |
| Client Sample ID: | 3 | | | |
| Site: | POE | Sampled By: | Alexander Lorenz | |
| Sample Number: | A052598-01 | Shipping Method: | Client drop of | f |
| Secondary Cont | aminants | | | |

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis <u>Time</u> | DOH Lab Cert. # |
|-----------|-------------|-----|-------|---------------------|-----------|-------------------|---------|------------------|-------------------------|--------------------|
| 1920 | Odor | 3.0 | TON | 2.0 | | E140.1 | 1.0 | 7/27/2005 | 16:20 | E53076 |

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/27/2005 10.50 Log-in request number: A052598

Completed by: BDM

Cooler/Shipping Information:

Received by: BDM

Courier: 🛛 AEL 🗆 Client 🗇 UPS 🗇 Pony Express 🗇 FedEx 🗇 Other (describe): _____

Type: 🖾 Cooler 🖾 Box 🖾 Other (describe) ____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--------------------------------------|--|--|--|--|
| Temp (°C) | 3 | | | | |
| Temp taken from | □ Temp blank ⊠ Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | IR gun Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

Other Information:

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? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | 1 | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | / | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | | | |
| 9. | Were samples received 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? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | / | | |
| 13. | Was the cooler temperature less than 6°C? | 1 | | |
| 14. | Were sample pHs checked and recorded by Sample control? | 1 | | 1 |
| | NOTE: VOA samples are checked by laboratory analysts. | | | |
| 15. | Were the sample containers provided by AEL? | / | | |
| 16. | Were samples accepted into the laboratory? | / | | |
| 17. | Was it necessary to split samples into other bottles? | | | |

<u>Kit ID</u>

Comments:

| GD | | ntal Labor Nitle: 6601 S 9610 F Nitle: 2106 N | rincess Palm Avenue, Ta IW 67th Place, Suite 7, G | CHAIN sonville, FL 32216 • (904 impa, FL 33619 • (813) 6 sainesville, FL 32606 • (3 1016, Altamonte Springs, | 30-9616 Fax (813 52) 367-1500 Fax | 904) 363-9354 3) 630-4327 ¢ (352) 367-0050 | | | | LABN | | 105 | 259 | 8 |
|---------------------|----------|--|--|--|--------------------------------------|--|--------|----------|--|------|-------|-------------|--------|-----------------------|
| CLIENT NAME: | LITIE | | | PROJECT NAM | Ξ: | | | | BOTTLE SIZE & TYPE | | | | | |
| ADDRESS: | WEATH | ERSFI | ECD AVE. | | | JMBER: | | | ARNE | | | | | L |
| PHONE: 407-4 | 369 - 19 | FA 19 | | | . 0.E | | | | A Q L U Y I S R I E S D | | | | | B N U M B |
| CONTACT: K/ | TIME: | 516617 | | SAMPLED BY: AC | <u>CEXANDE</u> DNS: | ER_CO | RENZ | 0 | 50 | ODOR | | | | ER |
| RUSH WW=waste water | S₩=surfa | ce water | GW=ground water | DW =drinking water | | =air SO =s | soil S | L≖sludge | Preserv | | | | | |
| SAMPLE ID | | SAMPLE | DESCRIPTION | Grab Composite | SAM DATE | PLING TIME | MATRI | CONT. | | | | | | |
| 3 | P01, | UT OF | ENTRY | 6 | 1/27/05 | 1025 | pw | 1 | | X | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | $= (HNO_3) T = (So$ | | | quished by: | | Date | Time | | | ved by: | Date | |
| | | Sample Ki RB AB | t Cooler # D/T D/T | 2 | alexan | de Tou | Mo | זאבזאס | 1050 | Buin | D. Me | lton | 712.71 | 05 1050 |
| Ret: / / Vi | a: | Trip Bl. | | 3 | | | | | | | | | | |

Received on ice: D yes D no QC □ sent C received 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 Weathersfield Utilities, Inc. PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 13, 2005 and July 28, 2005 for the above referenced analysis and system.

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

Sincerely,

UTILITIES, INC. OF FLORIDA

00, La

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

| | | YEAR: 2005 |
|---|--|------------|
| | QUARTERLY REPORTING PERIOD: July 2005 thur June 2006 | |
| SYSTEM INFORMATION | | |
| PWS NAME: Weathersfield | | |
| PWS ID NUMBER: 3591451 | 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 | |

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

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

| TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY | | | | | | | |
|--|-------------------------|--|------|--|--|--|--|
| TTHM COMPLIANCE SUMMARY | HAA5 COMPLIANCE SUMMARY | | | | | | |
| Provide the number of TTHM samples taken during the last year* | 1 | Provide the number of HAA5 samples taken during the last year* | 1 | | | | |
| Calculate the arithmetic average of all TTHM samples taken over the last year | 62.3 | Calculate the arithmetic average all HAA5s samples taken over the last year | 32.9 | | | | |
| Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)** | NO | Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)** | NO | | | | |

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format. **If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

| Sample Location | Sample Location in the Distribution System (Average or Maximum Residence Time) | Date of Sample Collection (mo/da/yr) | Disinfectant Residual (mg/L) at Time of Sample Collection | Name of Person Collecting Sample | Date of Analysis (mo/da/yr) | Analytical Method | Laboratory Name & Certification Number | TTHM Analysis Result (ug/L |
|--------------------|--|---|---|---|-----------------------------------|----------------------|--|----------------------------------|
| 794 Hillview Drive | MRT | 7/13/05 | 0.8 | Alexander Lorenzo | 7/14/05 | E502.2 | Advanced Enviromental Laboratories # E82574 | 62.3 |
| | | | | | | | | |
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| 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) |
|--------------------|--|---|---|---|-----------------------------------|----------------------|---|-----------------------------------|
| 794 Hillview Drive | MRT | 7/28/05 | 1.0 | Alexander Lorenzo | 8/5/05 | EPA552.2 | Advanced Environmental Laboratories E 82574 | 32.9 |
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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:WEATHERSFIELD | PWS I.D. # 3591451 |
| System Type (check one): XCommunity Address: 196 | □Nontransient Noncommunity □Transient Noncommunity HERSFIECD_AUE, |
| | |
| city: <u>ACT, SPRINGS</u> | State: <u>FLA</u> , ZIP Code: <u>32714</u> |
| Phone #:407-869-1910 | Fax #: 407-869-6961 |
| E-Mail Address: | SQUTILITIES INC, |
| SAMPLE INFORMATION (to be completed | by sampler) |
| Sample Number: | |
| Sample Date:7/13/05 | |
| Sample Location (be specific):794 HILLV | IEW DR |
| Disinfectant Residual (Required when reporting | results for trihalomethanes and haloacetic acids): <u>0.8</u> mg/L Field pH: |
| | |
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| | Routine Compliance (with 62-550) |
| 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: |
| | Sampling Procedure Used or Other Comments: |
| Near First Customer | |
| *See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for at for nitrate or nitrite MCL | dditional requirements attach a results page for each site. |
| Sampler's Name: | IER LORENZO |
| Sampler's Phone #: 407-948 | -4207 Sampler's Fax #: 407-869-6961 |
| Sampler's E-Mail Address: | NIA |
| CERTIFICATION (to be completed by | |
| 1 ALEXANDER (O | RENZO, OPERATOR, (Print Title) |
| (Print Name) | (Print Title) |
| do HEREBY CERTIFY that the abo complete and correct. | ve public water system and sample collection information is |
| Signature: | nder Torenno Date: 8/15/05 |
| | _ |

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

| Florida | Department of | i Environmental | Protection | Safe | Drinking | Water | Program | Laboratory |
|---------|---------------|-----------------|-------------|-------|----------|-------|---------|------------|
| | | R | eporting Fo | ormat | - | | - | - |

| LABORATORY CERTIFICATION ATTACH CURRENT DOH ANAL | | I (to be completed by lab - Ple | ease type or print legibly) |
|--|------------------------|---------------------------------|--|
| LabName: Advanced Environme | ntal Labs - Orlan | ndo | Florida Certification #: E53076 |
| Address: 528 S. North Lake Bh | /d., Suite 1016 | | Certification Expiration Date: 6/30/2006 |
| Altamonte Springs, Fl | 32701 | | Telephone #: (407) 937-1594 |
| ANALYSIS INFORMATION (to be | completed by la | ар | |
| PWS ID (from page 1): | | t | Date Sample(s) Received: 7/13/2005 4:15:24 |
| Lab Assigned Report Number or | Job ID A052416 | Samp | ble Number (From page 1) A052416-01 |
| Group(s) Analyzed Results attack | ned for complian | ce with chapter 62-550, F.A.C | C. (check all that apply): |
| Inorganics | Synthetic Orga | nics Volatile Orga | anics Disinfection Byproducts |
| All 17 | All 30 | All 21 | ✓ Trihalomethanes |
| Partial | All Except D | Dioxin 🗌 Partial | Haloacetic Acids |
| Nitrate | Partial | Radionuclide | es 🔲 Bromate |
| Nitrite | Dioxin Only | Single Sa | ample Chlorite |
| Asbestos Only | | Qtrly Com | |
| | | | All 14 |
| | | 7.0 | Partial |
| Were any analyses subcontracted | | | |
| If yes, please provide DOH certific | _ | | |
| ATTACH DOH ANALYTE SHEET | FOR EACH SUE | BCONTRACTED LAB | |
| | | CERTIFICATION | |
| I, Myrna Santiago , | Laboratory Man | nager | |
| (Print Name) | | | |
| do HEREBY CERTIFY that all atta National Environmental Laboratory | | | oted meet all requirements of the |
| Signature: MANDESC | mbago | | Date: 7-22-05 |
| Failure to provide a valid and cur analysis results will result in rejection and may result in notification of the | on of the report, | possible enforcement against | a current Analyte Sheet for the attached t the public water system for failure to sample, |
| ** Please provide radiological samp | | • | |
| COMPLIANCE DETERMINATION | (to be comple | eted by DEP or DOH) | |
| Sample Collection Info Satisfactory | 📓 Yes 🖪 | No Sample Ana | alysis Info Satisfactory: 🛛 🖼 Yes 🖉 No |
| Replacement Sample(s) Requested | (circle or highlight g | roup(s) above) 🛛 🕱 Revised | Report Requested (circle or highlight group(s) above) |
| Additional Monitoring Required (| circle or highligh | nt group(s) above) | |
| | | Detection(s) | Incomplete Report |
| Reason(s): 🙍 MCL(s) Exceeded | | | Analysis Unsatisfactory |
| Reason(s): 🔳 MCL(s) Exceeded 😰 Missing Analyte Shi | eet(s) | Location Unsatistactory | S Allaysis Unsatisfactory |
| | eet(s) | Location Unsatisfactory | Analysis Unsatisfactory |
| Missing Analyte Sho Dther: | | · · · | Data Natified |
| Missing Analyte Sho Dther: | eet(s) | · · · | Date Notified: |

 $\sim \mathcal{N}$



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

| Client: | Utilities, Inc. |
|-----------------|------------------------|
| Project Name: | Weathersfield |
| Project Number: | |
| PWS ID#: | |
| Attention: | Kathy Sillitoe |
| Phone Number: | 8002721919 |
| Address: | 200 Weathersfield Ave. |

Altamonte Springs, FL 32714

A052416 **Report No.:** 7/13/2005 **Date Sampled: Date Received:** 7/13/05 16:15 7/21/2005 **Date Reported:**

Project Description

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

> Weathersfield Project Name:

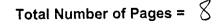
Approved By:

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.



Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

.

Site: 794 Hillview Dr

Sample Number: A052416-01

 Report No.:
 A052416

 Date/Time Sampled:
 07/13/05
 8:35

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

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

~.4

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 | 39 | | E502.2 | 0.31 | 7/14/2005 | 16:12 | E82574 |
| 2942 | Bromoform | | ug/L | 0.36 | U | E502.2 | 0.36 | 7/14/2005 | 16:12 | E82574 |
| 2943 | Bromodichloromethane | | ug/L | 16 | | E502.2 | 0.38 | 7/14/2005 | 16:12 | E82574 |
| 2944 | Dibromochloromethane | | ug/L | 7.3 | .2.3 | E502.2 | 0.28 | 7/14/2005 | 16:12 | E82574 |

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/13/05 16.15 Log-In request number: A052416

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

Courier:
AEL
Client
UPS
Pony Express
FedEx
Other (describe):

Type: ⊠ Cooler □ Box □ Other (describe) _

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--------------------------------------|--|--|--|--|
| Temp (°C) | 2 | | | | |
| Temp taken from | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | IR gun Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|----------|--|-----|----|----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 2. | Were custody papers properly included with samples? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | 1 | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | 1 | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | 1 | | |
| | Was the cooler temperature less than 6°C? | 1 | | |
| 14. | Were sample pHs checked and recorded by Sample control? | | | |
| | NOTE: VOA samples are checked by laboratory analysts. | | | ~ |
| <u> </u> | Were the sample containers provided by AEL? | 1 | | |
| _ | Were samples accepted into the laboratory? | 1 | | |
| 17. | Was it necessary to split samples into other bottles? | | 1 | |

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

| AEL Orlando | AEL Jax |
|--------------------------------|-------------------------------|
| 528 South North Lake Blvd, S | 6601 Southpoint Parkway |
| Altamonte Springs FL 32701 | Jacksonville, FI 32216 |
| | 904-363-9350 Fax 904-363-9354 |
| Contact Person: Myrna Santiago | Contact Person: Sean Hyde |
| Project #: A052416 | Check if Rush |
| CustomerName: Utilities, Inc. | |
| Collector: Alexander Lorenzo | |
| | |
| | |

| Lab Code | Client Sample ID | Test | Matrix | Collect Date | / Time | Receive Date | Due Date | # Bottles | Bottle Type (Pres.) |
|------------|------------------|-----------|----------------|--------------|--------|---------------|-----------|-----------|---------------------|
| A052416-01 | 1 | THMs (DW) | Drinking Water | 7/13/2005 | 8:35 | 7/13/05 16:15 | 7/27/2005 | | 40mL VOC vial |

Date/Time: <u>1/13/05</u>/12 Date/Time: <u>7/14/05</u>0915 Orlando Relinquisher: Shipping Receiver: AEL Courier Shipping Relinquisher: AEL^VCourier Jacksonville Receiver:







| | 9610 Princess Palm Ave. • 2106 NW 67th Place, Ste. | , Inc. acksonville, FL 32216 • 904.36 Tampa, FL 33619 • 813.630.9 7 • Gainesville, FL 32606 • 352 te. 1016 • Altamonte Springs, f | 616 • Fax 8 | 813.630.432 • Fax 352.3 | 7 • E84589 67.0050 • E | 82620 | • E53076 | | | | | Δ | 052 | 116 | • | |
|-----------------------|---|--|-----------------------------|----------------------------|---------------------------|---------|---|-----------|---------------------------------------|----------|----------|-----|-------------|------------|------------|--|
| CLIENT NAME: | Utilities Inc. | PROJECT NAME: | PROJECT NAME: Weathersfield | | | | | | | | | Γ | 054 | T U | | |
| DDRESS: 2 | 200 Weathersfield Ave | P.O. NUMBER/PROJECT NUME | BER: | | | | | & TYPE | 40mL Vials | | | 1 | 1 | | | 1 |
| Altamor | nte Springs, FL 32714 | PROJECT LOCATION: | | | | | | | | | | | | | | 1 |
| HONE: 40 | 7-869-1919 | FAX: | | | | | | | | | | | | | | |
| ONTACT | | SAMPLED BY: ALEX | ANDE | ERLO | REN? | 20 | | IR | | | | | | | | |
| | TURN AROUND TIME: | | | ECIAL INSTRU | | | | | | | | | | | | |
| 🗙 _{STANDARD} | | | | | | | | REQUIRED | | | Į | | | | | B |
| RUSH | | | | | | | | | | | | | | | | Z |
| | | - | | | | | | ANALYSIS | THM'S | | | | | | | LAB NUMBER |
| | | | | | | | | AL | Ĩ | | | | | | | BE |
| WW=waste wat | er SW=surface water GW=grou | nd water DW≈drinking water | 1 | OIL | A=air | SO=soil | Si.=sludge | 4 | · · · · · · · · · · · · · · · · · · · | | | | | | | 7 |
| SAMPLE ID | SAMPLE DES | CRIPTION | Grab Comp | | PLING | MATRIX | NO. COUNT | Preserv | <u> </u> | | | | | | | |
| | | | | DATE | TIME | | | | | | | | | | - Containe | <u>alassa</u> |
| 1 | 294 HILLVIEL | N DR. | G | 9/13/05 | 0835 | JAW DW | 3 | | Х | | | | | | | |
| | | | | | | TOW. | | | | | <u> </u> | + | | | | <u> </u> |
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| | | | | | | | | | | | | | | | | |
| l | H=(HCI) S=(H2SO4 N=(HNO | 3) T=(Sodium Thiosulfate) | <u>I</u> | <u> </u> | l | | l Relin | quish by: | | Date | Time | | eceived by: | Date | ті | me |
| Shipment | | ample Kit Cooler # | | | 1 | Alexa | | ouna | ~ | 2/13/05 | 14.15 | THE | <u> </u> | 1/13/05 | 5 161 | 5 |
| out | Via:R | ВD/Т | | | 2 | - new | <u>1~~ ~ / / / / / / / / / / / / / / / / / </u> | 2 array | | 11.510 5 | | 11 | | | | |
| lot | | .BD/T | | | 3 | | | | | | | | | | | |
| et | Via:T | rip Bl. | | | 4 | | | | | | I | 1 | | | | |

Received on Ice TY Yes No QC Sent received

revised 8/01



John (

FL00949

Laboratory Scope of Accreditation

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

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:

(904) 363-9350

E82574 Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, FL 32216 Matrix: Drinking Water

| Matrix: Drinking Water | Method/Tech | Category | Certification 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 |
| 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 |
| arbidity | 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 |

"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

7.⁸

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: Weathersfield | PWS1.D. #: 3 5 9 1 4 5 1 |
| System Type (check one): 🛛 🖾 Community | Nontransient Noncommunity |
| Address: 196 WEAthERSiela | TAVE |
| | |
| City: AltAMONTE Springs | State: <u>41</u> ZIP Code: <u>32714</u> |
| | Fax #: 407-869-6961 |
| E-Mail Address: <u>S.L. HAWS</u> | Utilities INC-USA.com |
| | |
| SAMPLE INFORMATION (to be completed | by sampler) |
| Sample Number: <u>A052633</u> | Location Code (if known): <u>MRT</u> |
| Sample Date: <u>7-28-05</u> | Sample Time:O_&_35 (M) PM (Circle One) |
| Sample Location (be specific): 794 | tilluiew Drive |
| Disinfectant Residual (Required when reporting | results for trihalomethanes and haloacetic acids): <u>I.O</u> mg/L Field pH: |
| | |
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| Distribution | Routine Compliance (with 62-550) |
| 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) |
| Max Residence Time | Other: |
| Ave Residence Time | Sampling Procedure Used or Other Comments: |
| Near First Customer | |
| *See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e | ditional requirements attach a results page for each site. |
| Sampler's Name: <u>ALEXAND</u> | ER LORENZO |
| Sampler's Phone #: | -207 Sampler's Fax #: <u>407-869-6961</u> |
| Sampler's E-Mail Address: | |
| CERTIFICATION (to be completed by s | |
| I, <u>ALEXANDER LORE</u> (Print Name) | UZO, OPERATOR, (Print Title), |
| | |
| do HEREBY CERTIFY that the above complete and correct. | e public water system and sample collection information is |
| Signature: <u>Allfardu</u> | horenzo Date: 8/30/05 |
| | |

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

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| | | orting Format | | |
|--|--|--|--|--|
| LABORATORY CERTIFICATIO ATTACH CURRENT DOH ANA | | mpleted by lab - Please type or | print legibly) | |
| LabName: Advanced Environm | nental Labs - Oriando | Florida | a Certification #: E53076 | |
| Address: 528 S. North Lake B | Blvd., Suite 1016 | Certification | Expiration Date: 6/30/2006 | |
| Altamonte Springs, | FL 32701 | | Telephone #: (407) 937-1594 | |
| ANALYSIS INFORMATION (to b | be completed by lab | | | |
| PWS ID (from page 1): | | Date Sample | e(s) Received: 7/28/2005 2:35:00 | |
| Lab Assigned Report Number or | r Job ID A052633 | | From page 1) A052633 | |
| Group(s) Analyzed Results atta | iched for compliance with ch | | | |
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | |
| All 17 | | | 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 | |
| Were any analyses subcontracte | ed? 🗸 Yes 🗍 No | | Partial | |
| were any analyses subcontracte | | | | |
| Kunn, planne provide DOU contif | Eastian number EDOE74 | | | |
| • | | · · · · · · · · · · · · · · · · · · · | | |
| • | | ACTED LAB | | |
| • | T FOR EACH SUBCONTRA | ACTED LAB | | |
| ATTACH DOH ANALYTE SHEE | T FOR EACH SUBCONTR | | | |
| ATTACH DOH ANALYTE SHEE | T FOR EACH SUBCONTRA | | | |
| ATTACH DOH ANALYTE SHEE Myrna Santiago (Print Name) do HEREBY CERTIFY that all att | T FOR EACH SUBCONTRACE CER , Laboratory Manager | TIFICATION | Il requirements of the | |
| If yes, please provide DOH certif ATTACH DOH ANALYTE SHEE I, Myrna Santiago (Print Name) do HEREBY CERTIFY that all att National Environmental Laborato Signature: | T FOR EACH SUBCONTRACE CER , Laboratory Manager | TIFICATION | Il requirements of the | |
| ATTACH DOH ANALYTE SHEE Myrna Santiago (Print Name) do HEREBY CERTIFY that all att National Environmental Laborato Signature: | TFOR EACH SUBCONTRACE CER , Laboratory Manager tached analytical data are c my Accreditation Conference MAGGU current Florida DOH lab certic tion of the report, possible of | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public of | S/21/05 | |
| ATTACH DOH ANALYTE SHEE , Myrna Santiago (Print Name) to HEREBY CERTIFY that all att National Environmental Laborato Signature: Manual Construction Failure to provide a valid and construction Failure to provide a valid and construction inalysis results will result in rejection and may result in notification of the | TFOR EACH SUBCONTRACE CER Laboratory Manager tached analytical data are c by Accreditation Conference MAGO surrent Florida DOH lab certi tion of the report, possible of the DOH Bureau of Laborato | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public of ry Services. | SIZIOT | |
| ATTACH DOH ANALYTE SHEE Myrna Santiago (Print Name) do HEREBY CERTIFY that all att National Environmental Laborato Signature: Failure to provide a valid and cl analysis results will result in reject and may result in notification of th Please provide radiological sar | TFOR EACH SUBCONTRACE CER Laboratory Manager tached analytical data are c my Accreditation Conference MAAGU surrent Florida DOH lab certi tion of the report, possible of the DOH Bureau of Laborato mple dates and locations for | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public of ry Services. r each quarter. | SIZIOT | |
| ATTACH DOH ANALYTE SHEE A Myrna Santiago (Print Name) do HEREBY CERTIFY that all att National Environmental Laborato Signature: Failure to provide a valid and cl analysis results will result in reject and may result in notification of th Please provide radiological sar COMPLIANCE DETERMINATION | TFOR EACH SUBCONTRACE CER Laboratory Manager tached analytical data are c by Accreditation Conference MAGG current Florida DOH lab certic tion of the report, possible of the DOH Bureau of Laborato mple dates and locations fo N (to be completed by Di | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public of ry Services. r each quarter. EP or DOH) | SIU OF nalyte Sheet for the attached water system for failure to sample | |
| ATTACH DOH ANALYTE SHEE , Myrna Santiago (Print Name) to HEREBY CERTIFY that all att vational Environmental Laborato Signature: P Failure to provide a valid and c inalysis results will result in reject and may result in notification of th * Please provide radiological sar COMPLIANCE DETERMINATION Sample Collection Info Satisfacto | TFOR EACH SUBCONTRACER , Laboratory Manager Tached analytical data are contracted analytical data are contracted that are contracted analytical data are co | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public of ry Services. re each quarter. EP or DOH) Sample Analysis Info Sample | S/2/of nalyte Sheet for the attached water system for failure to sample attisfactory: R Yes R No | |
| ATTACH DOH ANALYTE SHEE , Myrna Santiago (Print Name) to HEREBY CERTIFY that all att National Environmental Laborato Signature: P Failure to provide a valid and c inalysis results will result in reject and may result in notification of th * Please provide radiological sar COMPLIANCE DETERMINATION Sample Collection Info Satisfacto Replacement Sample(s) Requested | TFOR EACH SUBCONTRACE CER , Laboratory Manager tached analytical data are c my Accreditation Conference MAGGO surrent Florida DOH lab certi tiction of the report, possible of the DOH Bureau of Laborato mple dates and locations fo N (to be completed by DI ory Pres No ed (circle or highlight group(s) abo | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public or ry Services. r each quarter. EP or DOH) Sample Analysis Info Sa ove) T Revised Report Reque | S/2/of nalyte Sheet for the attached water system for failure to sample attisfactory: R Yes R No | |
| ATTACH DOH ANALYTE SHEE , Myrna Santiago (Print Name) to HEREBY CERTIFY that all att National Environmental Laborato Signature: P Failure to provide a valid and cl innalysis results will result in reject and may result in notification of th * Please provide radiological san COMPLIANCE DETERMINATION Sample Collection Info Satisfacto Replacement Sample(s) Requested Additional Monitoring Required | TFOR EACH SUBCONTRA CER , Laboratory Manager Tached analytical data are c my Accreditation Conference MAGO surrent Florida DOH lab certi tition of the report, possible of the DOH Bureau of Laborato mple dates and locations fo N (to be completed by DI ory I Yes I No d (circle or highlight group(s) abd d (circle or highlight group(s) abd | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public of ry Services. r each quarter. EP or DOH) Sample Analysis Info Sa ove) E Revised Report Reque against | S/Q/of nalyte Sheet for the attached water system for failure to sample atisfactory: R Yes R No ested (circle or highlight group(s) above | |
| ATTACH DOH ANALYTE SHEE , Myrna Santiago (Print Name) to HEREBY CERTIFY that all att National Environmental Laborato Signature: Pailure to provide a valid and co inalysis results will result in reject and may result in notification of the * Please provide radiological sar COMPLIANCE DETERMINATION Sample Collection Info Satisfacto Replacement Sample(s) Requested Additional Monitoring Required Reason(s): MCL(s) Exceeded | TFOR EACH SUBCONTRA CER , Laboratory Manager Tached analytical data are c my Accreditation Conference MAGO surrent Florida DOH lab certi totion of the report, possible of the DOH Bureau of Laborato mple dates and locations fo N (to be completed by DI ory Yes No d (circle or highlight group(s) abo d (circle or highlight group(s) abo | TIFICATION orrect and unless noted meet al (NELAC). Date: fication number and a current A enforcement against the public of ry Services. r each quarter. EP or DOH) Sample Analysis Info Sa ove) E Revised Report Reque addition of the section | SUL OF analyte Sheet for the attached water system for failure to sample attisfactory: Types I No ested (circle or highlight group(s) above Incomplete Report | |
| ATTACH DOH ANALYTE SHEE , Myrna Santiago (Print Name) to HEREBY CERTIFY that all stit National Environmental Laborato Signature: P Failure to provide a valid and cl innalysis results will result in reject and may result in notification of th * Please provide radiological sar COMPLIANCE DETERMINATION Sample Collection Info Satisfacto Replacement Sample(s) Requested Additional Monitoring Required Reason(s): MCL(s) Exceeded Missing Analyte S | TFOR EACH SUBCONTRA CER Laboratory Manager tached analytical data are c by Accreditation Conference Maga burrent Florida DOH lab certi tation of the report, possible of the DOH Bureau of Laborato mple dates and locations fo N (to be completed by DI ory PYes No d (circle or highlight group(s) abo d (circle or highlight group(s) abo | TIFICATION orrect and unless noted meet all (NELAC). Date: fication number and a current A enforcement against the public of ry Services. r each quarter. EP or DOH) Sample Analysis Info Sa ove) EXTERNAL SALE Report Reque action(s) action(s) action Unsatisfactory | SILU OF analyte Sheet for the attached water system for failure to sample atisfactory: R Yes R No ested (circle or highlight group(s) above | |
| ATTACH DOH ANALYTE SHEE Myrna Santiago (Print Name) do HEREBY CERTIFY that all aft National Environmental Laborato Signature: Failure to provide a valid and ci analysis results will result in reject and may result in notification of the Please provide radiological sar COMPLIANCE DETERMINATION Sample Collection Info Satisfacto Replacement Sample(s) Requested Additional Monitoring Required Reason(s): MCL(s) Exceeded Missing Analyte S Cother: Parcen Notified | TFOR EACH SUBCONTRA CER , Laboratory Manager Tached analytical data are c my Accreditation Conference MAGO surrent Florida DOH lab certi totion of the report, possible of the DOH Bureau of Laborato mple dates and locations fo N (to be completed by DI ory Yes No d (circle or highlight group(s) abo d (circle or highlight group(s) abo | TIFICATION Tripication number and a current A Tripication number | SUL OF analyte Sheet for the attached water system for failure to sample atisfactory: R Yes R No ested (circle or highlight group(s) above Incomplete Report | |

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Client:Utilities, Inc.Project Name:WeathersfieldProject Number:Kathy SillitoePWS ID#:Kathy SillitoePhone Number:8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

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

| Report No.: | A052633 |
|----------------|---------------|
| Date Sampled: | 7/28/2005 |
| Date Received: | 7/28/05 14:35 |
| Date Reported: | 8/23/2005 |

Project Description

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

Project Name: Weathersfield

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 =

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water PWS ID#:

Client Sample ID: 1

Site: 794 Hillview Dr

Sample Number: A052633-01

Report No.: A052633 Date/Time Sampled: 07/28/05 8:35 Date/Time Received: 7/28/05 14:35 Sampled By: Alexander Lorenz

Shipping Method: Client drop off

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
|-----------|----------------------|-----|-------|---------------------|-----------|-------------------|---------|------------------|------------------|--------------------|
| 2450 | Chloroacetic Acid | | ug/L | 0.81 | U | E552.2 | 0.81 | 8/5/2005 | 14:21 | E82574 |
| 2451 | Dichloroacetic Acid | | ug/L | 14 | | E552.2 | 0.56 | 8/5/2005 | 14:21 | E82574 |
| 2452 | Trichioroacetic Acid | | ug/L | 15 | | E552.2 | 0.60 | 8/5/2005 | 14:21 | E82574 |
| 2453 | Bromoacetic Acid | | ug/L | 1.2 | i | E552.2 | 0.34 | 8/5/2005 | 14:21 | E82574 |
| 2454 | Dibromoacetic Acid | | ug/L | 2.7 | 132.9 | E552.2 | 0.45 | 8/5/2005 | 14:21 | E82574 |

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

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U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/28/05 14.35 Log-In request number: A052633

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

Courier:

AEL

Client
UPS
Pony Express
FedEx
Other (describe):

Type: 🛛 Cooler 🗆 Box 🗖 Other (describe) __

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--------------------------------------|--|--|--|--|
| Temp (°C) | 2 | | | | |
| Temp taken from | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | IR gun Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|-----|--|-----|----|-----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 2. | Were custody papers properly included with samples? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | 1 | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | 1 | | |
| 13. | Was the cooler temperature less than 6°C? | 1 | | |
| 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? | 1 | | |
| 16. | Were samples accepted into the laboratory? | 1 | | |
| 17. | Was it necessary to split samples into other bottles? | | 1 | |

Kit ID

Comments:

05

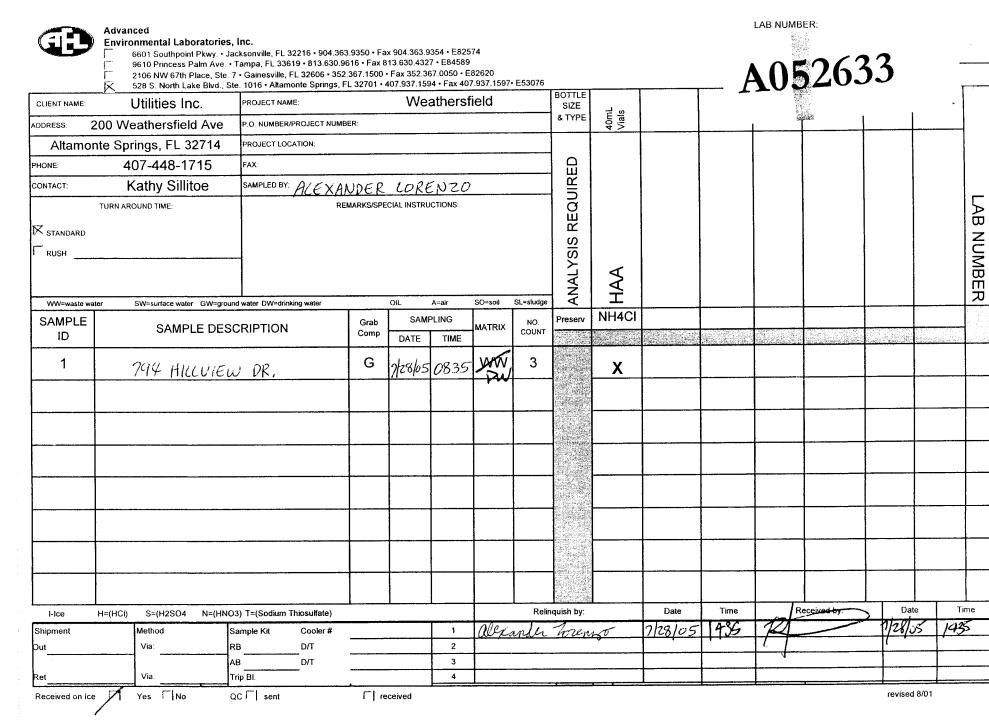
| | AEL Jax 6601 Southpoint Parkway Jacksonville, FI 32216 904-363-9350 Fax 904-363-9354 | Contact Person: Sean Hyde | Check if Rush | # Bottles Bottle Type (Pres.) | 40mL Vial Amber | | | Date/Time: 7/24/05 950 |
|---|---|--------------------------------|--|----------------------------------|-----------------------------|--|--------|--|
| | | | | Due Date | 8/11/2005 | | | Date |
| Chain-of-Custody for AEL Orlando to AEL Jax | | | | Collect Date / Time Receive Date | 8:35 7/28/05 14:35 | | | AEL COURIER |
| AEL Orlai | | | | Collect Date | 7/28/2005 | | | ,. I |
| -Custody for | | | | Matrix | Drinking Water | | | Shipping Receiver: Jacksonville Receiver: |
| Chain-of | | | | Test | 550 Haloacetic Acids (J)-55 | | \int | |
| | ke Blvd, S ⁼L 32701 | yrna Santiago | Project #: A052633 merName: Utilities, Inc. Collector: Alexander Lorenzo | Client Sample ID | ← | | A | Orlando Relinquisher: |
| | AEL Orlando 528 South North Lake Blvd, S Altamonte Springs FL 32701 | Contact Person: Myrna Santiago | Project #: A052633 CustomerName: Utilities, Inc. Collector: Alexander Lo | Lab Code | A052633-01 | | | Orlando R Shipping F |

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Page 1 of 1



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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**

| 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 |
| 1, I-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 1,1-Dichloroethylene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| 1,2,4-Trichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 1,2,4-Trichlorobenzene | EPA 524.2 | Group II Unregulated Contaminants | NELAP | 1/21/2005 |
| 1,2-Dibromo-3-chloropropane (DBCP) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 4/4/2002 |
| 1,2-Dibromoethane (EDB, Ethylene dibromide) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 4/4/2002 |
| 1,2-Dichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 1,2-Dichlorobenzene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| ,2-Dichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 1,2-Dichloroethane | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| ,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 |
| Alachlor | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| Alkalinity as CaCO3 | SM 2320 B | Primary Inorganic Contaminants | NELAP | 1/21/2005 |
| Aluminum | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| Intimony | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| ntimony | SM 3113 B | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Arsenic | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Atrazine | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| Barium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Benzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Benzene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| enzo(a)pyrene | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| eryilium | 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 |
| 3romodichloro methane | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 4/4/2002 |

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

NON-TRANSFERABLE 06/29/2005-E82574

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

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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

Laboratory Scope of Accreditation

(904) 363-9350

E82574 Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway

Jacksonville, FL 32216 Matrix: Drinking Water

| Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---|---------------|---|-----------------------|----------------|
| Bromodichloromethane | EPA 524.2 | Group II Unregulated Contaminants | NELAP | 1/21/2005 |
| romoform | 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 |
| admium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| alcium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| arbofuran (Furaden) | EPA 531.1 | Synthetic Organic Contaminants | NELAP | 4/19/2005 |
| arbon tetrachloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| arbon tetrachloride | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| hlordane (tech.) | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| hloride | EPA 325.3 | Secondary Inorganic Contaminants | NELAP | 1/21/2005 |
| hloride | SM 4500 CI- E | Secondary Inorganic Contaminants | NELAP | 2/13/2003 |
| hloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| hlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| hiorobenzene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| hloroform | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 4/4/2002 |
| hloroform | EPA 524.2 | Group II Unregulated Contaminants | NELAP | 1/21/2005 |
| nromium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| s-1,2-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| s-1,2-Dichloroethylene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| olor | EPA 110.2 | Secondary Inorganic Contaminants | NELAP | 2/13/2003 |
| opper | EPA 200.7 | Primary Inorganic Contaminants,Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| alapon | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| (2-ethylhexyl)adipa t | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| bromoacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| jbromochlorome thane | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 4/4/2002 |
| bromochloromethane | EPA 524.2 | Group II Unregulated Contaminants | NELAP | 1/21/2005 |
| camba | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| chloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 3/24/2005 |
| chloromethane (DCM, Methylene chloride) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| chloromethane (DCM, Methylene chloride) | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| noseb (2-sec-butyl-4,6-dinitrophenol, DNBP) | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| iquat | EPA 549.2 | Synthetic Organic Contaminants | NELAP | 4/19/2005 |

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NON-TRANSFERABLE 06/29/2005-E82574

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

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

Laboratory Scope of Accreditation

(904) 363-9350

E82574 Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, FL 32216

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

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

> 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

Laboratory Scope of Accreditation

(904) 363-9350

E82574 Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, FL 32216

| latrix: Drinking Water | Method/Tech | Category | Certification Type | Effective Date |
|--|-------------|----------------------------------|-----------------------|----------------|
| ilica as SiO2 | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 1/21/2005 |
| ilver | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| ilvex (2,4,5-TP) | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| imazine | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| odium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| yrene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| yrene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| lfate | 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 |
| trachloroethylene (Perchloroethylene) | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| nallium | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| bluene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| bluene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| atal coliforms | SM 9222 B | Microbiology | NELAP | 4/4/2002 |
| otal coliforms & E. coli | SM 9223 B | Microbiology | NELAP | 9/5/2002 |
| tal 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 |
| nns-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 |
| ichtoroacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| ichloroethene (Trichloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| ichloroethene (Trichloroethylene) | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| ırbidity | EPA 180.1 | Secondary Inorganic Contaminants | NELAP | 7/17/2002 |
| nyl chloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| nyl chloride | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| /lene (total) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| lene (total) | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| nc | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |

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NON-TRANSFERABLE 06/29/2005-E82574

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UTILITIES, INC. OF FLORIDA

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

FILE COPY

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

May 5, 2005

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

Re: Annual Nitrate and Nitrite Analysis, 2005 Tri Annual Sampling, SOCs, VOCs, Primary and Secondary Inorganic Weathersfield Utilities, Inc. PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results of samples taken March 15, 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

Dortol

Kathy Sillitoe Area Manager

EC: Patrick Flynn, Regional Director, UIOF Scotty L. Haws, Assistant Operations Manager

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

| PUBLIC WATER SYSTEM INFORMATION | N (to be completed by sampler - Please type | e or print legibly) | | | | |
|--|---|--|--|--|--|--|
| ¢ | | | | | | |
| System Name: Weathorsfield | PWS I.D | . #: 5591451 | | | | |
| System Type (check one): | Nontransient Noncommunity | Transient Noncommunity | | | | |
| Address: Weathersfield | d Aris. | | | | | |
| | prinas, EC | | | | | |
| City: Altamonte Spi | state: Fo | ZIP Code: 32714 | | | | |
| Phone #: 407-869-1919 | Fax #: 40 | 7-869-6961 | | | | |
| E-Mail Address: | <i>_</i> | | | | | |
| | | | | | | |
| SAMPLE INFORMATION (to be completed | hy sampler) | | | | | |
| Sample Number: A050871 | Location Code (if kn | own). | | | | |
| Sample Number: <u>A050871</u> Sample Date: <u>3/15/05</u> | Sample Time: | | | | | |
| Sample Location (be specific): | | | | | | |
| Disinfectant Residual (Required when reporting | | mg/L Field pH: | | | | |
| | | | | | | |
| Sample Type (Check Only One) | Reason(s) for Sa | mple (Check all that apply) | | | | |
| | 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 | | ocedure Used or Other Comments: | | | | |
| Near First Customer | | | | | | |
| _ | | | | | | |
| Sampler's Name: Roy Mer | iclo | | | | | |
| | 4219 Sampler's Eax #: | | | | | |
| Sampler's Phone #: <u>407-448-4219</u> Sampler's Fax #: | | | | | | |
| Sampler's E-Mail Address: | | | | | | |
| CERTIFICATION (to be completed by | sampler) | | | | | |
| D = 1 | 1 1 0 | 1 | | | | |
| 1, 1Coy J. Meri | cle Ope | er Ater | | | | |
| | | (Print Title) | | | | |
| do HEREBY CERTIFY that the above | ve public water system and samp | le collection information is | | | | |
| complete and correct. | | | | | | |

Signature: 100 Ma

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 Date: <u>5-3-05</u>

| Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format | | | | | |
|---|---|---|--|---|--|
| | ORY CERTIFICATION | | eted by lab - Please type or p | rint legibly) | |
| LabName: | Advanced Environme | ntal Labs - Orlando | Florida | Certification #: E53076 | |
| Address: | 528 S. North Lake Blv | vd., Suite 1016 | Certification E | piration Date: 6/30/2005 | |
| - | Altamonte Springs, FL | _ 32701 | | Telephone #: (407) 937-1594 | |
| ANALYSIS | S INFORMATION (to be | completed by lab | | | |
| PWS ID (fi | rom page 1): | | Date Sample(| s) Received: 3/15/2005 8:38:00 | |
| Lab Assigr | ned Report Number or . | Job ID A050871 | Sample Number (F | rom page 1) A050871-01 | |
| Group(s) A | analyzed Results attack | hed for compliance with chapt | er 62-550, F.A.C. (check all th | at apply): | |
| 1 | Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | |
| Ē | All 17 | All 30 | All 21 | Trihalomethanes | |
| 0 | Partial | All Except Dioxin | Partial | Haloacetic Acids | |
| | Nitrate | Partial | Radionuclides | Bromate | |
| Ļ | Nitrite | Dioxin Only | Single Sample | Chlorite | |
| L | Asbestos Only | | Qtrly Composite** | Secondaries | |
| | | | | ☑ All 14 ☐ Partial | |
| Were any a | analyses subcontracted | ? 🖌 Yes 🗌 No | | | |
| lf yes, plea | ise provide DOH certific | ation number E82574 | E84589 E84129 | _ | |
| ATTACH D | OH ANALYTE SHEET | FOR EACH SUBCONTRACT | ED LAB | | |
| | | CERTIF | CATION | | |
| I, Myrna S (| antiago Print Name) | , Laboratory Manager | ' | | |
| do HEREB National Er | Y CERTIFY that all atta nvironmental Laborator | ched analytical data are corre Accreditation Conference (N | ect and unless noted meet all ELAC). | requirements of the | |
| Signature: | lyna | Ontrago | Date: | 1/20/05 | |
| analysis re | suits will lesuit in rejecti | rrent Florida DOH lab certifica ion of the report, possible enfo e DOH Bureau of Laboratory S | tion number and a current An proement against the public was Services. | alyte Sheet for the attached ater system for failure to sample, | |
| ** Please p | rovide radiological sam | ple dates and locations for ea | ach quarter. | | |
| COMPLIAN | NCE 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) | | | | | |
| Additional Monitoring Required (circle or highlight group(s) above) | | | | | |
| Reason(s): | MCL(s) Exceeded | Detection | n(s) n Unsatisfactory | Incomplete Report Analysis Unsatisfactory | |
| _ | Other: | | | | |
| Person Noti | | | _ Date N | otified: | |
| Comments | | | | - Manager Ray Low Manager and Manag | |
| Date Review | Date Reviewed: DEP/DOH Reviewing Official: | | | | |

.



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

| Client: | Utilities, Inc. |
|-----------------|-----------------|
| Project Name: | Weathersfield |
| Project Number: | |

PWS ID#:

Attention: Kathy Sillitoe

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

| Report No.: | A050871 |
|----------------|--------------|
| Date Sampled: | 3/15/2005 |
| Date Received: | 3/15/05 8:38 |
| Date Reported: | 4/20/2005 |

Project Description

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

Project Name: Weathersfield

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.



Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

,

Site: Point of Entry Sample Number: A050871-01
 Report No.:
 A050871

 Date/Time Sampled:
 03/15/05
 8:15

Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle Shipping Method: Client drop off

| Inorgani | c Contaminants | | | | | | | | | |
|-----------|--------------------------|--------|------|---------------------|-----------|-------------------|----------|------------------|------------------|--------------------|
| Contam ID | Contam Name | | | Analysis Results | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
| | Nitrate + Nitrite (as N) | 10 | mg/L | 0.027 | U | SM4500NO3-F | 0.027 | 3/16/2005 | 17:42 | E82574 |
| 1005 | Arsenic | 0.010 | mg/L | 0.0070 | U | E200.7 | 0.0070 | 3/18/2005 | 10:31 | E82574 |
| 1010 | Barium | 2.0 | mg/L | 0.0058 | ł | E200.7 | 0.0025 | 3/18/2005 | 10:31 | E82574 |
| 1015 | Cadmium | 0.0050 | mg/L | 0.00021 | U | E200.7 | 0.00021 | 3/18/2005 | 10:31 | E82574 |
| 1020 | Chromium | 0.10 | mg/L | 0.00016 | U | E200.7 | 0.00016 | 3/18/2005 | 10:31 | E82574 |
| 1024 | Cyanide | 0.20 | mg/L | 0.0049 | U | SM4500CN-E | 0.0049 | 3/22/2005 | 9:30 | E84589 |
| 1025 | Fluoride | 4.0 | mg/L | 0.20 | i | SM4500F-C | 0.061 | 3/17/2005 | 13:00 | E84589 |
| 1030 | Lead | 0.015 | mg/L | 0,0013 | U | SM3113B | 0.0013 | 3/18/2005 | 14:08 | E82574 |
| 1035 | Mercury | 0.0020 | mg/L | 0.000020 | U | E245.1 | 0.000020 | 3/17/2005 | 12:37 | E82574 |
| 1036 | Nickel | 0.10 | mg/L | 0.0026 | υ | E200.7 | 0.0026 | 3/18/2005 | 10:31 | E82574 |
| 1040 | Nitrate (as N) | 10 | mg/L | 0.014 | ບ | SM4500NO3-F | 0.014 | 3/16/2005 | 17:42 | E82574 |
| 1040 | Nitrate (as N) | 10 | mg/L | 0.027 | U | SM4500NO3-F | 0.027 | 3/17/2005 | 8:40 | E84589 |
| 1041 | Nitrite (as N) | 1.0 | mg/L | 0.034 | U | SM4500NO3-F | 0.034 | 3/17/2005 | 8:40 | E84589 |
| 1041 | Nitrite (as N) | 1.0 | mg/L | 0.013 | i | SM4500NO3-F | 0.013 | 3/16/2005 | 17:42 | E82574 |
| 1045 | Selenium | 0.050 | mg/L | 0.0016 | U | SM3113B | 0.0016 | 3/16/2005 | 11:15 | E82574 |
| 1052 | Sodium | 160 | mg/L | 13 | | E200.7 | 0.0084 | 3/18/2005 | 10:31 | E82574 |
| 1074 | Antimony | 0.0060 | mg/L | 0.0025 | U | SM3113B | 0.0025 | 3/17/2005 | 13:50 | E82574 |
| 1075 | Beryllium | 0.0040 | mg/L | 0.000027 | U | E200.7 | 0.000027 | 3/18/2005 | 10:31 | E82574 |
| 1085 | Thailium | 0.0020 | mg/L | 0.0016 | U | E200.9 | 0.0016 | 3/18/2005 | 16:43 | E82574 |
| | | | | | | | | | | |

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

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

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A050871-01

Secondary Contaminants

Report No.: A050871 Date/Time Sampled: 03/15/05 8:15 Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle Shipping Method: Client drop off

Þ

| Contam ID | Contaminants | MCL Units | | Analysis Results | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
|-----------|----------------------------|-----------|----------|---------------------|-----------|-------------------|---------|------------------|------------------|--------------------|
| | | | | | | | | 2/4.0/2005 | 10:21 | E82574 |
| 1002 | Aluminum | 0.20 | mg/L | 0.025 | 1 | E200.7 | 0.017 | 3/18/2005 | 10:31 | |
| 017 | Total Chlorides | 250 | mg/L | 21 | | E325.3 | 1.3 | 3/21/2005 | 11:16 | E84589 |
| 1022 | Copper | 1.0 | mg/L | 0.0046 | | E200.7 | 0.00096 | 3/18/2005 | 10:31 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | i | SM4500F-C | 0.061 | 3/17/2005 | 13:00 | E84589 |
| 1028 | Iron | 0.30 | mg/L | 0.016 | U | E200.7 | 0.016 | 3/18/2005 | 10:31 | E82574 |
| 1032 | Manganese | 0.050 | mg/L | 0.0020 | | E200.7 | 0.00022 | 3/18/2005 | 10:31 | E82574 |
| 1050 | Silver | 0.10 | mg/L | 0.0019 | U | E200.7 | 0.0019 | 3/18/2005 | 10:31 | E82574 |
| 1055 | Sulfate (as SO4) | 250 | mg/L | 5.2 | i | E375.4 | 1.4 | 3/29/2005 | 9:10 | E84589 |
| 1095 | Zinc | 5.0 | mg/L | 0.0077 | i. | E200.7 | 0.0072 | 3/18/2005 | 10:31 | E82574 |
| 1905 | * Color | 150 | olor Uni | 5.0 | U | SM2120B | 5.0 | 3/16/2005 | 16:30 | E84589 |
| 1925 | pH | 6.5-8.5 | oH Unite | 7.95 | , Q | E150.1 | 1.0 | 3/16/2005 | 16:45 | E84589 |
| 1930 | Total Dissolved Solids | 500 | mg/L | 200 | | E160.1 | 10 | 3/17/2005 | 16:00 | E84589 |
| 2905 | MBAS, as LAS, mol. wt. 340 | 0.50 | mg/L | 0.035 | U | E425.1 | 0.035 | 3/16/2005 | 15:30 | E84589 |

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

Sample held beyond the acceptable hold time, ٥

The compound was analyzed for but not detected. υ

MDL Method Reporting Limit

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

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Report No.: A050871

Date/Time Sampled: 03/15/05 8:15 Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle Shipping Method: Client drop off

Sample Number: A050871-01 Volatile Organics

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
|-------------|--------------------------|-------|-------|---------------------|-----------|-------------------|---------|-----|------------------|------------------|--------------------|
| 2378 | 1,2,4-Trichlorobenzene | 70 | ug/L | 0.20 | U | E502.2 | 0.20 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2380 | Cis-1,2-dichloroethene | 70 | ug/L | 0.20 | U | E502.2 | 0.20 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2955 | Xylenes (Total) | 10000 | ug/L | 0.50 | U | E502.2 | 0.50 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2964 | Methylene Chloride | 5.0 | ug/L | 0.44 | U | E502.2 | 0.44 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2968 | 1,2-Dichlorobenzene | 600 | ug/L | 0.26 | U | E502.2 | 0.26 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2969 | 1,4-Dichlorobenzene | 75 | ug/L | 0.11 | U | E502.2 | 0.11 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2976 | Vinyi Chloride | 1.0 | ug/L | 0.29 | U | E502.2 | 0.29 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 977 | 1,1-Dichloroethene | 7.0 | ug/L | 0.21 | U | E502.2 | 0.21 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 979 | Trans-1,2-dichloroethene | 100 | ug/L | 0.27 | U | E502.2 | 0.27 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 980 | 1,2-Dichloroethane | 3.0 | ug/L | 0.22 | U | E502.2 | 0.22 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 981 | 1,1,1-Trichloroethane | 200 | ug/L | 0.33 | U | E502.2 | 0.33 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 982 | Carbon Tetrachioride | 3.0 | ug/L | 0.31 | U | E502.2 | 0.31 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 983 | 1,2-Dichloropropane | 5.0 | ug/L | 0.22 | U | E502.2 | 0.22 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 984 | Trichloroethene | 3.0 | ug/L | 0.28 | U | E502.2 | 0.28 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 985 | 1,1,2-Trichloroethane | 5.0 | ug/L | 0.32 | U | E502.2 | 0.32 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 987 | Tetrachloroethene | 3.0 | ug/L | 0.31 | U | E502.2 | 0.31 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 98 9 | Chlorobenzene | 100 | ug/L | 0.18 | U | E502.2 | 0.18 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 990 | Benzene | 1.0 | ug/L | 0.21 | U | E502.2 | 0.21 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 991 | Toluene | 1000 | ug/L | 0.10 | U | E502.2 | 0.10 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 992 | Ethylbenzene | 700 | ug/L | 0.15 | U | E502.2 | 0.15 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 996 | Styrene | 100 | ug/L | 0.14 | U | E502.2 | 0.14 | 1.0 | 3/16/2005 | 19:26 | E82574 |

U The compound was analyzed for but not detected.

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAMAEW BOLLEVARD, OLDSMAR, P. 31877 B13 855-1844 for 313-855-9910

Advanced Environmental Laboratories, Inc. 528 S. North Lake Blvd. Suite 1016 Altamonte Springs, FL 32701March 25, 2005 Project No: 49354

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: A050871

Sample Number 49354.01 Sample Description A050871-01 Date & Time Collected 03/15/05. 08:15
 Date & Time Received

 03/18/05
 09:50

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129 NELAP Accredited Approved By: Francis I. Daniels, Laboratory Director Leslle C. Boardman, Q.A. Manager

»7

SOUTHERN ANALYTICAL LABORATORIES, INC.



March 25, 2005

PWS ID:

Sample No.: 49354.01

Advanced Environmental Laboratories, Inc.

A050871

Sample ID: A050871-01

Synthetic Organics 62-550.310(4)(b)

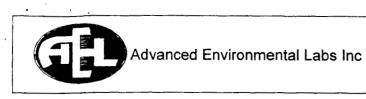
| Contaminant | Contaminant | | | Analysis | | Analytical | | RDL | Extraction | | Analysis | DOH Lab |
|---------------|---------------------------|------|-------|----------|-----------------------|------------|---------|------------|------------------------|---------------|-------------|----------------|
| ID | Name | MCL | Units | Result | Qualifier* | Method | Lab MDL | ** | Date | Analysis Date | Time | Certification# |
| 2005 | Endrin | 2 | µg/L | 0.1 | U | EPA 525.2 | 0.1 | 0.01 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2010 | Lindane | 0.2 | µg/L | 0.06 | U | EPA 525.2 | 0.06 | 0.02 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2015 | Methoxychlor | 40 | µg/L | 0.05 | U | EPA 525.2 | 0.05 | 0.1 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2020 | Toxaphene | 3 | µg/L | 0.5 | U | EPA 508.1 | 0.5 | 1 | 03/22/05 | 03/24/05 | 12:45 | E84129 |
| 2031 | Dalapon | 200 | µg/L | 1 | υ | EPA 515.3 | 1 | 1 | 03/22/05 | 03/23/05 | 10:46 | E84129 |
| 2032 | Diquat | 20 | µg/L | 1 | u | EPA 549.2 | 1 | 0.4 | 03/21/05 | 03/22/05 | 17:26 | E84129 |
| 2033 | Endothall | 100 | µg/L | 20 | U | EPA 548.1 | 20 | 9 | 03/22/05 | 03/23/05 | 18:00 | E84129 |
| 2034 | Glyphosate | 700 | µg/L | 10 | | EPA 547 | 10 | 6 | | 03/22/05 | 19:54 | E84129 |
| 2035 | Di(2-ethylhexyl)adipate | 400 | µg/L | 0.3 | U | EPA 525.2 | 0.3 | 0.6 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2036 | Oxamyl (Vydate) | 200 | µg/L | 0.5 | | EPA 531.1 | 0.5 | 2 | | 03/21/05 | 18:21 | E84129 |
| 2037 | Simazine | 4 | µg/L | 0.07 | U | EPA 525.2 | 0.07 | 0.07 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2039 | Di(2-ethylhexyl)phthalate | 6 | µg/L | 1.0 | U | EPA 525.2 | 1.0 | 0.6 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2040 | Picloram | 500 | µg/L | 0.75 | U | EPA 515.3 | 0.75 | 0.1 | 03/22/05 | 03/23/05 | 10:46 | E84129 |
| 2041 | Dinoseb | 7 | µg/L | 0.5 | | EPA 515.3 | 0.5 | 0.2 | 03/22/05 | 03/23/05 | 10:46 | E84129 |
| 2042 | Hexachlorocyclopentadiene | 50 | | 0.2 | υ | EPA 525.2 | 0.2 | 0.1 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2046 | Carbofuran | 40 | • . = | 0.5 | | EPA 531.1 | 0.5 | 0.9 | | 03/21/05 | 18:21 | E84129 |
| 2050 | Atrazine | 3 | | 0.06 | U | EPA 525.2 | 0.06 | 0.1 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2051 | Alachlor | 2 | µg/L | 0.2 | | EPA 525.2 | 0.2 | 0.2 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2065 | Heptachlor | 0.4 | • • | 0.08 | | EPA 525.2 | | 0.04 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2067 | Heptachlor Epoxide | 0.2 | | 0.1 | Ű | EPA 525.2 | 0.1 | 0.02 | | 03/23/05 | 04:23 | E84129 |
| 2105 | 2,4-D | 70 | | 1 | Ū | EPA 515.3 | | 0.1 | | 03/23/05 | 10:46 | E84129 |
| 2110 | 2,4,5-TP (Silvex) | 50 | | 0.25 | | EPA 515.3 | | 0.2 | 03/22/05 | 03/23/05 | 10:46 | E84129 |
| 2274 | Hexachlorobenzene | 1 | µg/L | 0.05 | | EPA 525.2 | | | | 03/23/05 | 04:23 | E84129 |
| 2306 | Benzo(a)pyrene | 0.2 | | 0.1 | | EPA 525.2 | | | 2 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2326 | Pentachlorophenol | 1 | µg/L | 0.1 | | EPA 515.3 | | | | 03/23/05 | 10:46 | E84129 |
| 2383 | (PCBs) | 0.5 | | 0.2 | | EPA 508.1 | | | 03/22/05 | 03/24/05 | 12:45 | E84129 |
| 2931 | Dibromochloropropane | 0.2 | . – | 0.005 | | EPA 504.1 | | | | 03/22/05 | 03:45 | E84129 |
| 2946 | Ethylene Dibromide (EDB) | 0.02 | • • | 0.005 | | EPA 504.1 | | | | | 03:45 | E84129 |
| 2959 | Chlordane | 2 | | 0.05 | | EPA 508.1 | | | | | 12:45 | E84129 |
| * Ounlifierer | | | | | and the second second | | | A.A. 1. 65 | ender an broken in der | | 11 11 11 12 | EEL 330/430-3 |

* Qualifiers:

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Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)



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

| Client: UTILITIES, INC. (UTL-A) | | | Project name: WEATHERSFIELD | | | | |
|---------------------------------|---------|-------|-----------------------------|--------|----|--|--|
| Date/Time Rcvd: | 3/15/05 | 08.38 | Log-In request number: | A05087 | Ι, | | |
| Received by: | | V | Completed by: | ł | / | | |

Cooler/Shipping Information:

Courier:

AEL
Client UPS Pony Express FedEx Other (describe):

Type: ⊠ Cooler □ Box □ Other (describe) ___

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--------------------------------------|--|--|--|--|
| Temp (°C) | 2 | | | | |
| Temp taken from | □ Temp blank ☑ Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | IR gun Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|-----|--|-----|----|----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 2. | Were custody papers properly included with samples? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | 1 | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | 1 | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | 1 | | |
| | Was the cooler temperature less than 6°C? | 1 | | |
| 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? | 1 | | |
| 16. | Were samples accepted into the laboratory? | 1 | | |
| 17. | Was it necessary to split samples into other bottles? | | 1 | |

Kit ID

Comments:





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

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Laboratory Scope of Accreditation

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State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking Water Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---|-------------|------------------------------------|-----------------------|----------------|
| 1,1,1,2-Tetrachloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,1,1-Trichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,1,2,2-Tetrachloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,1,2-Trichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,1-Dichloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,1-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,1-Dichloropropene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,2,3-Trichlorobenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| 1,2,3-Trichloropropane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,2,4-Trichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,2,4-Trimethylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| 1,2-Dibromo-3-chloropropane (DBCP) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 1,2-Dibromoethane (EDB, Ethylene dibromide) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 1,2-Dichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,2-Dichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,2-Dichloropropane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,3,5-Trimethylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| 1,3-Dichlorobenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,3-Dichloropropane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,4-Dichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 2,2-Dichloropropane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4,6-Trichlorophenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4,6-Trichlorophenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4-D | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 2,4-D | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 2,4-Dinitrotoluene (2,4-DNT) | EPA 525.2 | Group III Unregulated Contaminants | NELAP | 3/6/2003 |
| 2,4-Dinitrotoluene (2,4-DNT) | EPA 609 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4-Dinitrotoluene (2,4-DNT) | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,6-Dinitrotoluene (2,6-DNT) | EPA 525.2 | Group III Unregulated Contaminants | NELAP | 3/6/2003 |
| 2,6-Dinitrotoluene (2,6-DNT) | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Chlorophenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Chlorophenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Chlorotoluene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Methyl-4,6-dinitrophenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Methyl-4,6-dinitrophenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 3-Hydroxycarbofuran | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |

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Laboratory Scope of Accreditation

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State Laboratory ID: E84129

Jeb Bush Governor

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Aatrix: Drinking Water | Method/Tech | Category | Certification Type | Effective Date |
|---------------------------------------|-------------|-----------------------------------|-----------------------|----------------|
| ,4'-DDD | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| ,4'-DDD | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| ,4'-DDE | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| ,4'-DDE | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| ,4'-DDT | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| ,4'-DDT | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| -Chlorotoluene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| -Isopropyltoluene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| cetochlor | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/6/2003 |
| cifluorfen | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| lachlor | EPA 507 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| lachlor | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| lachlor | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| ldicarb (Temik) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| ldicarb sulfone | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| ldicarb sulfoxide | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| ldrin | EPA 508 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| ldrin | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| ldrin | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| lkalinity as CaCO3 | SM 2320 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| pha-BHC (alpha-Hexachlorocyclohexane) | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| luminum | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| metryn | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/6/2003 |
| ntimony | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| rsenic | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| trazine | EPA 507 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| trazine | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| trazine | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| arium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| enzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| enzo(a)pyrene | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| enzo(a)pyrene | EPA 550.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| eryllium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| eryllium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| ta-BHC (beta-Hexachlorocyclohexane) | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| s(2-Ethylhexyl) phthalate (DEHP) | EPA 506 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |

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

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Laboratory Scope of Accreditation

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State Laboratory ID: E84129

Jeb Bush Governor

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking Water Analyte Method/Tech Category bis(2-Ethylhexyl) phthalate (DEHP) EPA 525.2 Synthetic Organic Contaminant | | hod/Tech Category | | Effective Date | |
|--|--------------|---|-------|----------------|--|
| | | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Bromacil | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/6/2003 | |
| Bromate | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Bromide | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Bromoacetic acid | EPA 552.2 | Synthetic Organic Contaminants,Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Bromobenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| Bromochloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 7/2/2002 | |
| Bromochloromethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |
| Bromodichloromethane | EPA 502.2 | Group II Unregulated Contaminants,Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Bromoform | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| Butachlor | EPA 507 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Butachlor | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Butyl benzyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 | |
| Butyl benzyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 | |
| Cadmium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Cadmium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Carbaryl (Sevin) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Carbofuran (Furaden) | EPA 531.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Carbon tetrachloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Chlordane (tech.) | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Chlordane (tech.) | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| Chloride | EPA 300.0 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Chloride | EPA 325.2 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Chlorine | SM 4500-Cl G | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Chlorite | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Chloroacetic acid | EPA 552.2 | Synthetic Organic Contaminants,Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Chlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Chloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| Chloroform | EPA 502.2 | Group II Unregulated Contaminants,Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Chromium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| is-1,2-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |

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Laboratory Scope of Accreditation

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Jeb Bush Governor

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677

| Matrix: Drinking Water | Method/Tech | Category | Certification Type | Effective Date |
|---|--------------|--|-----------------------|----------------|
| cis-1,3-Dichloropropene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Color | SM 2120 B | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Conductivity | SM 2510 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Copper | EPA 200.7 | Primary Inorganic Contaminants,Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Cyanide | SM 4500-CN E | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Dacthal (DCPA) | EPA 515.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dacthal (DCPA) | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dalapon | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Jalapon | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| DCPA di acid degradate | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| OCPA mono-acid | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| delta-BHC | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Di(2-ethylhexyl)adipate | EPA 506 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Di(2-ethylhexyl)adipate | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dibromoacetic acid | EPA 552.2 | Group I Unregulated Contaminants, Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dibromochloromethane | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Dibromomethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Dicamba | EPA 515.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dicamba | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dichloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants,Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dichlorodifluoromethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Dichloromethane (DCM, Methylene chloride) | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Dieldrin | EPA 508 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dieldrin | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Dieldrin | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Diethyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Diethyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Dimethyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Dimethyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Di-n-butyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Di-n-butyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Di-n-octyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |

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Laboratory Scope of Accreditation

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State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| AnalyteMethod/TechCategoryTypeEffective DateDin-scell (2-sec-buly) 4.6-disitrophenol, DNBP)EPA 625Group III Unregulated ContaminantsNELAP3/22/2002Dinoseb (2-sec-buly) 4.6-disitrophenol, DNBP)EPA 515.1Synthetic Organic ContaminantsNELAP3/22/2002Dinoseb (2-sec-buly) 4.6-disitrophenol, DNBP)EPA 515.3Synthetic Organic ContaminantsNELAP3/22/2002DiquatEPA 508.1Group I Unregulated ContaminantsNELAP7/19/2002Endosulfan IIEPA 508.1Group I Unregulated ContaminantsNELAP7/19/2002Endosulfan StrateEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002EndrinEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002EndrinEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002EndrinEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002EndrinEPA 508.1Group I Unregulated ContaminantsNELAP <th>Matrix: Drinking Water</th> <th></th> <th></th> <th>Certification</th> <th></th> | Matrix: Drinking Water | | | Certification | | |
|--|---|----------------------|------------------------------------|---------------|----------------|--|
| Drocyl phthalate EPA 625 Group III Unregulated Contaminants NELAP 3/22/2002 Dinoseb (2-sec-buty)-4,6-dinitrophenol, DNBP) EPA 515.1 Synthetic Organic Contaminants NELAP 3/22/2002 Dinaseb (2-sec-buty)-4,6-dinitrophenol, DNBP) EPA 515.3 Synthetic Organic Contaminants NELAP 3/22/2002 Diquat EPA 508.1 Group II Unregulated Contaminants NELAP 3/22/2002 Endosulfan I EPA 508.1 Group II Unregulated Contaminants NELAP 7/19/2002 Endosulfan II EPA 508.1 Group II Unregulated Contaminants NELAP 7/19/2002 Endonulfan EPA 508.1 Group II Unregulated Contaminants NELAP 7/19/2002 Endrin EPA 508 Synthetic Organic Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group II Unregulated Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group II Unregulated Contaminants NELAP 7/19/2002 Endrin EPA 502.2 Other Regulated Contaminants NELAP 3/22/2002 Endrin EPA 502.2 O | Analyte | Method/Tech Category | | | Effective Date | |
| Dinoseb (2-sec-buy) 4,6-dinitrophenol, DNBP) EPA 515.1 Synthetic Organic Contaminants NELAP 3/22/2002 Dinoseb (2-sec-buy) 4,6-dinitrophenol, DNBP) EPA 515.3 Synthetic Organic Contaminants NELAP 3/22/2002 Diquat EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endosulfan II EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endosulfan sulfate EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endosulfan sulfate EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endothall EPA 508.1 Synthetic Organic Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endrin aldehyde EPA 502.2 Group I Unregulated Contaminants NELAP 3/22/2002 Edrin aldehyde EPA 502.2 Other Regulated Contaminants NELAP 3/22/2002 Edrin aldehyde EPA | | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 | |
| Dinoseb (2-see-buryl-4,6-dimitrophenol, DNBP) EPA 515.3 Synthetic Organic Contaminants NELAP 3/22/2002 Diquat EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endosulfan II EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endosulfan sulfute EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endosulfan sulfute EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endotal EPA 508.1 Synthetic Organic Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Synthetic Organic Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group I Unregulated Contaminants NELAP 7/19/2002 Endrin EPA 508.1 Group I Unregulated Contaminants NELAP 3/22/2002 EprO (Epam, s-ethyl-dipropyl thio carbarbai P EPA 502.2 Other Regulated | | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| DiquatEPA 549.2Synthetic Organic ContaminantsNELAPJ222002Endosulfan IEPA 508.1Group I Unregulated ContaminantsNELAP71/92002Endosulfan IIEPA 508.1Group I Unregulated ContaminantsNELAP71/92002Endosulfan IIEPA 508.1Group I Unregulated ContaminantsNELAP71/92002EndothallEPA 508.1Synthetic Organic ContaminantsNELAP71/92002EndrinEPA 508.1Synthetic Organic ContaminantsNELAP71/92002EndrinEPA 508.1Synthetic Organic ContaminantsNELAP71/92002EndrinEPA 508.1Group I Unregulated ContaminantsNELAP71/92002EndrinEPA 508.1Group I Unregulated ContaminantsNELAP71/92002Endrin aldehydeEPA 508.1Group I Unregulated ContaminantsNELAP71/92002Eprot (Eptam, s-ethyl-dipopyl thic carbamate)EPA 502.2Other Regulated ContaminantsNELAP71/92002FoorideEPA 508.1Group I Unregulated ContaminantsNELAP3222002FoorideEPA 508.1Group I Unregulated ContaminantsNELAP3222002FluorideEPA 508.1Synthetic Organic ContaminantsNELAP3222002gamma-BHC (Lindane, gamma-Hexchlorocyclohexane) gamma-Hexchlorocyclohexane) gamma-HexchlorocyclohexaneFPA 508.1Synthetic Organic ContaminantsNELAP3/222002Gross-alphaEPA 509.0RadiochemistryNELAP3/222002Gross-alphaEPA 509.0Radiochemistry <td></td> <td>EPA 515.3</td> <td>Synthetic Organic Contaminants</td> <td>NELAP</td> <td>3/22/2002</td> | | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Endosulfan IEPA S08.1Group I Unregulated ContaminantsNELAP7/19/2002Endosulfan IIEPA S08.1Group I Unregulated ContaminantsNELAP7/19/2002Endosulfan sulfateEPA S08.1Group I Unregulated ContaminantsNELAP7/19/2002EndothalEPA S48.1Synthetic Organic ContaminantsNELAP7/19/2002EndrinEPA S08.1Synthetic Organic ContaminantsNELAP7/19/2002EndrinEPA S08.1Synthetic Organic ContaminantsNELAP7/19/2002EndrinEPA S08.1Group I Unregulated ContaminantsNELAP7/19/2002Endrin aldeixydeEPA S08.1Group I Unregulated ContaminantsNELAP7/19/2002Endrin aldeixydeEPA S08.1Group I Unregulated ContaminantsNELAP7/19/2002Endrin aldeixydeEPA S08.1Group I Unregulated ContaminantsNELAP3/22/2002Endrin aldeixydeEPA S08.1Group I Unregulated ContaminantsNELAP3/22/2002Endrin aldeixydeEPA S08.1Group I Unregulated ContaminantsNELAP3/22/2002EndrinationSM 9221 EMicrobiologyNELAP3/22/2002FloorideEPA S08.1Synthetic Organic ContaminantsNELAP3/22/2002FloorideSM 4500 F-CScoondaminants/marringry Ionganic ContaminantsNELAP3/22/2002gamma-Hexachlorocyclohexane) gamma-Hexachlorocyclohexane)EPA S08.1Synthetic Organic ContaminantsNELAP3/22/2002Gross-alphaEPA 500.2Radiochemistry <t< td=""><td></td><td>EPA 549.2</td><td>Synthetic Organic Contaminants</td><td>NELAP</td><td>3/22/2002</td></t<> | | EPA 549.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
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| Gryss-alphaEPA 00- 02RadiochemistryNELAP4/1/2004Gross-alphaEPA 900RadiochemistryNELAP4/1/2004Gross-betaEPA 900RadiochemistryNELAP4/1/2004HeptachlorEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor opoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | | EPA 525.2 | | | | |
| Gross-alphaEPA 900RadiochemistryNELAP4/1/2004Gross-alphaEPA 900RadiochemistryNELAP4/1/2004Gross-betaEPA 900RadiochemistryNELAP4/1/2004HeptachlorEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor opoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Hexachlorobenzene <td>Glyphosate</td> <td>EPA 547</td> <td>Synthetic Organic Contaminants</td> <td></td> <td></td> | Glyphosate | EPA 547 | Synthetic Organic Contaminants | | | |
| Gross-betaEPA 900RadiochemistryNELAP4/1/2004HeptachlorEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 52.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 52.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 52.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 52.2Synthetic Organic ContaminantsNELAP3/22/2002 | Gross-alpha | EPA 00- 02 | Radiochemistry | NELAP | 4/1/2004 | |
| HeptachlorEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor opoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 52.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 52.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 52.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 52.2Synthetic Organic Contamin | Gross-alpha | EPA 900 | Radiochemistry | NELAP | 4/1/2004 | |
| HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HeptachlorEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | Gross-beta | EPA 900 | Radiochemistry | NELAP | 4/1/2004 | |
| HeptachlorEPA 505.2Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002Heptachlor epoxideEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | Heptachlor | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| HeptachlorEPA 508Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002Heptachlor epoxideEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | Heptachlor | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002Heptachlor epoxideEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | Heptachlor | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Hepachio epokicEffectiveSynthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | Heptachlor epoxide | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| HerachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | Heptachlor epoxide | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| HexachlorobenzeneEPA 508Synthetic Organic ContaminantsNELAP3/22/2002HexachlorobenzeneEPA 508.1Synthetic Organic ContaminantsNELAP7/19/2002HexachlorobenzeneEPA 525.2Synthetic Organic ContaminantsNELAP3/22/2002 | Heptachlor epoxide | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Hexachlorobenzene EPA 525.2 Synthetic Organic Contaminants NELAP 3/22/2002 NELAP 3/22/2002 3/22/2002 3/22/2002 3/22/2002 3/22/2002 3/22/2002 | • • | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| | Hexachlorobenzene | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| | Hexachlorobenzene | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| | | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |

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

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Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking Water | Method/Tech | Category | Certification Type | Effective Date | |
|---------------------------------|---------------|------------------------------------|-----------------------|----------------|--|
| | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Iexachlorocyclopentadiene | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| lexachlorocyclopentadiene | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| lexazinone (Velpar) | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/6/2003 | |
| ron | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| sophorone | EPA 525.2 | Group III Unregulated Contaminants | NELAP | 3/6/2003 | |
| sophorone | EPA 609 | Group III Unregulated Contaminants | NELAP | 3/22/2002 | |
| sophorone | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 | |
| sopropylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |
| Lead | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Manganese | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Aercury | EPA 245.1 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Methomyl (Lannate) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Methoxychlor | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Methoxychlor | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| Methoxychlor | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Methyl bromide (Bromomethane) | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| Methyl chloride (Chloromethane) | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| Methyl tert-butyl ether (MTBE) | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| Metolachlor | EPA 507 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Metolachior | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Metribuzin | EPA 507 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Metribuzin | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Molinate | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Naphthalene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |
| Natural uranium | EPA 908 | Radiochemistry | NELAP | 4/1/2004 | |
| n-Butylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |
| Nickel | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Nitrate | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Nitrate | EPA 353.2 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Nitrite | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Nitrite | EPA 353.2 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Nitrite | SM 4500-NO2 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Norflurazon | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/6/2003 | |
| n-Propylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |
| Odor | SM 2150 B | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |

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Laboratory Scope of Accreditation

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

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

State Laboratory ID: E84129

.

Jeb Bush

Governor

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking Water | | | Certification | | |
|---|-------------|------------------------------------|---------------|----------------|--|
| Analyte | Method/Tech | Category | Туре | Effective Date | |
| Orthophosphate as P | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Oxamyl | EPA 531.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| PCBs | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| PCBs | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| Pentachlorophenol | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Pentachlorophenol | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Pentachlorophenol | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| рН | EPA 150.1 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Phenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 | |
| Phenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 | |
| Picloram | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Picloram | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Propachlor (Ramrod) | EPA 508 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Propachlor (Ramrod) | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 | |
| Propachlor (Ramrod) | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Radium-226 | EPA 903.1 | Radiochemistry | NELAP | 4/1/2004 | |
| Radium-228 | EPA Ra-05 | Radiochemistry | NELAP | 4/1/2004 | |
| sec-Butylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |
| Selenium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Selenium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Silver | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Silver | SM 3113 B | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Silvex (2,4,5-TP) | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Silvex (2,4,5-TP) | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Simazine | EPA 507 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Simazine | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| Simazine | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| Sodium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Styrene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Sulfate | EPA 300.0 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Surfactants - MBAS | SM 5540 C | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Terbacil | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| tert-Butylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 | |
| • | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Tetrachloroethylene (Perchloroethylene) | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| Thallium | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Toluene | EFA JUZ.Z | Other Regulated Comanimality | | | |

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

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Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677

| Aatrix: Drinking Water | | | Certification | | |
|-------------------------------------|----------------------|---|---------------|----------------|--|
| Analyte | Method/Tech Category | | Туре | Effective Date | |
| otal coliforms | SM 9222 B | Microbiology | NELAP | 3/22/2002 | |
| fotal coliforms & E. coli | SM 9223 B | Microbiology | NELAP | 3/22/2002 | |
| otal dissolved solids | SM 2540 C | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| otal haloacetic acids | EPA 552.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| otal nitrate-nitrite | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| otal nitrate-nitrite | EPA 353.2 | Primary Inorganic Contaminants | NELAP | 3/22/2002 | |
| otal trihalomethanes | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| oxaphene (Chlorinated camphene) | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 | |
| oxaphene (Chlorinated camphene) | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 | |
| rans-1,2-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| rans-1,3-Dichloropropylene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| richloroacetic acid | EPA 552.2 | Synthetic Organic Contaminants,Group I Unregulated Contaminants | NELAP | 3/22/2002 | |
| Frichloroethene (Trichloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| richlorofluoromethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 | |
| urbidity | EPA 180.1 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |
| JV 254 | SM 5910 B | Primary Inorganic Contaminants | NELAP | 3/6/2003 | |
| /inyl chloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| (ylene (total) | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 | |
| Zinc | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 | |

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

47557

THE NATER SPILOT Chain-of-Custody for AEL Olando to Southern Analytical

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

Contact Person: Myrna Santiago

Project #: A050871

Southern Analytical THE WATCH SP 1605 110 Bayview Blvd. 5804 E. HWY 22 Oldsmar. FL 34677 PANAMA CITY, FC 3240 813-855-1844 850-871-1900 Gontact Person: Sample Receiving-SAMple receiving

Department: SA

Check if Rush

| - | Lab Code | Client Sample ID | Test | Matrix | Collect Date | / Time | Receive Date | Due Date | # Bottles Bottle Type (Pres.) |
|-----------|------------|------------------|--------------|----------------|---------------------|--------|---------------------|-----------|-------------------------------|
| | A050871-01 | 1 | 62-550 549.2 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | 3×ILG,ST |
| λ | A050871-01 | 1 | 62-550 548 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | IXILAP, ST |
| ΰV | A050871-01 | 1 | 62-550 547 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | 3x YOML AV ST |
| | A050871-01 | 1 | 62-550 531.1 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | IXYOMLV, MUMA, ST |
| 1 | A050871-01 | 1 | 62-550 525.2 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | 1x Yomle, NHYCI |
| Ì | A050871-01 | 1 | 62-550 515.1 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | - 4x yane V, ST |
| | A050871-01 | 1 | 62-550 508.1 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | |
| | A050871-01 | 1 | 62-550 504.1 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | |

Orlando Relinquisher: 4PS Date/Time: Shipping Receiver: 3/15/2005 3:00:30 PM Date/Time: 3/18/05, 0452 UPS Shipping Relinquisher: X/va Southern Analytical Receiver: JPage 1 of 1

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A050871 CustomerName: Utilities, Inc. **Collector:** Roy Mericle

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.) |
|------------|------------------|-----------------------------|----------------|--------------|--------|---------------------|-----------|-----------|---------------------|
| A050871-01 | 1 | -550 Metals ICP (Primary) C | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 1L Poly |
| A050871-01 | 1 | i50 Metals ICP (Secondary) | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 1L Poly |
| A050871-01 | 1 | 62-550 VOCs DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 40mL VOC Vial |
| A050871-01 | 1 | Hg (DW) | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 500mL Poly (HNO3) |
| A050871-01 | 1 | Nitrate (J)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 250mL Poly |
| A050871-01 | 1 | Nitrate + Nitrite (J)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly |
| A050871-01 | 1 | Nitrite (J)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | <u></u> | 250mL Poly |
| A050871-01 | 1 | Pb (DW) | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 500mL Poly (HNO3) |
| A050871-01 | 1 | Sb (DW) | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 500mL Poly (HNO3) |
| A050871-01 | 1 | Se (DW) | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 500mL Poly (HNO3) |
| A050871-01 | 1 | TI (DW) | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 500mL Poly (HNO3) |

Date/Time: 3/15/05 17W Date/Time: 3/16/05 1700 Asz Casser Orlando Relinguisher: Shipping Receiver: Da canta Shipping Relinquisher: Jacksonville Receiver:

Page 1 of 1

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 #: A050871 CustomerName: Utilities, Inc. Collector: Roy Mericle AEL Tampa 5810-D Breckinridge Parkway Tampa, FL 33610 813-630-9616 Fax 813-630-4327 Contact Person: Michael Cammarata

l Ch

Check if Rush

| Lab Code | Client Sample ID | Test | Matrix | Collect Date | / Time | Receive Date | Due Date | # Bottles | Bottle Type | (Pres.) |
|------------|------------------|----------------------------|-----------------------|-----------------------|--------|--------------------------|------------|-----------|------------------------------|---------|
| A050871-01 | 1 | Chlorides (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly | |
| A050871-01 | 1 | Color (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 250mL Poly | |
| A050871-01 | 1 | Cyanide (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 500mL Poly | |
| A050871-01 | 1 | Fluoride (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly | |
| A050871-01 | 1 | Fluorides (T)-DW Secondary | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly | |
| A050871-01 | 1 | MBAS (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 500mL Poly | |
| A050871-01 | 1 | Nitrate (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 250mL Poly | |
| A050871-01 | 1 | Nitrite (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 250mL Poly | |
| A050871-01 | -4- | Odor (T)-DW | Drinking Water | 3/15/2005- | 8:15 | 3 /15/05-8.38 | -3/15/2005 | | ~2 ez. Class da r | |
| A050871-01 | 1 | pH (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/15/2005 | · | 250mL Poly | |
| A050871-01 | 1 | Sulfate (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly | |
| A050871-01 | 1 | TDS (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | | 500mL Poly | |

WS Shipping Receiver: **Orlando Relinquisher:** ups Shipping Relinquisher: Tampa Receiver:

Date/Time: 31505 1700 120 Date/Time: 3/16

Page 1 of 1

| | T | LAB NUMBER | | 101 |
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| 871 | -+ | | 3/15/05 | revised 8/01 |
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| | snons | ישפרץ וחסרטפחיכב אראפוג גבסטוגבם | × × | |
| E53076 | BOTTLE SIZE & TYPE | | SL=siludgo COUNT | |
| · E82574 84589 6.0 • E82620 | 2106 NW 5/11 Place, Sie 1016 - Attamonte Springs, FL 32701 - 407.937.1594 - Fax 401.937.1594 - Fax 401.957.1594 - Fax 400.957.1594 - Fax 401.957.1594 - Fax 400.957.1594 - Fax 400.957.1 | Aielch Meruchons r 15 resampling As | A=air SO=601 PLING MATRIX TIME 0815 DW 1 1 2 | m 7 |
| x 904.363.9354 113.630.4327 • El • Fax 352.367.00 | Weath | KMGOAW Therskielck S. Meric Kaspecial INSTRUCTIONS: ClEWY IS FRAM | OIL SAMP BATE DATE | L received |
|)4.363.9350 • Fa 630.9616 • Fax 8 | ngs, FL 32701 • | NUMBER. XMG | ator Grab Bratel osuffate) | |
| Iced onmental Laboratories, Inc. 6601 Southpoint Pkwy - Jacksmoville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 9610 Princess Paint Ave. • Tampaville, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 9610 Princess Paint Ave. • Tampaville, FL 33660 • 352.367.1500 • Fax 352.367.0050 | 1016 • Altamonte Spr PROJECT NAME: | P.O. NUMBERPROJECT NUMBER: XYNG PROJECT LOCATTON: WCATTHEY'S FAX: SAMPLED BY: XOY J. N SAMPLED BY: REMARKSSEECAL ODAR 15 6M1796D CIENTY NYM PRJOCH | u Tr | s Bl. |
| atories, Inc. kwy Jacksonv m Ave Tampa | Bivd. Ste 1016 | ALC- | Tace water GW=ground water DW=din Tace water DW=din POC POC S=(H2SO4 N=(HNO3) T=(Sodiu thod Sample Kit | |
| Advanced Environmental Laboratories, Inc. 6601 Southpoint Pkwy Jank 9610 Princess Pain Ave Tamk | 2106 NW 5/m Page 528 S. North Lake Utilities Inc. | | SW-surface water SAMPL SAMPL PR SAMPL SAMPL SAMPL SAMPL | Via: Via: Yes L1No |
| Advanced Environme 9610 | N | DDRESS 200 WEATHERS HERE Althorner Sprives . HONE 407-948-4219 DONTACT: By NECICC JURN AROUND TIME: TURN AROUND TIME: RUSH | MW/=waste water Si AMPLE | but Ret Received on Ice |
| H | CLIENT NAME: | NDRESS. 200 HANGER - 407 PHONE: 407 PHONE: 407 CONTACT: AB | AMVwaste v SAMPLE ID ID | Out Ret Receiv |

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Florida Department of Environmental Protection RELEASE Safe Drinking Water Program Laboratory Reporting Format MAR 2.8 2005

| PUBLIC WATER SYSTEM INFORMATIC | DN (to be completed by sampler – Please type or print legibly) |
|--|--|
| System Name: Weathersfi | eld PWSID. #: 3591451 |
| System Type (check one): XCommunit Address: XOO WCATHEYSE | |
| | |
| city: Altamonte Spring. | State: <u>FL</u> ZIP Code: <u>32714</u> |
| | 9 Fax #: 407-869-6961 |
| E-Mail Address: | |
| SAMPLE INFORMATION (to be completed | l by sampler) |
| Sample Number: <u>A050879-</u> | 01 Location Code (if known): POE |
| Sample Date:3/15/05 | Sample Time:45 AM (Circle One) |
| Sample Location (be specific): POE | |
| Disinfectant Residual (Required when reporting | g results for trihalomethanes and haloacetic acids): mg/L Field pH: |
| | |
| Sample Type (Check Only One) | Reason(s) for Sample (Check all that apply) |
| | Routine Compliance (with 62-550) |
| | 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) |
| Max Residence Time | Other: |
| Ave Residence Time | Sampling Procedure Used or Other Comments: |
| Near First Customer | |
| *See 62-550.500(6) for requirer NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL | attach a results page for each site. |
| Sampler's Name: <u>Roy Mer</u> | ricle |
| Sampler's Phone #: 407-948- | 4219 Sampler's Fax #: |
| Sampler's E-Mail Address: | |
| | |
| CERTIFICATION (to be completed by | sampler) |
| $P = T M_{P}$ | aida and a |
| $, \underline{\qquad} (Print Name)$ | ricle, Operator, (Print Title) |
| | ve public water system and sample collection information is |
| Signature: | Nu Date: 4-5-05 |
| | |

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

| Flori | ida Department (| | ection Safe Drinking W rting Format | ater Program Laborator | | | |
|--|---|---|---|---|--|--|--|
| | ORY CERTIFICATIO | N INFORMATION (to be con | npleted by lab - Please type or | print legibly) | | | |
| LabName: | Advanced Environmental Labs - Orlando | | Labs - Orlando Florida Certification #: E530 | | | | |
| | 528 S. North Lake E | | Certification | Expiration Date: 6/30/2005 | | | |
| - | Altamonte Springs, | | | Telephone #: (407) 937-1594 | | | |
| ANALYSIS | INFORMATION (to | | | | | | |
| PWS ID (fr | rom page 1): | | Date Sample | (s) Received: 3/15/2005 2:50:0 | | | |
| | ned Report Number o | r Job ID A050879 | | From page 1) A050879-01 | | | |
| - | | | apter 62-550, F.A.C. (check all | | | | |
| • • • | | | | | | | |
| 1 | norganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts | | | |
| | _ All 17 | | All 21 | Trihalomethanes | | | |
| | Partial | All Except Dioxin | Partial | Haloacetic Acids | | | |
| Ļ | | Partial | Radionuclides | Bromate Chlorite | | | |
| | Nitrite | Dioxin Only | Single Sample | | | | |
| L | | | Qtrly Composite** | Secondaries | | | |
| | | | | All 14 | | | |
| were any | analyses subcontract | | | | | | |
| | - | ification number E82574 | CTED LAB | | | | |
| | - | ET FOR EACH SUBCONTRA | CTED LAB | | | | |
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| ATTACH D | OOH ANALYTE SHEE | ET FOR EACH SUBCONTRA | | | | | |
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| ATTACH C | OCH ANALYTE SHEE antiago (Print Name) IY CERTIFY that all a | ET FOR EACH SUBCONTRA CER , Laboratory Manager | TIFICATION | Il requirements of the $\frac{1}{24}$ | | | |
| ATTACH E I, <u>Myrna S</u> (do HEREB National El Signature: * Failure to analysis re and may re | Print Name) (Print | ET FOR EACH SUBCONTRA CER , Laboratory Manager Mached analytical data are co or Accreditation Conference MATAGO current Florida DOH lab certi | TIFICATION | 124/05 malyte Sheet for the attached | | | |
| ATTACH E I, <u>Myrna S</u> (do HEREB National El Signature: * Failure to analysis re and may re ** Please p | Print Name) (Print | ET FOR EACH SUBCONTRA CER , Laboratory Manager Hached analytical data are conv Accreditation Conference MATCO current Florida DOH lab certi action of the report, possible of the DOH Bureau of Laborato ample dates and locations for | TIFICATION | 124/05 malyte Sheet for the attached | | | |
| ATTACH C I, <u>Myrna S</u> (do HEREB National En Signature: * Failure to analysis re and may re ** Please p COMPLIAN | POH ANALYTE SHEE antiago (Print Name) Y CERTIFY that all a nvironmental Laboration of provide a valid and sults will result in reje esult in notification of provide radiological sa NCE DETERMINATIO | ET FOR EACH SUBCONTRA CER , Laboratory Manager Mached analytical data are co or Accreditation Conference MACCP current Florida DOH lab certi action of the report, possible of the DOH Bureau of Laborato ample dates and locations fo DN (to be completed by Dt | TIFICATION Drrect and unless noted meet a (NELAC). Date: fication number and a current A enforcement against the public ry Services. r each quarter. EP or DOH) | 222/05 Analyte Sheet for the attached water system for failure to sam | | | |
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6601 Southpoint Parkway Jacksonville, Florida 32216 (904) 363-9350 FAX (904) 363-9354

| Client: | Utilities, Inc. |
|-----------------|-----------------|
| Project Name: | Weathersfield |
| Project Number: | |
| PWS ID#: | |
| Attention: | Kathy Sillitoe |

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

 Report No.:
 A050879

 Date Sampled:
 3/15/2005

 Date Received:
 3/15/05 14:50

 Date Reported:
 3/24/2005

Project Description

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

Project Name: Weathersfield

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 =

Analytical Report

| 1920 | Odor | 3.0 | TON | 4.0 | | SM2150B | 1.0 | 3/16/2005 | 13:15 | E82574 |
|-----------|-------------------------|-----|-------|---------------------|-----------|-------------------|---------|--------------------|-----------------|--------------------|
| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | | nalysis Time | DOH Lab Cert. # |
| Seconda | ary Contaminants | | | | | | | | | |
| Sample I | Number: A050879-01 | | | | | | | Shipping method. | Giletit | |
| | Site: Point of Entry | | | | | | | Shipping Method: | | |
| Client Sa | mple ID: 1 | | | | | | | Sampled By: | Roy M | ericle |
| P | WS ID#: | | | | | | | | | |
| | Matrix: Drinking Water | | | | | | | Date/Time Received | 3/15/0 | 5 14:50 |
| Proje | ct Name: Weathersfield | | | | | | | Date/Time Sampled | 03/15 | /05 14:45 |
| | Client: Utilities, Inc. | | | | | | | Report No. | : A050 |)879 |

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



Advanced Environmental Labs Inc

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

R:-

| Client: | UTILITIES, INC. (UTL-A) | Project name: WEATHERSFIELD |
|-----------------|-------------------------|--------------------------------|
| Date/Time Rcvd: | 3/15/05 14.50 | Log-In request number: A050871 |
| Received by: | V | Completed by: |

Cooler/Shipping Information:

Courier:

AEL

Client

UPS
Pony Express
FedEx
Other (describe): ______

Type: 🖾 Cooler 🗆 Box 🗖 Other (describe)

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--------------------------------------|--|--|--|--|
| Temp (°C) | 2 | | | | |
| Temp taken from | □ Temp blank ☑ Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | IR gun Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

Other Information:

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? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: □ NO ICE □ BLUE ICE | 1 | | |
| 13. | Was the cooler temperature less than 6°C? | | | |
| 14. | Were sample pHs checked and recorded by Sample control? | | | / |
| | NOTE: VOA samples are checked by laboratory analysts. | | | • |
| 15. | Were the sample containers provided by AEL? | | | |
| 16. | Were samples accepted into the laboratory? | | | |
| 17. | Was it necessary to split samples into other bottles? | | 1 | |

Kit ID

Comments:

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|----------------------|----------------|
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| k | |
| AEL Orlando | |
| 528 South North Lake | Bivd, S |
| Altamonte Springs FL | 32701 |
| Contact Person: Myrr | a Santiago |
| Project #: | A050879 |
| CustomerName: | Utilities, Inc |
| | Roy Mericle |

Lab Code

Client Sample ID

Shipping Relinquisher:

Chain-of-Custody for AEL Orlando to AEL Jax

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

Check if Rush

Bottle Type (Pres.)

Due Date # Bottles

| Lab Code | Client Sample ID | 1850 | Mauia | Conoct Date | 1 14114 | 10000110 2000 | | |
|--------------|------------------|-------------|----------------|-------------|-------------------|---------------|-----------|-------------------|
| A050879-01 | 1 | Odor (J)-DW | Drinking Water | 3/15/2005 | 14:45 | 3/15/05 14:50 | 3/15/2005 | 250mL Poly |
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| AH | \mathcal{O} | | Chinaion | ; Receiver: | AR | Duil | Date/T | imo: 3/15/05 1700 |
| 1 7 y Unando | Relinquisher: | | amphud | | 4. 0 4 | The former | | |

Matrix

Test

Shipping Receiver: <u> 341) (*</u> Date/Time: 3/14/05 (100 An cum Jacksonville Receiver:

Collect Date / Time Receive Date

Page 1 of 1

| Ð | U Jack U Tamp U Gain | mental Laborat sonville: 6601 Sou pa: 5810-D B esville: 2106 NW | DTIES, INC. thpoint Parkway, Jacks reckenridge Parkway, T 67th Place, Suite 7, Gi | onville, FL 32216 • (90 ampa, FL 33610 • (813 | 4) 363-9350 Fax) 630-9616 Fax | (813) 630-4327 | | | | L | A | 050 | 879 | |
|--------------|----------------------------|--|--|--|-----------------------------------|----------------|-----------------|--------------|-------------------|-------------|------------|---------------------------------------|------|-------------|
| CLIENT NAM | | | | PROJECT NAM | E: | | | | BOTTLE | 2 | | | | |
| | utilities. | | | We | athers Fie | eld | | | SIZE & TYPE | Dec | | | | |
| ADDRESS: | 200 Weat | hersfield A | 1e | P.O. NUMBER / | PROJECT N | UMBER: FN | A GOZW | AR | 20 | | | | | |
| Altamont | te Springs | IFL 3270, FAX: | 1 | PROJECT LOC | | | | | N E A Q L U | | | | | AB |
| PHONE: 40- | 1-948 - 4 | LI9 FAX: | | | | | | | Y I S R | | | | | N U |
| 000 | Poy Mer | | | SAMPLED BY: | Roy Me | eriele | | | I E S D | | | | | M B E |
| TURN AROU | IND TIME: | 1 | REMARKS / SPEC | | | | | | | | | | | R |
| STANDAR | D | | | | | | | | | 2 | | | | |
| 🗅 RUSH | | | | | | | | | | 0 D O | | | | |
| WW≈ waste wa | ater SW=su | rface water G | W=ground water | DW=drinking water | OIL A | =air SO= | soil S L | =sludge | Preserv | Ŧ | | | | |
| SAMPLE ID |) | SAMPLE D | ESCRIPTION | Grab Composit | SAN DATE | IPLING TIME | MATRIX | NO. CONT. | | | | | | |
| l | | POE | | 6 | | 1445 | DW | 1 | | X | | | | |
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| | | | 110) T (0.1 | | | | | | ALC: NO. | | | | | |
| Shipment | Method | | HNO ₃) $T = (Sodi$ | um iniosultate) | Rel | inquished by: | | Date | Time | | Becetv | ed by: | Date | Time |
| Out: / / | Via: | Sample Kit RB AB | Cooler # D/T D/T | 2 | 1aC | <i>Z.W</i> | he | 2/15/05 | 1450 | /2 | 4 <u>·</u> | <u>ر</u> | | 1150 |
| Ret: / / | Via: | Trip Bl. | 0 | 3 | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |

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Jeb Bush GOVERNOT





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

Page 2 of 26

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

FL00949 ÉPA Lab Code:

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

| Matrix: Drinking Water | | Cotogory | Certification Type | Effective Dat |
|---|---------------|--|-----------------------|---------------|
| Analyte | Method/Tech | Category Other Regulated Contaminants | NELAP | 4/4/2002 |
| Sthylbenzene | EPA 502.2 | Other Regulated Contaminants Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| ron | EPA 200.7 | | 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 |
| · · | SM 3112 B | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Mercury | EPA 200.7 | Primary Inorganic Contaminants | • · <u> </u> | 2/13/2003 |
| Nickel | SM 4500-NO3 F | Primary Inorganic Contaminants | NELAP | 2/13/2003 |
| Nitrate Nitrate-nitrite | SM 4500-NO3 F | Primary Inorganic Contaminants | NELAP | 2/13/2003 |
| | SM 4500-NO3 F | Primary Inorganic Contaminants | NELAP | 2/13/2003 |
| Niuite | SM 2150 B | Secondary Inorganic Contaminants | NELAP | 2/13/2003 |
| Odor Orthophosphate as P | EPA 365.1 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| pH | EPA 150.1 | Primary Inorganic Contaminants, Secondary Inorganic Contaminants | NELAP | *• |
| · · · · · · · · · · · · · · · · · · · | EPA 160.1 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| Residue-filterable (TDS) | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 4/17/2002 |
| Selenium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Selenium | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| Silver | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Sodium | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Styrene | • • | Secondary Inorganic Contaminants | NELAP | 2/13/2003 |
| Sulfate | EPA 375.4 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Tetrachloroethylene (Perchloroethylene) | EPA 502.2 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Thallium | EPA 200.9 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Toluene | EPA 502.2 | Microbiology | NELAP | 4/4/2002 |
| Total coliforms | SM 9222 B | Microbiology | NELAP | 9/5/2002 |
| Total coliforms & E. coli | SM 9223 B | Microbiology Other Regulated Contaminants | NELAP | 4/4/2002 |
| Total trihalomethanes | EPA 502.2 | | NELAP | 4/4/2002 |
| trans-1,2-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Trichloroethene (Trichloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 7/17/2002 |
| Turbidity | EPA 180.1 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| Vinyl chloride | EPA 502.2 | Other Regulated Contaminants | | 4/4/2002 |
| Xylene (total) | EPA 502.2 | Other Regulated Contaminants | NELAP | |
| Zinc | EPA 200.7 | Secondary 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 06/30/2004-E82574

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: Weathors field | PWS I.D | # 3591451 | | | | |
| System Type (check one): | Nontransient Noncommunity | Transient Noncommunity | | | | |
| Address: Weathersfield | d Are. | | | | | |
| Altamonte 9 | prings, EC | | | | | |
| City: Altamonte Sp. | state: Fo | ZIP Code: 32714 | | | | |
| Phone #: 407-869-19/ | Fax #: 40 | 7-869-696/ | | | | |
| E-Mail Address: | | | | | | |
| | | | | | | |
| SAMPLE INFORMATION (to be completed | by sampler) | | | | | |
| Sample Number: | Location Code (if kn | own): | | | | |
| Sample Number: <u>4050871</u> Sample Date: <u>3/15/05</u> | Sample Time: | 8:15 AM PM (Circle One) | | | | |
| Sample Location (be specific): | | | | | | |
| Disinfectant Residual (Required when reporting | results for trihalomethanes and haloacetic acids): | mg/L Field pH: | | | | |
| | | | | | | |
| Sample Type (Check Only One) | Reason(s) for Sa | mple (Check all that apply) | | | | |
| Distribution | Routine Compliance (with 62-550) | Quarterly (Which Quarter?) | | | | |
| Entry Point (to Distribution) | Confirmation of MCL Exceedance* | Special (not for compliance with 62-550) | | | | |
| Plant Tap (not for compliance with 62-550) | Composite of Multiple Sites** | Violation Resolution | | | | |
| Raw (at well or intake) | Clearance (permitting) | Replacement (of Invalidated Sample) | | | | |
| Max Residence Time | Other: | | | | | |
| Ave Residence Time | Sampling Procedure Used or Other Co | mments: | | | | |
| Near First Customer | | | | | | |
| | | | | | | |
| Sampler's Name: Koy Mer | icle | | | | | |
| Sampler's Phone #: 467-948- | 219 Sampler's Fax #: _ | | | | | |
| Sampler's E-Mail Address: | ······ | | | | | |
| | | | | | | |
| CERTIFICATION (to be completed by | sampler) | | | | | |
| 1 Ray J. Mor, | de m | or stor | | | | |
| (Print Name) | | (Print Title) | | | | |
| | | | | | | |

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

2her Signature:

Reporting Format 62-550.730 Effective January 1995, Revised January 2004 Date: 5-3-05

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

| LABORATORY CERTIFICATION ATTACH CURRENT DOH ANALY | | eted by lab - Please type or | print legibly) |
|---|-------------------------------------|--------------------------------|---|
| LabName: Advanced Environmen | ital Labs - Orlando | Florida | Certification #: E53076 |
| Address: 528 S. North Lake Blv | d., Suite 1016 | Certification E | 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: <u>3/15/2005 8:38:00</u> |
| Lab Assigned Report Number or J | ob ID A050871 | Sample Number (I | From page 1) A050871-01 |
| Group(s) Analyzed Results attach | ed for compliance with chapte | er 62-550, F.A.C. (check all f | 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 |
| | Dioxin Only | Single Sample | Chlorite |
| Asbestos Only | | Qtrly Composite** | Secondaries |
| | | | 🗹 All 14 |
| Were any analyses subcontracted | ? 🔽 Yes 🗔 No | | Partial |
| If yes, please provide DOH certifica | | E84589 E84129 | |
| ATTACH DOH ANALYTE SHEET | | | |
| | | | |
| | CERTIF | ICATION | |
| I, <u>Myrna Santiago</u> , (Print Name) | Laboratory Manager | , | |
| do HEREBY CERTIFY that all atta National Environmental Laboratory | | | requirements of the |
| Signature: | antigo | Date: | 4/20/05 |
| * Failure to provide a valid and cur analysis results will result in rejection | on of the report, possible enfo | preement against the public v | nalyte Sheet for the attached vater system for failure to sample, |
| and may result in notification of the | | | |
| ** Please provide radiological samp | ble dates and locations for ea | ich quarter. | ····· |
| COMPLIANCE DETERMINATION | (to be completed by DEP of | pr DOH) | |
| Sample Collection Info Satisfactory | 🔄 Yes 📑 No | Sample Analysis Info Sa | tisfactory: 📑 Yes 🗌 No |
| Replacement Sample(s) Requested (| circle or highlight group(s) above) | Revised Report Reque | sted (circle or highlight group(s) above) |
| Additional Monitoring Required (| circle or highlight group(s) ab | ove) | |
| Reason(s): MCL(s) Exceeded | Detectio | n(s) | Incomplete Report |
| Missing Analyte She Other: | | Unsatisfactory | Analysis Unsatisfactory |
| Person Notified: | | Date N | lotified: |
| Commonte | | | iumeu. |
| Date Reviewed: | | Reviewing Official: | |

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

Client: Utilities, Inc.

Project Name:

Project Number:

PWS ID#:

Attention: Kathy Sillitoe

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Weathersfield

Altamonte Springs, FL 32714

 Report No.:
 A050871

 Date Sampled:
 3/15/2005

 Date Received:
 3/15/05 8:38

 Date Reported:
 4/20/2005

Project Description

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

Project Name: Weathersfield

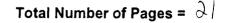
Approved By:

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.



Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A050871-01

Inorganic Contaminants

 Report No.:
 A050871

 Date/Time Sampled:
 03/15/05
 8:15

 Date/Time Received:
 3/15/05
 8:38

Sampled By: Roy Mericle

Shipping Method: Client drop off

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | Anaiysis Date | Analysis Time | DOH Lat Cert. # |
|-----------|--------------------------|--------|-------|---------------------|-----------|-------------------|----------|------------------|------------------|--------------------|
| | Nitrate + Nitrite (as N) | 10 | mg/L | 0.027 | U | SM4500NO3-F | 0.027 | 3/16/2005 | 17:42 | E82574 |
| 1005 | Arsenic | 0.010 | mg/L | 0.0070 | U | E200.7 | 0.0070 | 3/18/2005 | 10:31 | E82574 |
| 1010 | Barium | 2.0 | mg/L | 0.0058 | i | E200.7 | 0.0025 | 3/18/2005 | 10:31 | E82574 |
| 1015 | Cadmium | 0.0050 | mg/L | 0.00021 | U | E200.7 | 0.00021 | 3/18/2005 | 10:31 | E82574 |
| 1020 | Chromium | 0.10 | mg/L | 0.00016 | U | E200.7 | 0.00016 | 3/18/2005 | 10:31 | E82574 |
| 1024 | Cyanide | 0.20 | mg/L | 0.0049 | U | SM4500CN-E | 0.0049 | 3/22/2005 | 9:30 | E84589 |
| 1025 | Fluoride | 4.0 | mg/L | 0.20 | I | SM4500F-C | 0.061 | 3/17/2005 | 13:00 | E84589 |
| 1030 | Lead | 0.015 | mg/L | 0.0013 | U | SM3113B | 0.0013 | 3/18/2005 | 14:08 | E82574 |
| 1035 | Mercury | 0.0020 | mg/L | 0.000020 | U | E245.1 | 0.000020 | 3/17/2005 | 12:37 | E82574 |
| 1036 | Nickel | 0.10 | mg/L | 0.0026 | U | E200.7 | 0.0026 | 3/18/2005 | 10:31 | E82574 |
| 1040 | Nitrate (as N) | 10 | mg/L | 0.014 | U | SM4500NO3-F | 0.014 | 3/16/2005 | 17:42 | E82574 |
| 1040 | Nitrate (as N) | 10 | mg/L | 0.027 | U | SM4500NO3-F | 0.027 | 3/17/2005 | 8:40 | E84589 |
| 1041 | Nitrite (as N) | 1.0 | mg/L | 0.034 | U | SM4500NO3-F | 0.034 | 3/17/2005 | 8:40 | E84589 |
| 1041 | Nitrite (as N) | 1.0 | mg/L | 0.013 | i | SM4500NO3-F | 0.013 | 3/16/2005 | 17:42 | E82574 |
| 1045 | Selenium | 0.050 | mg/L | 0.0016 | U | SM3113B | 0.0016 | 3/16/2005 | 11:15 | E82574 |
| 1052 | Sodium | 160 | mg/L | 13 | | E200.7 | 0.0084 | 3/18/2005 | 10:31 | E82574 |
| 1074 | Antimony | 0.0060 | mg/L | 0.0025 | U | SM3113B | 0.0025 | 3/17/2005 | 13:50 | E82574 |
| 1075 | Beryllium | 0.0040 | mg/L | 0.000027 | U | E200.7 | 0.000027 | 3/18/2005 | 10:31 | E82574 |
| 1085 | Thallium | 0.0020 | mg/L | 0.0016 | U | E200.9 | 0.0016 | 3/18/2005 | 16:43 | E82574 |

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

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Site: Point of Entry Sample Number: A050871-01

Report No.: A050871 Date/Time Sampled: 03/15/05 8:15 Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle Shipping Method: Client drop off

Secondary Contaminants

| Seconda | ary containinants | | | Analysis | | | _ | Analysis | Analysis | DOH Lab |
|-----------|----------------------------|--------------------|----------|----------|-----------|-------------------|---------|-----------|----------|---------|
| Contam ID | Contam Name | MCL | Units | Results | Qualifier | Analytical Method | Lab MDL | Date | Time | Cert. # |
| 1002 | Aluminum | 0.20 | mg/L | 0.025 | ł | E200.7 | 0.017 | 3/18/2005 | 10:31 | E82574 |
| 1017 | Total Chlorides | 250 | mg/L | 21 | | E325.3 | 1.3 | 3/21/2005 | 11:16 | E84589 |
| 1022 | Copper | 1.0 | mg/L | 0.0046 | | E200.7 | 0.00096 | 3/18/2005 | 10:31 | E82574 |
| 1025 | Fluoride | 2.0 | mg/L | 0.20 | i | SM4500F-C | 0.061 | 3/17/2005 | 13:00 | E84589 |
| 1028 | Iron | 0.30 | mg/L | 0.016 | U | E200.7 | 0.016 | 3/18/2005 | 10:31 | E82574 |
| 032 | Manganese | 0.050 | mg/L | 0.0020 | | E200.7 | 0.00022 | 3/18/2005 | 10:31 | E82574 |
| 050 | Silver | 0.10 | mg/L | 0.0019 | บ | E200.7 | 0.0019 | 3/18/2005 | 10:31 | E82574 |
| 055 | Sulfate (as SO4) | 250 | mg/L | 5.2 | i | E375.4 | 1.4 | 3/29/2005 | 9:10 | E84589 |
| 095 | Zinc | 5.0 | mg/L | 0.0077 | i | E200.7 | 0.0072 | 3/18/2005 | 10:31 | E82574 |
| 905 | * Color | 150 | olor Uni | 5.0 | U | SM2120B | 5.0 | 3/16/2005 | 16:30 | E84589 |
| 925 | pH | 6.5 -8 .5 p | oH Units | 7.95 | , Q | E150.1 | 1.0 | 3/16/2005 | 16:45 | E84589 |
| 930 | Total Dissolved Solids | 500 | mg/L | 200 | | E160.1 | 10 | 3/17/2005 | 16:00 | E84589 |
| 2905 | MBAS, as LAS, mol. wt. 340 | 0.50 | mg/L | 0.035 | U | E425.1 | 0.035 | 3/16/2005 | 15:30 | E84589 |

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

Q Sample held beyond the acceptable hold time.

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

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A050871-01

Report No.: A050871

Date/Time Sampled: 03/15/05 8:15 Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle Shipping Method: Client drop off

Volatile Organics

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
|-----------|--------------------------|-------|-------|---------------------|-----------|-------------------|---------|-----|------------------|------------------|--------------------|
| 2378 | 1,2,4-Trichlorobenzene | 70 | ug/L | 0.20 | U | E502.2 | 0.20 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2380 | Cis-1,2-dichloroethene | 70 | ug/L | 0.20 | U | E502.2 | 0.20 | 1.0 | 3/16/2005 | 19:2 6 | E82574 |
| 2955 | Xylenes (Total) | 10000 | ug/L | 0.50 | U | E502.2 | 0.50 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2964 | Methylene Chloride | 5.0 | ug/L | 0.44 | U | E502.2 | 0.44 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2968 | 1,2-Dichlorobenzene | 600 | ug/L | 0.26 | U | E502.2 | 0.26 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2969 | 1,4-Dichlorobenzene | 75 | ug/L | 0.11 | U | E502.2 | 0.11 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2976 | Vinyl Chloride | 1.0 | ug/L | 0.29 | U | E502.2 | 0.29 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2977 | 1,1-Dichloroethene | 7.0 | ug/L | 0.21 | U | E502.2 | 0.21 | 1.0 | 3/16/2005 | 19:2 6 | E82574 |
| 2979 | Trans-1,2-dichloroethene | 100 | ug/L | 0.27 | U | E502.2 | 0.27 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2980 | 1,2-Dichloroethane | 3.0 | ug/L | 0.22 | U | E502.2 | 0.22 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2981 | 1,1,1-Trichloroethane | 200 | ug/L | 0.33 | U | E502.2 | 0.33 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2982 | Carbon Tetrachloride | 3.0 | ug/L | 0.31 | U | E502.2 | 0.31 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2983 | 1,2-Dichloropropane | 5.0 | ug/L | 0.22 | U | E502.2 | 0.22 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2984 | Trichloroethene | 3.0 | ug/L | 0.28 | U | E502.2 | 0.28 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2985 | 1,1,2-Trichloroethane | 5.0 | ug/L | 0.32 | U | E502.2 | 0.32 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2987 | Tetrachloroethene | 3.0 | ug/L | 0.31 | υ | E502.2 | 0.31 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2989 | Chlorobenzene | 100 | ug/L | 0.18 | U | E502.2 | 0.18 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2990 | Benzene | 1.0 | ug/L | 0.21 | U | E502.2 | 0.21 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2991 | Toluene | 1000 | ug/L | 0.10 | U | £502.2 | 0.10 | 1.0 | 3/16/2005 | 19:26 | E82574 |
| 2992 | Ethylbenzene | 700 | ug/L | 0.15 | U | E502.2 | 0.15 | 1.0 | 3/16/2005 | 19:2 6 | E82574 |
| 2996 | Styrene | 100 | ug/L | 0.14 | U | E502.2 | 0.14 | 1.0 | 3/16/2005 | 19:2 6 | E82574 |

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BA MAEW BOULEVARD, OLDSMAR, FL 34877 B13-855-1844 FA 213-855-8110

Advanced Environmental Laboratories, Inc. 528 S. North Lake Blvd. Suite 1016 Altamonte Springs, FL 32701March 25, 2005 Project No: 49354

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: A050871

Sample Number 49354.01 Sample Description A050871-01 Date & Time Collected

03/15/05 08:15

 Date & Time Received

 03/18/05
 09:50

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129 NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

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March 25, 2005

PWS ID:

Sample No.: 49354.01

Advanced Environmental Laboratories, Inc.

A050871

Sample ID: A050871-01

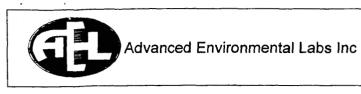
Synthetic Organics 62-550.310(4)(b)

| · · · | | | | | | | | | | | | |
|-------------|---------------------------|---------------------------------------|---------------|----------|------------|------------------------|---------------|-------------|------------|----------------------|----------------|----------------|
| Contaminant | Contaminant | | | Analysis | | Analytical | | RDL | Extraction | | Analysis | DOH Lab |
| ID | Name | · · · · · · · · · · · · · · · · · · · | Units | Result | Qualifier* | Method | Lab MDL | ** | Date | Analysis Date | Time | Certification# |
| 2005 | Endrin | 2 | µg/L | 0.1 | Û | EPA 525.2 | 0.1 | 0.01 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2010 | Lindane | 0.2 | µg/L | 0.06 | U | EPA 525.2 | 0.06 | 0.02 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2015 | Methoxychlor | 40 | hð\r | 0.05 | U | EPA 525.2 | 0.05 | 0.1 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2020 | Toxaphene | 3 | µg/L | 0.5 | U | EPA 508.1 | 0.5 | 1 | 03/22/05 | 03/24/05 | 12:45 | E84129 |
| 2031 | Dalapon | 200 | µg/L | 1 | U | EPA 515.3 | 1 | 1 | 03/22/05 | 03/23/05 | 10:46 | E84129 |
| 2032 | Diquat | 20 | µg/L | 1 | U | EPA 549.2 | 1 | 0.4 | 03/21/05 | 03/22/05 | 17:26 | E84129 |
| 2033 | Endothail | 100 | µg/L | 20 | U | EPA 548.1 | 20 | 9 | 03/22/05 | 03/23/05 | 18:00 | E84129 |
| 2034 | Glyphosate | 700 | µg/L | 10 | U | EPA 547 | 10 | 6 | | 03/22/05 | 19:54 | E84129 |
| 2035 | Di(2-ethylhexyl)adipate | 400 | µg/L | 0.3 | U | EPA 525,2 | 0.3 | 0.6 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2036 | Oxamyl (Vydate) | 200 | µg/L | 0.5 | U | EPA 531.1 | 0.5 | 2 | | 03/21/05 | 18:21 | E84129 |
| 2037 | Simazine | 4 | µg/L | 0.07 | U | EPA 525.2 | 0.07 | 0.07 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2039 | Di(2-ethylhexyl)phthalate | 6 | µg/L | 1.0 | U | EPA 525.2 | 1.0 | 0.6 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2040 | Picloram | 500 | µg/L | 0.75 | U | EPA 515.3 | 0.75 | 0.1 | 03/22/05 | 03/23/05 | 10:46 | E84129 |
| 2041 | Dinoseb | 7 | µg/L | 0.5 | U | EPA 515.3 | 0,5 | 0.2 | | 03/23/05 | 10:46 | E84129 |
| 2042 | Hexachlorocyclopentadiene | 50 | µg/L | 0.2 | Ú | EPA 525.2 | 0.2 | 0.1 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2046 | Carbofuran | 40 | µg/L | 0.5 | U | EPA 531.1 | 0.5 | 0.9 | | 03/21/05 | 18:21 | E84129 |
| 2050 | Atrazine | 3 | µg/L | 0.06 | U | EPA 525.2 | 0.06 | 0.1 | 03/22/05 | 03/23/05 | 04:23 | E84129 |
| 2051 | Alachlor | 2 | μ g /L | 0.2 | U | EPA 525.2 | 0.2 | 0.2 | | 03/23/05 | 04:23 | E84129 |
| 2065 | Heptachlor | 0.4 | µg/L | 0.08 | Ŭ | EPA 525.2 | 0.08 | 0.04 | | 03/23/05 | 04:23 | E84129 |
| 2067 | Heptachlor Epoxide | 0.2 | µg/L | 0.1 | Ŭ | EPA 525.2 | 0.1 | 0.02 | | 03/23/05 | 04:23 | E84129 |
| 2105 | 2,4-D | 70 | µg/L | 1 | Ū | EPA 515.3 | 1 | 0.1 | | 03/23/05 | 10:46 | E84129 |
| 2110 | 2,4,5-TP (Silvex) | 50 | µg/L | 0.25 | | EPA 515.3 | 0.25 | 0.2 | | 03/23/05 | 10:46 | E84129 |
| 2274 | Hexachiorobenzene | 1 | µg/L | 0.05 | | EPA 525.2 | 0.05 | 0.1 | | 03/23/05 | 04:23 | E84129 |
| 2306 | Benzo(a)pyrene | 0.2 | µg/L | 0.1 | Ŭ | EPA 525.2 | 0.03 | 0.02 | | 03/23/05 | 04:23 | E84129 |
| 2326 | Pentachlorophenol | 1 | µg/L | 0.1 | ŭ | EPA 515.3 | 0.1 | 0.02 | | 03/23/05 | 10:46 | E84129 |
| 2383 | (PCBs) | 0.5 | µg/L | 0.2 | | EPA 508.1 | 0.1 | 0.04 | | 03/24/05 | 10.40 | E84129 |
| 2931 | Dibromochloropropane | 0.0 | µg/L | 0.2 | - | EPA 506.1 | 0.2 | 0.02 | | 03/22/05 | 03:45 | E84129 |
| 2946 | Ethylene Dibromide (EDB) | 0.02 | μg/L | 0.005 | | EPA 504.1 | | | | | | E84129 |
| 2959 | Chlordane | 2 | | 0.005 | | EPA 504.1 EPA 508.1 | 0.005 0.05 | 0.01 0.2 | | 03/22/05 03/24/05 | 03:45 12:45 | E84129 |
| • Au-66 | | . 4 | L9 | 0.00 | . . | LFA 000, 1 | 0.05 | U.2 | 00122100 | 03/24/03 | 14.90 | |

* Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

U Analyte was undetected. Indicated concentration is method detection limit.



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

| Client: | UTILITIES, INC. | (UTL-A) | Project name: | WEATH | ERSFIELD |
|-----------------|-----------------|-----------------|------------------------|---------|----------|
| Date/Time Rcvd: | 3/15/05 | 08.38 | Log-In request number: | A050871 | 1 |
| Received by: | | $\mathbf{V}_{}$ | Completed by: | Y | |

Cooler/Shipping Information:

Courier:
AEL Client UPS Pony Express FedEx Other (describe):

Type: 🛛 Cooler 🗆 Box 🖾 Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--|--|--|--|---|
| Temp (°C) | 2 | | | | |
| Temp taken from | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Cooler |
| Temp measured with | IR gun Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | IR gun Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|---------|--|-----------------------|----|----|
| | re custody seals on shipping container(s) intact? | | | 1 |
| 2. Wer | e custody papers properly included with samples? | | | |
| | re custody papers properly filled out (ink, signed, match labels)? | < | | |
| 4. Did | all bottles arrive in good condition (unbroken)? | ✓ | | |
| | re all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| | the sample labels agree with the chain of custody? | 1 | | |
| 7. Wei | re correct bottles used for the tests indicated? | 1 | | |
| | re proper sample preservation techniques indicated on the label? | 1 | | |
| 9. Wei | re samples received within holding times? | | | |
| 10. Wer | re all VOA vials checked for the presence of air bubbles? | | | |
| 11. Wer | re there air bubbles present in the VOA vials? | | | 1 |
| 12. Wer | re samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | | | |
| 13. Was | s the cooler temperature less than 6°C? | | | |
| 14. Wer | re sample pHs checked and recorded by Sample control? | | | / |
| NO | TE: VOA samples are checked by laboratory analysts. | | | • |
| | re the sample containers provided by AEL? | | | |
| | re samples accepted into the laboratory? | | | |
| 17. Was | s it necessary to split samples into other bottles? | | | |

Kit ID

Comments:

.





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

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Laboratory Scope of Accreditation

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State Laboratory ID: E84129

,

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking Water Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---|-------------|------------------------------------|-----------------------|----------------|
| 1,1,1,2-Tetrachloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,1,1-Trichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,1,2,2-Tetrachloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,1,2-Trichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,1-Dichloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1.1-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,1-Dichloropropene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,2,3-Trichlorobenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| 1,2,3-Trichloropropane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,2,4-Trichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,2,4-Trimethylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| 1,2-Dibromo-3-chloropropane (DBCP) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 1,2-Dibromoethane (EDB, Ethylene dibromide) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 1,2-Dichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,2-Dichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,2-Dichloropropane | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 1,3,5-Trimethylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| 1,3-Dichlorobenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,3-Dichloropropane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 1,4-Dichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| 2,2-Dichloropropane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4,6-Trichlorophenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4,6-Trichlorophenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4-D | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 2,4-D | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| 2,4-Dinitrotoluene (2,4-DNT) | EPA 525.2 | Group III Unregulated Contaminants | NELAP | 3/6/2003 |
| 2,4-Dinitrotoluene (2,4-DNT) | EPA 609 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,4-Dinitrotoluene (2,4-DNT) | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2,6-Dinitrotoluene (2,6-DNT) | EPA 525.2 | Group III Unregulated Contaminants | NELAP | 3/6/2003 |
| 2,6-Dinitrotoluene (2,6-DNT) | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Chlorophenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Chlorophenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Chlorotoluene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Methyl-4,6-dinitrophenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 2-Methyl-4,6-dinitrophenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| 3-Hydroxycarbofuran | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |

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| Matrix: Drinking Water Analyte | Method/Tech | Category | Certification Type | Effective Date |
|--|-------------|-----------------------------------|-----------------------|----------------|
| 4,4'-DDD | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| 1,4'-DDD | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| 4,4'-DDE | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| I,4'-DDE | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| I,4'-DDT | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| I,4'-DDT | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| -Chlorotoluene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Isopropyltoluene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| Acetochlor | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/6/2003 |
| Acifluorfen | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Machlor | EPA 507 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| lachlor | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| lachior | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Aldicarb (Temik) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Idicarb sulfone | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Idicarb sulfoxide | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Aldrin | EPA 508 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Idrin | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| ldrin | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| lkalinity as CaCO3 | SM 2320 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| lpha-BHC (alpha-Hexachlorocyclohexane) | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Aluminum | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Inetryn | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/6/2003 |
| ntimony | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| rsenic | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| trazine | EPA 507 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| trazine | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| trazine | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| arium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| enzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| enzo(a)pyrene | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| enzo(a)pyrene | EPA 550.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| eryllium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| eryllium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| eta-BHC (beta-Hexachlorocyclohexane) | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| is(2-Ethylhexyl) phthalate (DEHP) | EPA 506 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |

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E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking Water | Method/Tech | Category | Certification Type | Effective Date |
|------------------------------------|--------------|--|-----------------------|----------------|
| his(2-Ethylhexyl) phthalate (DEHP) | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Bromacil | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/6/2003 |
| Bromate | EPA 300.0 | Primary Inorganic Contaminants | NELAI | 3/22/2002 |
| Bromide | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Bromoacetic acid | EPA 552.2 | Synthetic Organic Contaminants, Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Bromobenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Bromochloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 7/2/2002 |
| Bromochloromethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| Bromodichloromethane | EPA 502.2 | Group II Unregulated Contaminants,Other Regulated Contaminants | NELAP | 3/22/2002 |
| Bromoform | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Butachlor | EPA 507 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Butachlor | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Butyl benzyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Butyl benzyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Cadmium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Cadmium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Carbaryl (Sevin) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Carbofuran (Furaden) | EPA 531.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Carbon tetrachloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Chlordane (tech.) | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Chlordane (tech.) | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| Chloride | EPA 300.0 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Chloride | EPA 325.2 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Chlorine | SM 4500-Cl G | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Chlorite | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Chloroacetic acid | EPA 552.2 | Synthetic Organic Contaminants,Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Chlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Chloroethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Thloroform | EPA 502.2 | Group II Unregulated Contaminants,Other Regulated Contaminants | NELAP | 3/22/2002 |
| Chromium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| is-1,2-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |

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NON-TRANSFERABLE 07/19/2004-E84129

~ 1





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

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EPA Lab Code: FL00237

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E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677

| Matrix: Drinking Water Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---|--------------|---|-----------------------|----------------|
| cis-1,3-Dichloropropene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Color | SM 2120 B | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Conductivity | SM 2510 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Copper | EPA 200.7 | Primary Inorganic Contaminants,Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Cyanide | SM 4500-CN E | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Daethal (DCPA) | EPA 515.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dacthal (DCPA) | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dalapon | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dalapon | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| DCPA di acid degradate | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| DCPA mono-acid | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| delta-BHC | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Di(2-ethylhexyl)adipate | EPA 506 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Di(2-ethylhexyl)adipate | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dibromoacetic acid | EPA 552.2 | Group I Unregulated Contaminants,Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dibromochloromethane | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Dibromomethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Dicamba | EPA 515.1 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dicamba | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dichloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants,Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dichlorodifluoromethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Dichloromethane (DCM, Methylene chloride) | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Dieldrin | EPA 508 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Dieldrin | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Dieldrin | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Diethyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Diethyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Dimethyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Dimethyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Di-n-butyl phthalate | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Di-n-butyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| · · | EPA 606 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |

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| Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---|-------------|---|-----------------------|----------------|
| Di-n-octyl phthalate | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP) | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP) | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Diquat | EPA 549.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Endosulfan I | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Endosulfan II | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Endosulfan sulfate | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Endothall | EPA 548.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Endrin | EPA 508 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| Endrin | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| Endrin | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| Endrin aldehyde | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| EPTC (Eptam, s-ethyl-dipropyl thio carbamate) | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Ethylbenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Fecal coliforms | SM 9221 E | Microbiology | NELAP | 3/22/2002 |
| Fluoride | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Fluoride | SM 4500 F-C | Secondary Inorganic Contaminants,Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| gamma-BHC (Lindane, gamma-Hexachlorocyclohexane) | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| gamma-BHC (Lindane, gamma-Hexachlorocyclohexane) | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| gamma-BHC (Lindane, gamma-Hexachlorocyclohexane) | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Jlyphosate | EPA 547 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Gross-alpha | EPA 00- 02 | Radiochemistry | NELAP | 4/1/2004 |
| Gross-alpha | EPA 900 | Radiochemistry | NELAP | 4/1/2004 |
| Gross-beta | EPA 900 | Radiochemistry | NELAP | 4/1/2004 |
| Heptachlor | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Heptachlor | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| Heptachlor | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| leptachlor epoxide | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| feptachlor epoxide | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| leptachlor epoxide | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| lexachlorobenzene | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Hexachlorobenzene | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| lexachlorobenzene | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| | | | | |

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(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677

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| Methyl tert-butyl ether (MTBE)EPA 502.2Group II Unregulated ContaminantsNELAP3/22/2002MetolachlorEPA 507Group I Unregulated ContaminantsNELAP3/22/2002MetolachlorEPA 525.2Group I Unregulated ContaminantsNELAP3/22/2002MetribuzinEPA 507Group I Unregulated ContaminantsNELAP3/22/2002MetribuzinEPA 525.2Group I Unregulated ContaminantsNELAP3/22/2002MolinateEPA 525.2Group I Unregulated ContaminantsNELAP3/22/2002MolinateEPA 502.2Group I Unregulated ContaminantsNELAP3/22/2002NaphthaleneEPA 502.2Group II Unregulated ContaminantsNELAP3/22/2002Natural uraniumEPA 908RadiochemistryNELAP3/6/2003NickelEPA 200.7Primary Inorganic ContaminantsNELAP3/22/2002NitrateEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitrateEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitrateEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitriteEPA 353.2Primary Inorganic ContaminantsNELAP3/22/2002NitriteEPA 353.2Primary Inorganic ContaminantsNELAP3/22/2002NitriteSM 4500-NO2 BPrimary Inorganic ContaminantsNELAP3/22/2002NorflurazonEPA 525.2Synthetic Organic ContaminantsNELAP3/62/2003n-PropylbenzeneEPA 502.2< | Methyl chloride (Chloromethane) | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
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| A-BitylidenzeneETAT SocialOrtop II Ourgenite ContaminantsNELAPNickelEPA 200.7Primary Inorganic ContaminantsNELAP3/22/2002NitrateEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitrateEPA 353.2Primary Inorganic ContaminantsNELAP3/22/2002NitriteEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitriteEPA 353.2Primary Inorganic ContaminantsNELAP3/22/2002NitriteSM 4500-NO2 BPrimary Inorganic ContaminantsNELAP3/22/2002NorflurazonEPA 525.2Synthetic Organic ContaminantsNELAP3/6/2003n-PropylbenzeneEPA 502.2Group II Unregulated ContaminantsNELAP3/6/2003 | Natural uranium | EPA 908 | Radiochemistry | NELAP | 4/1/2004 |
| NickelEPA 200.7Primary Inorganic ContaminantsNELAP3/22/2002NitrateEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitrateEPA 353.2Primary Inorganic ContaminantsNELAP3/22/2002NitriteEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitriteEPA 353.2Primary Inorganic ContaminantsNELAP3/22/2002NitriteSM 4500-NO2 BPrimary Inorganic ContaminantsNELAP3/22/2002NorflurazonEPA 525.2Synthetic Organic ContaminantsNELAP3/6/2003n-PropylbenzeneEPA 502.2Group II Unregulated ContaminantsNELAP3/6/2003 | 1-Butylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
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| NitriteEPA 300.0Primary Inorganic ContaminantsNELAP3/22/2002NitriteEPA 353.2Primary Inorganic ContaminantsNELAP3/22/2002NitriteSM 4500-NO2 BPrimary Inorganic ContaminantsNELAP3/22/2002NorflurazonEPA 525.2Synthetic Organic ContaminantsNELAP3/6/2003n-PropylbenzeneEPA 502.2Group II Unregulated ContaminantsNELAP3/6/2003 | | EPA 353.2 | | NELAP | 3/22/2002 |
| Nitrite EPA 353.2 Primary Inorganic Contaminants NELAP 3/22/2002 Nitrite SM 4500-NO2 B Primary Inorganic Contaminants NELAP 3/22/2002 Norflurazon EPA 525.2 Synthetic Organic Contaminants NELAP 3/6/2003 n-Propylbenzene EPA 502.2 Group II Unregulated Contaminants NELAP 3/6/2003 | | | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Nitrite SM 4500-NO2 B Primary Inorganic Contaminants NELAP 3/22/2002 Norflurazon EPA 525.2 Synthetic Organic Contaminants NELAP 3/6/2003 n-Propylbenzene EPA 502.2 Group II Unregulated Contaminants NELAP 3/6/2003 | | | | NELAP | 3/22/2002 |
| Norflurazon EPA 525.2 Synthetic Organic Contaminants NELAP 3/6/2003 h-Propylbenzene EPA 502.2 Group II Unregulated Contaminants NELAP 3/6/2003 | | | , - | NELAP | 3/22/2002 |
| n-Propylbenzene EPA 502.2 Group II Unregulated Contaminants NELAP 3/6/2003 | | | | NELAP | 3/6/2003 |
| | | | | | 3/6/2003 |
| | Odor | SM 2150 B | Secondary Inorganic Contaminants | | |

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards. NON-TRANSFERABLE 07/19/2004-E84129

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Jeb Bush Governor





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

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Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking water Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---|-------------|------------------------------------|-----------------------|----------------|
| Orthophosphate as P | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Oxamyl | EPA 531.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| PCBs | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| PCBs | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| Pentachlorophenol | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Pentachlorophenol | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Pentachlorophenol | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| pH | EPA 150.1 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Phenol | EPA 604 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Phenol | EPA 625 | Group III Unregulated Contaminants | NELAP | 3/22/2002 |
| Picloram | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Picloram | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Propachlor (Ramrod) | EPA 508 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Propachlor (Ramrod) | EPA 508.1 | Group I Unregulated Contaminants | NELAP | 7/19/2002 |
| Propachlor (Ramrod) | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Radium-226 | EPA 903.1 | Radiochemistry | NELAP | 4/1/2004 |
| Radium-228 | EPA Ra-05 | Radiochemistry | NELAP | 4/1/2004 |
| sec-Butylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| Selenium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Selenium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Silver | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Silver | SM 3113 B | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Silvex (2,4,5-TP) | EPA 515.1 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Silvex (2,4,5-TP) | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Simazine | EPA 507 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Simazine | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| Simazine | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Sodium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Styrene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Sulfate | EPA 300.0 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Surfactants - MBAS | SM 5540 C | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Ferbacil | EPA 525.2 | Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| ert-Butylbenzene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/6/2003 |
| Tetrachloroethylene (Perchloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Thallium | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Toluene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |

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NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush Governor

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

Page 8 of 32

Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129 Southern Analytical Laboratories, Inc. 110 Bayview Blvd Oldsmar, FL 34677 Matrix: Drinking Water

| Matrix: Drinking Water Analyte | Method/Tech | Category | Certification Type | Effective Date |
|-------------------------------------|-------------|---|-----------------------|----------------|
| Total coliforms | SM 9222 B | Microbiology | NELAP | 3/22/2002 |
| Total coliforms & E. coli | SM 9223 B | Microbiology | NELAP | 3/22/2002 |
| Total dissolved solids | SM 2540 C | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| Total haloacetic acids | EPA 552.2 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Fotal nitrate-nitrite | EPA 300.0 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Fotal nitrate-nitrite | EPA 353.2 | Primary Inorganic Contaminants | NELAP | 3/22/2002 |
| Fotal trihalomethanes | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Toxaphene (Chlorinated camphene) | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/22/2002 |
| Foxaphene (Chlorinated camphene) | EPA 508.1 | Synthetic Organic Contaminants | NELAP | 7/19/2002 |
| rans-1,2-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| rans-1,3-Dichloropropylene | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Frichloroacetic acid | EPA 552.2 | Synthetic Organic Contaminants,Group I Unregulated Contaminants | NELAP | 3/22/2002 |
| Frichloroethene (Trichloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Frichlorofluoromethane | EPA 502.2 | Group II Unregulated Contaminants | NELAP | 3/22/2002 |
| Furbidity | EPA 180.1 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |
| JV 254 | SM 5910 B | Primary Inorganic Contaminants | NELAP | 3/6/2003 |
| /inyl chloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| (ylene (total) | EPA 502.2 | Other Regulated Contaminants | NELAP | 3/22/2002 |
| Linc | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 3/22/2002 |

473:37

THE NATER SPILOT Chain-of-Custody for AEL Olando to Southern Analytical

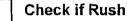
AEL Orlando 528 South North Lake Blvd, S Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A050871

THEN ADER 581605 Southern Analytical STOLE. HWYZZ PANAMACITY, FC 3240 _110 Bayview-Bivd. Oldsmar, FL 34677 850-871-1900 813-855-1844 Gontact Person: Sample Receiving SAmple receiving

Department: SA



| _ | Lab Code | Client Sample ID | Test | Matrix | Collect Date | / Time | Receive Date | Due Date | # Bottles Bottle Type (Pres.) |
|----------|------------|------------------|--------------|----------------|--------------|--------|--------------|-----------|-------------------------------|
| | A050871-01 | 1 | 62-550 549.2 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | 3×ILG,ST |
| ~ 1 | A050871-01 | 1 | 62-550 548 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | IXILAP, ST |
| ΰY | A050871-01 | 1 | 62-550 547 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | 3x YomL TV ST |
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| | A050871-01 | 1 | 62-550 508.1 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | |
| | A050871-01 | 1 | 62-550 504.1 | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | |

Orlando Relinguisher: YPS 3/15/2005 3:00:30 PM **Shipping Receiver:** Date/Time: 0152 Date/Time: 3/18/05 UPS Harl Shipping Relinquisher: Southern Analytical Receiver: Page 1 of 1

Chain-of-Custody for AEL Orlando to AEL Jax

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

Check if Rush

Bottle Type (Pres.) **Receive Date** Due Date **# Bottles** Matrix Collect Date / Time Lab Code **Client Sample ID** Test 1L Poly 3/29/2005 -550 Metals ICP (Primary) C **Drinking Water** 3/15/2005 8:15 3/15/05 8:38 A050871-01 1 1L Poly 3/29/2005 3/15/05 8:38 i50 Metals ICP (Secondary) **Drinking Water** 3/15/2005 8:15 A050871-01 1 40mL VOC Vial 3/15/05 8:38 3/29/2005 **Drinking Water** 3/15/2005 8:15 A050871-01 1 62-550 VOCs DW 500mL Poly (HNO3) 3/29/2005 3/15/2005 8:15 3/15/05 8:38 A050871-01 1 Hg (DW) **Drinking Water** 250mL Poly 3/17/2005 Drinking Water 3/15/2005 8:15 3/15/05 8:38 A050871-01 Nitrate (J)-DW 1 250mL Poly 3/29/2005 3/15/05 8:38 A050871-01 Nitrate + Nitrite (J)-DW **Drinking Water** 3/15/2005 8:15 1 250mL Poly 3/15/05 8:38 3/17/2005 3/15/2005 8:15 A050871-01 1 Nitrite (J)-DW Drinking Water 500mL Poly (HNO3) 3/15/2005 3/15/05 8:38 3/29/2005 A050871-01 1 Pb (DW) **Drinking Water** 8:15 3/29/2005 500mL Poly (HNO3) 3/15/2005 8:15 3/15/05 8:38 Sb (DW) **Drinking Water** A050871-01 1 500mL Poly (HNO3) 3/29/2005 A050871-01 1 Se (DW) **Drinking Water** 3/15/2005 8:15 3/15/05 8:38 500mL Poly (HNO3) 3/29/2005 3/15/05 8:38 A050871-01 1 TI (DW) **Drinking Water** 3/15/2005 8:15

Date/Time: 3/15/05 11W Date/Time: 3/16/05 1100 **Shipping Receiver:** Orlando Relinguisher: pa coul Shipping Relinquisher: Jacksonville Receiver:

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

Contact Person: Myrna Santiago

Project #: A050871 CustomerName: Utilities, Inc. Collector: Roy Mericle

Page 1 of 1

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 #: A050871 CustomerName: Utilities, Inc. Collector: Roy Mericle AEL Tampa 5810-D Breckinridge Parkway Tampa, FL 33610 813-630-9616 Fax 813-630-4327 Contact Person: Michael Cammarata

C

Check if Rush

| Lab Code | Client Sample ID | Test | Matrix | Collect Date | / Time | Receive Date | Due Date | # Bottles | Bottle Type | (Pres.) |
|--------------|------------------|----------------------------|----------------|------------------------|--------|--------------------------|------------|-----------|-----------------------------|---------|
| A050871-01 | 1 | Chlorides (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | <u></u> | 250mL Poly | |
| A050871-01 | 1 | Color (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 250mL Poly | |
| A050871-01 | 1 | Cyanide (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 500mL Poly | |
| A050871-01 | 1 | Fluoride (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly | |
| A050871-01 | 1 | Fluorides (T)-DW Secondary | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly | |
| A050871-01 | 1 | MBAS (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 500mL Poly | |
| A050871-01 | 1 | Nitrate (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 250mL Poly | |
| A050871-01 | 1 | Nitrite (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/17/2005 | | 250mL Poly | |
| A050871-01 | -1- | Odor (T)-DW | Drinking Water | 2/15/2005 - | 8:15 | 3/15/05-8.9 8 | -3/15/2005 | | -2 02. Glass dar | |
| A050871-01 | 1 | pH (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/15/2005 | | 250mL Poly | |
| A050871-01 | 1 | Sulfate (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/29/2005 | | 250mL Poly | |
| A050871-01 | 1 | TDS (T)-DW | Drinking Water | 3/15/2005 | 8:15 | 3/15/05 8:38 | 3/22/2005 | | 500mL Poly | |
| A Ordenste B | | \sim | Shinning | Pacaiver: | 1485 | <i>A</i> . | Dat | e/Time: 3 | 15/05 1700 | |

WS **Shipping Receiver: Orlando Relinquisher:** ups **Shipping Relinquisher:** Tampa Receiver:

Date/Time: 31505 1700 DO Date/Time: 🗳

Page 1 of 1

| | 9610 Princess Palm Ave. •1 | cksonville, FL 32216 • 904.363 Tampa, FL 33619 • 813.630.9 • Gainesville, FL 32606 • 352 •. 1016 • Altamonte Springs, F | 316 • Fax 8 | 13.630.4327 Fax 352.367 | • E84569 7.0050 • E8 | 2620 | E53076 | | | <u></u> | | A | 05 | 19 / | l | _ |
|--------------|---|--|--------------|----------------------------|---------------------------|----------|--------------|----------------------|--------------------|----------------|----------|------------|------------------------|------------|----------|-----------|
| LIENT NAME: | Utlities Inc. | PROJECT NAME: | | | thersfi | | {1}* | SIZE | Various | 느ㅋ | Various | | | | | |
| DRESS: 200 | Weathershield Ave | P.O. NUMBER/PROJECT NUM | BER: R1 | M602 | 2W | | | & TYPE | Vari | 40 mL Vials | | 40. Via | 20 | | | |
| Hamon | te Springs, FL 948-4219 1 Mericle | PROJECT LOCATION: | athe | rsfie | ld | | | | Ş | | | 1 | | | | |
| ONE: 407- | 948-4219 | FAX: | | | | | | | ji | · ł | | | | | | |
| | Mericle | SAMPLED BY: Roy | J. | Mer | <u>i'e le</u> | <u>.</u> | | HE | Jai | | | | NoX | | | |
| | TURN AROUND TIME: | SAMPLED BY: ROY DDSA 1> 6M17 NVW pibject | MARKS/SPE | ECIAL INSTRUC | стіоня: / С5АМР | ling 15 | | ANALYSIS REQUIRED | Primary Inorganics | Secondaries | VOCs | socs | NO2,NO3, N (annual) | | | AB NUMBER |
| WW≈waste wat | er SW≈surface water GW≈grour | nd water DW=drinking water | | 1 | A≠air | SO≈soil | SL≈sludge | | <u> </u> | S S | > | 0 | 2 | ├ † | | -6 |
| SAMPLE | SAMPLE DES | CRIPTION | Grab Comp | SAMP | TIME | MATRIX | NO. COUNT | Preserv | | | 16 23.4 | | . Dan Ingilia | | | |
| ID | | | + | DATE 3/ | 0815 | | | | | X | X | X | X | | | |
| 1 | POE | | Grab | 15/ | | DW | 25 | | X | ^ | <u> </u> | | | ┟╂ | | -+- |
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| l-lce | | O3) T=(Sodium Thiosulfate) | | | 1 | | Relig | ouish by: | ä | Date | Time | al | Repetived by: | Dat | | Time |
| | | Sample Kit Cooler # | | | 1 | 12 | 1× | n | la | 3/15/05 | 838 | 1A | | 3/15/ | 25 | 838 |
| Shipment | | RB D/T | | | 2 | | | | | | | LIV | | | | |
| Shipment | Via: | RBD/T ABD/T | | | 3 | + | | | | | | | | 1 | | |

Florida Department of Environmental Protection

| PUBLIC WATER SYSTEM INFORMATIO | N (to be completed by sampler – Please typ | be or print legibly) | | | |
|--|---|--|--|--|--|
| System Name: Weathersfie | eld PWSI.D | .#3591451 | | | |
| System Type (check one): XCommunity Address: 200 Weathersf | | Transient Noncommunity | | | |
| / dd/ 0001 | | | | | |
| city: <u>Altamonto Spring</u> | State: FC | ZIP Code: <u>32714</u> | | | |
| Phone #: <u>407 - 869 - 1979</u> | | 7-869-6961 | | | |
| E-Mail Address: | | t | | | |
| | | | | | |
| SAMPLE INFORMATION (to be completed | hy sampler) | | | | |
| Sample Number: <u>A050879-</u> | | nown: PDE | | | |
| Sample Date:3/15/05 | | \sim | | | |
| | | | | | |
| Sample Location (be specific): <u>POE</u> | | : mg/L Field pH: | | | |
| Disinfectant Residual (Required when reporting | results for trinaiomethanes and naioacetic acios) | | | | |
| | Papagan(a) for Sc | ample (Check all that apply) | | | |
| Sample Type (Check Only One) | | | | | |
| | Routine Compliance (with 62-550) | | | | |
| | 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 Co | omments: | | | |
| Near First Customer | | | | | |
| *See 62-550.500(6) for requiren NOTE: See 62-550.512(3) for a for nitrate or nitrite MCL | dditional requirements attact exceedances. | 62-550.550(4) for requirements and h a results page for each site. | | | |
| Sampler's Name: Koy Mer | icle | | | | |
| Sampler's Phone #: | | | | | |
| Sampler's E-Mail Address: | | | | | |
| | | | | | |
| CERTIFICATION (to be completed by | sampler) | | | | |
| 1 Print Mar | ricke, Op | oration | | | |
| (Print Name) | | (Print Title) | | | |
| do HEREBY CERTIFY that the abc complete and correct. | ve public water system and same | ble collection information is | | | |
| Signature: | Mun | Date: <u>4-5-05</u> | | | |
| | | | | | |
| | | , | | | |

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

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| Flor | ida Department (| of Environm | ental Protec Reportir | tion Safe Drinking W Ig Format | Vater Program Laboratory | | | | | |
|--------------------------|---|-----------------------------------|---|--|---|--|--|--|--|--|
| | ORY CERTIFICATIO | | N (to be comple | eted by lab - Please type or | print legibly) | | | | | |
| LabName: | Advanced Environm | ental Labs - Oria | ando | Florid | a Certification #: E53076 | | | | | |
| Address: | 528 S. North Lake B | llvd., Suite 1016 | a day mana kata kata yang sama mang yang pang | Certification Expiration Date: 6/30/2005 | | | | | | |
| | Altamonte Springs, | FL 32701 | | | Telephone #: (407) 937-1594 | | | | | |
| ANALYSIS | S INFORMATION (to I | be completed by | lab | | | | | | | |
| PWS ID (f | rom page 1): | | | Date Sample | e(s) Received: 3/15/2005 2:50:00 | | | | | |
| Lab Assigi | ned Report Number of | Job ID A05087 | 9 | | (From page 1) A050879-01 | | | | | |
| Group(s) A | Analyzed Results atta | ched for complia | ince with chapte | - r 62-550, F.A.C. (check all | | | | | | |
| | Inorganics | Synthetic Org | | Volatile Organics | | | | | | |
| ŗ | | | | | Disinfection Byproducts | | | | | |
| Ē | Partial | All Except | Dioxin | Partial | Trihalomethanes Haloacetic Acids | | | | | |
| | Nitrate | Partial | | Radionuclides | | | | | | |
| [| Nitrite | 🔲 Dioxin On | iy | Single Sample | Chlorite | | | | | |
| L | Asbestos Only | | | Qtrly Composite** | Secondaries | | | | | |
| | | | | | All 14 | | | | | |
| Were any a | analyses subcontracte | ed? ✓ Yes | No | | Partial | | | | | |
| - | ise provide DOH certif | | · • | | | | | | | |
| | OH ANALYTE SHEE | - | | | | | | | | |
| ATTACH | ON ANAL TE SHEE | I FUR EACH SI | JECONTRACT | | | | | | | |
| | | | CERTIFI | CATION | | | | | | |
| I, <u>Myrna S</u> (| antiago Print Name) | , Laboratory Ma | anager | ······································ | | | | | | |
| do HEREB National Er | Y CERTIFY that all att ivironmental Laborato | ached analytical Accreditation | l data are correc Conference (NE | t and unless noted meet al LAC). | I requirements of the | | | | | |
| Signature: | MARQUSC | white | 0 | Date: | 124/05 | | | | | |
| analysis res | provide a valid and country will result in reject suits will result in reject suit in notification of the | tion of the report | t, possible enfor | cement against the public v | nalyte Sheet for the attached water system for failure to sample, | | | | | |
| ** Please p | rovide radiological san | nple dates and 1 | ocations for eac | ch quarter. | | | | | | |
| COMPLIAN | ICE DETERMINATIO | N (to be comp | leted by DEP or | DOH) | | | | | | |
| Sample Col | lection Info Satisfacto | ry 🔄 Yes 🔽 | No | Sample Analysis Info Sa | atisfactory: 🗍 Yes 🗍 No | | | | | |
| Replacen | nent Sample(s) Requested | | | | ested (circle or highlight group(s) above) | | | | | |
| | al Monitoring Required | | | | | | | | | |
| | MCL(s) Exceeded | | Detection | | | | | | | |
| | Missing Analyte S | heet(s) | Location I | Unsatisfactory | Incomplete Report Analysis Unsatisfactory | | | | | |
| Darean Mati | Edi | | | | a an an ann ann ann an an an an ann an a | | | | | |
| Person Noti: Commonte | neu. | | | Date | Notified: | | | | | |
| Comments | | | | n den no mensen in sur sur sur sur | | | | | | |
| Date Review | ved: | ~ | DEP/DOH R | eviewing Official: | | | | | | |

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AV

Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, Florida 32216 (904) 363-9350 FAX (904) 363-9354

| Client: | Utilities, Inc. |
|-----------------|-----------------|
| Project Name: | Weathersfield |
| Project Number: | |
| PWS ID#: | |
| Attention: | Kathy Sillitoe |
| Phone Number: | 8002721919 |
| | |

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

| Report No.: | A050879 |
|----------------|---------------|
| Date Sampled: | 3/15/2005 |
| Date Received: | 3/15/05 14:50 |
| Date Reported: | 3/24/2005 |

Project Description

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

Project Name: Weathersfield

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 =

R.3

Advanced Environmental Laboratories, Inc.

Analytical Report

| | Client: Utilities, Inc. | | | | | | | Report N | lo.: A050 | 0879 |
|-----------|-------------------------|-----|-------|---------------------|-----------|-------------------|---------|------------------|------------------|--------------------|
| Proje | ect Name: Weathersfield | | | | | | | Date/Time Samp | led: 03/15 | /05 14:45 |
| | Matrix: Drinking Water | | | | | | | Date/Time Receiv | ved: 3/15/0 |)5 14:50 |
| F | PWS ID#: | | | | | | | | | |
| Client Sa | ample ID: 1 | | | | | | | | | |
| | Site: Point of Entry | | | | | | | Sampled E | | |
| Sample | Number: A050879-01 | | | | | | | Shipping Meth | od: Client | drop off |
| Second | lary Contaminants | | | | | | | | | |
| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
| 1920 | Odor | 3.0 | TON | 4.0 | | SM2150B | 1.0 | 3/16/2005 | 13:15 | E82574 |

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

p.4



Advanced Environmental Labs Inc

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

| Client: | UTILITIES, IN | IC. (UTL-A) | Project name: WEATHERSFIELD | |
|-----------------|---------------|-------------|--------------------------------|--|
| Date/Time Rcvd: | 3/15/05 | 14.50 | Log-In request number: A050871 | |
| Received by: | | V | Completed by: | |

Cooler/Shipping Information:

Courier:

AEL

Client

UPS
Pony Express
FedEx
Other (describe):

Type: 🖾 Cooler 🗆 Box 🗆 Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--|--|--|--|--|
| Temp (°C) | 2 | | | | |
| Temp taken from | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | ☐ IR gun ☐ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|-----|--|-----|----|----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 2. | Were custody papers properly included with samples? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | 1 | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | 1 | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: D NO ICE D BLUE ICE | | | |
| 13. | Was the cooler temperature less than 6°C? | 1 | | |
| 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? | 1 | | |
| 16. | Were samples accepted into the laboratory? | 1 | | |
| | Was it necessary to split samples into other bottles? | | 1 | |

Kit ID Comments:

Lab Code

A050879-01

Project #: A050879

Collector: Roy Mericle

Client Sample ID

1

Test

Odor (J)-DW

03/24/2005 12:01 #159 P.002/002

9354

904 363

| | . " | |
|---------------------------------|-----|--|
| Shipping Relinquisher: Atl Clum | | Date/Time: 3/15/05 1700 Date/Time: 3/16/05 (100 |

Matrix

Drinking Water

Chain-of-Custody for AEL Orlando to AEL Jax

Collect Date / Time Receive Date

3/15/05 14:50

14:45

3/15/2005

AEL Jax

Due Date

3/15/2005

Bottles

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

Check if Rush

Bottle Type (Pres.)

250mL Poly

Page 1 of 1

| CLIENT NAME: | * Grando | 6 NW 67th Place, Suite | PROJE | CT NA | (352) 367-15 | Fax (904) 363-9 Fax (813) 630-43 00 Fax (352) 367 | -0050 | | | | ~ | A | 05 | UO | ノフ | 1 |
|---|---|--------------------------------|-----------------------|-------------------|--------------|---|--------|-----------|--------------------------|-------------|----------|---|------|-----------|----|---|
| ADDRESS | lites Inc | | | IN. | 1 - Haras | Field | | | BOTT | LE E |) S I | t | - I. | | I | |
| 200 | o Weathersfield | Are | P.O. NU | JMBER , | PROJECT | NUMBER: | M(m7 | | | 13000 | 20044 | | | | | |
| Hltamonte S PHONE: 407-9 | MITICS INC O Neathersfield prings, FL 32: 48-4219 FI | 701 AX: | PROJE | CT LOC | CATION: W | eathers fie | 6 | ~W | A R N E A Q L U | | | | | | | |
| CONTACT: Joy | Mericle | | SAMPLE | ED BY: | | | · | ····· | Y I S R | | | | | | | |
| TURN AROUND T | TIME: | REMARKS / SP | PECIAL INST | BUCTIC | Koy M | levile | | | SD | | | | | | | |
| STANDARD | | | | 100110 | 202: | | | | | | | | | | | |
| | | | | | | | | | | | | | [| | | |
| | | | | | | | | | | 2 | | | | | | |
| 🗆 RUSH | | | | | | | | | | Doc | | | | | | |
| RUSH | SW≔surface water | GW≔ground water | DW =drinking v | Water | 011 | | | | | DOR | | | | | | |
| © RUSH | | | DW=drinking v | Grab | | ^l =air SO≓ 4PLING | soil S | SL=sludge | Prøserv | 0 7 0 | | | | | | |
| RUSH WW= waste water | | GW=ground water DESCRIPTION | | Grab composite | | APLING | soil S | | 0.8 9.8 | 0 7 0 | | | | | | |
| RUSH WW= waste water | SAMPLE | | | Grab composite | | APLING | | NO. | 0.8 9.8 | 0 7 0 | | | | | | |
| RUSH WW= waste water | SAMPLE | | | Grab composite | | APLING | MATRI | NO. | | odd H | | | | | | |
| RUSH WW= waste water | SAMPLE | | | Grab composite | | APLING | MATRI | NO. | | odd H | | | | | | |
| RUSH WW= waste water | SAMPLE | | | Grab composite | | APLING | MATRI | NO. | | odd H | | | | | | |
| RUSH WW= waste water | SAMPLE | | | Grab composite | | APLING | MATRI | NO. | | odd H | | | | | | |
| RUSH WW= waste water | SAMPLE | | | Grab composite | | APLING | MATRI | NO. | | odd H | | | | | | |
| D RUSH WW= waste water SAMPLE ID { | SAMPLE | DESCRIPTION | | Grab composite | | APLING | MATRI | NO. | | odd H | | | | | | |

Jeb Bush Governor





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

Page 2 of 26

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

ÉPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway Jacksonville, FL 32216

Metrix: Drinking Water

| Matrix: Drinking Water | Method/Tech | Category | Certification Type | Effective Date |
|---|---------------|---|-----------------------|----------------|
| Ethylbenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 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 |
| 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 |
| Nirrite | SM 4500-NO3 F | Primary Inorganic Contaminants | NELAP | 2/13/2003 |
| Odor | SM 2150 B | Secondary Inorganic Contaminants | NELAP | 2/13/2003 |
| Orthophosphate as P | EPA 365.1 | Primary Inorganic Contaminants | NELAP | 2/13/2003 |
| рН | EPA 150.1 | Primary Inorganic Contaminants,Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| 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 |
| Silver | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| Sodium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Styrene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Sulfate | EPA 375.4 | Secondary Inorganic Contaminants | NELAP | 2/13/2003 |
| Tetrachloroethylene (Perchloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Thailium | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Toluene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Total coliforms | SM 9222 B | Microbiology | NELAP | 4/4/2002 |
| Total coliforms & E. coli | SM 9223 B | Microbiology | NELAP | 9/5/2002 |
| Total trihalomethanes | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| trans-1,2-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Trichloroethene (Trichloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Turbidity | EPA 180.1 | Secondary Inorganic Contaminants | NELAP | 7/17/2002 |
| Vinyl chloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Xylene (total) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Zinc | EPA 200.7 | Secondary 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 06/30/2004-E82574

R

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

July 13, 2005

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

Re: Synthetic Organic Contaminants June 2005 Weathersfield Utilities, Inc. PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 14, 2005 for the above referenced analysis and system. This report excludes Herbicides due to incorrect preservative causing matrix interference. This parameter will be resampled the week of July 25, 2005

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

elite

Kathy Sillitoe Area Manager

EC: Patrick Flynn, Regional Director, UIOF Scotty L. Haws, Assistant Operations Manager

Safe Drinking Water Program Laboratory Reporting Format

| PUBLIC WATER SYSTEM INFORMATION | to be completed by sampler – Please type | e or print legibly) |
|--|---|---|
| System Name: | FIELD PWSID | # 3 5 9 1 4 5 1 |
| System Type (check one): Community | Nontransient Noncommunity | Transient Noncommunity |
| | THERSFIELD AVE. | |
| /////////////////////////////////////// | | · · |
| City: ACT. SPRINGS | State: FLA | ZIP Code: <u></u> |
| Phone #: 407-869-1919 | Fax #: | |
| E-Mail Address: | | |
| | | |
| SAMPLE INFORMATION (to be completed b | by sampler) | |
| | Location Code (if kn | own): |
| Sample Date: 6/14/05 | Sample Time: | AM PM (Circle One) |
| Sample Location (be specific): <u>SAMP</u> | LE TAP AT WATER PLAN | <u>2</u> T |
| Disinfectant Residual (Required when reporting | esults for trihalomethanes and haloacetic acids): | mg/L Field pH: |
| <i>,</i> | • | |
| Sample Type (Check Only One) | Reason(s) for Sa | mple (Check all that apply) |
| | Routine Compliance (with 62-550) | Quarterly (Which Quarter? |
| Sentry 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>ALEXADDER</u> | LORENZO | |
| Sampler's Phone #: | 207 Sampler's Fax #: | |
| Sampler's E-Mail Address: | | |
| CERTIFICATION (to be completed by s | sampler) | |
| I. ALEXANDER LOREN | 120, WATER | CPERATOR, |
| (| | (|
| do HEREBY CERTIFY that the above complete and correct. | e public water system and samp | le collection information is |
| Signature: <u>aliquade</u> Z | nenzo | Date: |
| | | |

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

Page 1 of \$15



528 S. North Lake Blvd. • Suite 1016 Altamonte Springs, Florida 32701 407.937.1594 Fax: 407.937.1597

Client/Project: A052032

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

- A. Sample Preparation: All holding times were met.
- B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: 515.3

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

- A. Calibration: All acceptance criteria were met.
- B. Blanks: All acceptance criteria were met.
- C. Spikes: All acceptance criteria were met.

Other: For this project, it was requested that sample A052032-01 be analyzed for herbicides by EPA method 515.3. AEL utilized containers for that parameter that were pre-preserved by the container supplier with Sodium Thiosulfate as per the method requirements. However the amount of preservative contained in the pre-preserved bottle caused a matrix interference that resulted in unacceptable detection levels. Therefore AEL has rejected the data and requested the client to re-sample for that parameter."

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Mypa Dentrage Date: 7-11-05 Signed:

Myrna Santiago, Laboratory Manager

| Florida Department of Environmental Protect Reportin | tion Safe Drinking Wa g Format | ter Program Laboratory | | | | |
|---|--|--|--|--|--|--|
| LABORATORY CERTIFICATION INFORMATION (to be comple ATTACH CURRENT DOH ANALYTE SHEET* | ted by lab - Please type or p | rint 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 | | | | | |
| ANALYSIS INFORMATION (to be completed by lab | | | | | | |
| PWS ID (from page 1): | Date Sample(| s) Received: 6/14/2005 8:20:00 | | | | |
| Lab Assigned Report Number or Job ID A052032 | Sample Number (F | rom page 1) | | | | |
| Group(s) Analyzed Results attached for compliance with chapte | r 62-550, F.A.C. (check all th | nat apply): | | | | |
| Inorganics Synthetic Organics | Volatile Organics | Disinfection Byproducts | | | | |
| ☐ All 17 | All 21 | Trihalomethanes | | | | |
| Partial All Except Dioxin | Partial | Haloacetic Acids | | | | |
| Nitrate Partial | Radionuclides | Bromate | | | | |
| Nitrite Dioxin Only | Single Sample | Chlorite | | | | |
| Asbestos Only | Qtrly Composite** | Secondaries | | | | |
| | | | | | | |
| Were any analyses subcontracted? 🔽 Yes 🔲 No | | Partial | | | | |
| If yes, please provide DOH certification number E82574 | E86515 | | | | | |
| ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACT | ED LAB | | | | | |
| CERTIF | ICATION | | | | | |
| I, Myrna Santiago , Laboratory Manager (Print Name) | , | | | | | |
| do HEREBY CERTIFY that all attached analytical data are corre National Environmental Laboratory Accreditation Conference (NI | | requirements of the | | | | |
| Signature: MANA Lutrag | Date: | -1-05 | | | | |
| * Failure to provide a valid and current Florida DOH lab certificat analysis results will result in rejection of the report, possible enfo and may result in notification of the DOH Bureau of Laboratory S | tion number and a current Ar rcement against the public w | nalyte Sheet for the attached | | | | |
| ** 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 | itisfactory: 🗔 Yes 🗔 No | | | | |
| Replacement Sample(s) Requested (circle or highlight group(s) above) | Revised Report Reque | ested (circle or highlight group(s) above) | | | | |
| Additional Monitoring Required (circle or highlight group(s) at | oove) | | | | | |
| Reason(s): MCL(s) Exceeded | on(s) | Incomplete Report | | | | |
| | Unsatisfactory | Analysis Unsatisfactory | | | | |
| Person Notified: | | Notified: | | | | |
| Comments | ····· | · · · · · · · · · · · · · · · · · · · | | | | |
| Date Reviewed: DEP/DOH | Reviewing Official: | | | | | |

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

| Client: | Utilities, Inc. |
|-----------------|------------------------|
| Project Name: | Weathersfield |
| Project Number: | |
| PWS ID#: | |
| Attention: | Kathy Sillitoe |
| Phone Number: | 8002721919 |
| Address: | 200 Weathersfield Ave. |

.

Altamonte Springs, FL 32714

| Report No.: | A052032 |
|----------------|--------------|
| Date Sampled: | 6/14/2005 |
| Date Received: | 6/14/05 8:20 |
| Date Reported: | 7/11/2005 |

Project Description

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

Project Name: Weathersfield

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

,

Matrix: Drinking Water

PWS ID#:

Client Sample ID:

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v

Site: Point of Entry

Sample Number: A052032-01

Report No.: A052032

 Date/Time Sampled:
 06/14/05
 7:25

 Date/Time Received:
 6/14/05
 8:20

Sampled By: Alexander Lorenz Shipping Method: Client drop off

| Synthetic | Organics |
|------------------|-----------|
| Oy maneae | Of guinou |

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | RDL | Analysis <u>Da</u> te | Analysis Time | DOH Lab Cert. # |
|-----------|----------------------------|-------|-------|---------------------|----------------|-------------------|---------|-------|--------------------------|------------------|--------------------|
| 2274 | Hexachlorbenzene | 1,0 | ug/L | 0.0027 | U | E508 | 0.0027 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2005 | Endrin | 2.0 | ug/L | 0.0016 | U | E508 | 0.0016 | 0.010 | 6/22/2005 | 13:51 | E82574 |
| 2010 | Lindane | 0.20 | ug/L | 0.0033 | U | E508 | 0.0033 | 0.020 | 6/22/2005 | 13:51 | E82574 |
| 2015 | Methoxychlor | 40 | ug/L | 0.011 | U | E508 | 0.011 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2020 | Toxaphene | 3.0 | ug/L | 0.091 | U | E508 | 0.091 | 1.0 | 6/22/2005 | 13:51 | E82574 |
| 2032 | Diquat | 20 | ug/L | 2.5 | U | E549.2 | 2.5 | 0 | 6/16/2005 | 10:00 | E82574 |
| 2033 | Endothall | 100 | ug/L | 7.2 | U , J 4 | E548.1 | 7.2 | 9.0 | 6/20/2005 | 10:38 | E82574 |
| 2035 | Bis(2-ethylhexyl) Adipate | 400 | ug/L | 0.27 | U | E525.2 | 0.27 | 0.60 | 6/16/2005 | 17:23 | E82574 |
| 2036 | Oxamyl (Vydate) | 200 | ug/L | 0.61 | U | E531.1 | 0.61 | 0 | 6/20/2005 | 13:27 | E82574 |
| 2037 | Simazine | 4.0 | ug/L | 0.19 | U | E525.2 | 0.19 | 0.070 | 6/16/2005 | 17:23 | E82574 |
| 2039 | Bis(2-ethylhexyl)phthalate | 6.0 | ug/L | 0.77 | U | E525.2 | 0.77 | 0.60 | 6/16/2005 | 17:23 | E82574 |
| 2042 | Hexachlorocyclopentadiene | 50 | ug/L | 0.015 | U | E508 | 0.015 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2046 | Carbofuran | 40 | ug/L | 1.1 | U | E531.1 | 1.1 | 0 | 6/20/2005 | 13:27 | E82574 |
| 2050 | Atrazine | 3.0 | ug/L | 0.16 | U | E525.2 | 0.16 | 0.10 | 6/16/2005 | 17:23 | E82574 |
| 2051 | Alachlor | 2.0 | ug/L | 0.26 | U | E525.2 | 0.26 | 0.20 | 6/16/2005 | 17:23 | E82574 |
| 2065 | Heptachlor | 0.40 | ug/L | 0.0063 | υ | E508 | 0.0063 | 0.040 | 6/22/2005 | 13:51 | E82574 |
| 2067 | Heptachlor Epoxide | 0.20 | ug/L | 0.0028 | U | E508 | 0.0028 | 0.020 | 6/22/2005 | 13:51 | E82574 |
| 2306 | Benzo(a)pyrene | 0.20 | ug/L | 0.16 | U | E525.2 | 0.16 | 0.020 | 6/16/2005 | 17:23 | E82574 |
| 2383 | PCB screen as Arochlors | 0.50 | ug/L | 0.31 | U | E508 | 0.31 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2931 | 1,2-Dibromo-3-chloropropan | 0.20 | ug/L | 0.0034 | U | E504.1 | 0.0034 | 0 | 6/17/2005 | 17:04 | E82574 |
| 2946 | Ethylene Dibromide | 0.020 | ug/L | 0.0069 | U | E504.1 | 0.0069 | 0 | 6/17/2005 | 17:04 | E82574 |
| 2959 | Chlordane | 2.0 | ug/L | 0.048 | U | E508 | 0.048 | 0.20 | 6/22/2005 | 13:51 | E82574 |

- J4 The sample matrix interfered with the ability to make an accurate determination.

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

06/29/2005 13:12 3055921224

KAPPA LABORATORIES

PAGE 01



KAPPA LABORATORIES, INC.

2577 N.W. 74th Avanue, Miami, Florida 33122 Phone (305) 599-0199 • Fax (305) 592-1224

LABORATORY REPORT

| CLIENT: | Advanced Environmental Labs,Inc 528 S Northlake Blvd Altamonte Springs, Fl. 32701 | REPORT DATE: | 6/27/2005 |
|---|---|--------------|-----------|
| SOURCE: SAMPLE DATE: SAMPLE RECEIVED: SAMPLE BY: | Drinking Water 0725 06/14/2005 1030 06/16/2005 Client | | |
| JOB#: SAMPLE LOG #: SAMPLE I.D. | 220037-8 F960 A052032 | | |

| PARAMETER | RESULT | UNITS | METHOD | DETECTION LIMIT | DATE EXT. | DATE ANALY. | ANALYST |
|------------|--------|-------|--------|--------------------|--------------|----------------|---------|
| Glyphosate | U | hð\l | 547 | 40 | 08/16/05 | 06/16/05 | IF |

U: Undetected

Kappa Laboratories has been inspected and is currently certified by the U.S. Department of Agriculture (USDA Microbiology#0093); The Florida Dept of Health, Drinking Water, including Microbiology, Pesticides and PCB's;

Environmental certification as Basic Environmental Laboratory (DOH #B86515) (FDEP CompQAP #940109); Registered with the U.S. Food and Drug Administration (FDA-#1039389) and is an FDA Accepted Laboratory for Import Testing. Kappa Laboratory is currently a Contract Laboratory to the U.S. Centers for Disease Control (CDC), Atlanta, Georgia; Vessel Sanitation Program. Test results meet all requirements of NBLAC requirements.

signed:

Denisc Knieck Manager, Kappa Laboratories, Inc.

Page 1 of 9

| | dvanced nvironmental Laboratories, Inc. | 6601 Southpoint Parkway Jacksonville, Florida 32216 (904) 363-9350 FAX (904) 363-9354 |
|--------------------------|--|--|
| aboratory Project No./SI | DG#: A052032 | Analytical Batch ID: SV061605L |
| Client N | ame: Utilities, Inc. | |
| Projec | t ID: Weathersfield | |
| RECEIPT | | |
| | No Exceptions were encountered. | |
| I. HOLDING TIMES | | |
| Preparation: | All holding times were met. | |
| Analysis: | All holding times were met. | |
| II. METHOD | | |
| Analysis: | E525.2 | |
| Preparation: | METHOD | |
| V. PREPARATION | | |
| | Sample preparation proceeded normally. | |
| . ANALYSIS | | |
| A. Calibration: | All acceptance criteria were met. | |
| B. Blanks: | All acceptance criteria were met. | |
| | The control criteria were exceeded for both surrogates in the LCS control spike recoveries of target compounds were in control, ind outlier is flagged accordingly. No further corrective action was refor p-Terphenyl-d14. The surrogate will be qualified with a J1. | licating the analysis was in control. The surrogate |
| D. Spikes: | The matrix spike duplicate recoveries of Bis(2-ethylhexyl)adipate control criteria. Recovery in the Laboratory Control Sample (LC3 analytical batch was in control. No qualifier is needed | a and Benzo(a)pyrene for J053955-03 were outside S) and MS were acceptable, which indicates the |
| E. Internal Standard: | All acceptance criteria were met. | |
| F. Samples: | Sample analyses proceeded normally. | |

G. Other:

.

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:

Myrna Santjago, Laboratory Manager



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

Laboratory Project No./SDG#: A052032 Analytical Batch ID: SV062005L Client Name: Utilities, Inc. Project ID: Weathersfield RECEIPT No Exceptions were encountered. **II. HOLDING TIMES** All holding times were met. Preparation: All holding times were met. Analysis: III. METHOD E548.1 Analysis: METHOD Preparation: IV. PREPARATION Sample preparation proceeded normally. V. ANALYSIS All acceptance criteria were met. A. Calibration: B. Blanks: All acceptance criteria were met. NA C. Surrogates: The matrix spike recovery for A052032-01 was outside control criteria because of matrix interference. The D. Spikes: chromatogram indicated the presence of non-target background components that prevented adequate resolution of the target analytes. As a result, accurate quantitation was not possible. The results are qualified to indicate matrix interference. E. Internal Standard: All acceptance criteria were met. F. Samples: Sample analyses proceeded normally.

G. Other:

I.

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:

Myrna Santiago, Laboratory Manager



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 6/14/2005 8.20 Log-In request number: A052032

Received by: BDM

Completed by: BDM

Cooler/Shipping Information:

Courier: 🖾 AEL 🗇 Client 🗇 UPS 🗇 Pony Express 🗇 FedEx 🗇 Other (describe): _____

Type: ⊠ Cooler □ Box □ Other (describe) __

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

| Cooler ID | 1 | | | | |
|-----------------------|--|--|--|--|--|
| Temp (°C) | 3 | | | | |
| Temp taken from | Temp blank Cooler | □ Temp blank □ Cooler | Temp blank Cooler | Temp blank Cooler | Temp blank Cooler |
| Temp measured with | IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | □ IR gun □ Thermometer (enter ID): |

Other Information:

Any discrepancies should be explained in the "Comments" section below.

| | CHECKLIST | YES | NO | NA |
|-----|--|-----|----|----|
| 1. | Were custody seals on shipping container(s) intact? | | | 1 |
| 2. | Were custody papers properly included with samples? | 1 | | |
| 3. | Were custody papers properly filled out (ink, signed, match labels)? | 1 | | |
| 4. | Did all bottles arrive in good condition (unbroken)? | 1 | | |
| 5. | Were all bottle labels complete (sample #, date, signed, analysis, preservatives)? | 1 | | |
| 6. | Did the sample labels agree with the chain of custody? | 1 | | |
| 7. | Were correct bottles used for the tests indicated? | 1 | | |
| 8. | Were proper sample preservation techniques indicated on the label? | 1 | | |
| 9. | Were samples received within holding times? | 1 | | |
| 10. | Were all VOA vials checked for the presence of air bubbles? | | | 1 |
| 11. | Were there air bubbles present in the VOA vials? | | | 1 |
| 12. | Were samples in direct contact with wet ice? If "No," check one: DNO ICE DBLUE ICE | 1 | | |
| 13. | Was the cooler temperature less than 6°C? | 1 | | |
| 14. | Were sample pHs checked and recorded by Sample control? | | | |
| | NOTE: VOA samples are checked by laboratory analysts. | | | 1 |
| 15. | Were the sample containers provided by AEL? | 1 | | |
| 16. | Were samples accepted into the laboratory? | 1 | | |
| 17. | Was it necessary to split samples into other bottles? | | 1 | |

<u>Kit ID</u>

Comments:

| | m | nmental Laborato | Jacksnoville, FL | 32216 - 904.363 | 1.9350 • Fax | (904.363.93 | 54 • E8257 | 4 | | • | | | | Page | ١ | of | | |
|----------------|----------|--|--------------------------------------|------------------------------------|----------------------------|---------------------------|-------------------------|---------|----------|-------------|----------------|--|----------|---|--------------|----------|----------|------------|
| | F | 1610 Princess Palm A 2106 NW 67th Place, 528 S. North Lake Bly | lve. • Tampa, FL 33 | 619 • 613.630.96 EL 32606 • 352 | 316 + Fax 8* 367 1500 • | 13.630.4327 Fax 352.36 | * E84589 7.0050 • E8 | 2620 | E53076 | | | | | | - | | | · |
| CLIENT NAME: | | EL - Orlando | | | | | phosa | | | BOTTLE | ` | | | | | | - | |
| DDRESS: | 528 S. | Northlake Blvd | P,O. NUMBE | R/PROJECT NUMB | ER: | | | | | & TYPE | 40 mL Vials | | | | | | | _ |
| Altamo | nle Spr | ings, FL 3270 | 1 PROJECT LO | CATION: | | | | | | | | | | | | | | |
| HONE: | 4 | 07-937-1594 | FAX | | 4 | 07-937 | -1597 | | |] <u></u> | | | | | | 1 | | |
| ONTACT: | My | rna Santiago | O SAMPLED B | SAMPLED BY. | | | | _ | | | | | | | | ł | | |
| Latti | TURN ARC | DUND TIME: | | RE | MARKS/SPE | CIAL INSTRU | CTIONS: | | | EQUIRED | | | | | | | | AB |
| STANDARD | | | | | | | | | | Ľ | | | | | 1 | | | |
| RUSH | | | | | | | | | | SIS | 547 | | | | 1 | | 1 | NOMBER |
| | | | | | | | | | | | | | | 1 | | 1 | | |
| ···· | | | | | | | | | | ANALYSIS | L L L | | | | | | | <u> </u> ; |
| SAMPLE | aler | S'N=surface watar GW | Ferround water DW/edu | inking water | | 1 | Anala PLING | SO=soil | SL=slude | Preserv | I,T | | | | | | Γ | |
| ID | | SAMPLE I | DESCRIPTION | 1 | Grab Comp | DATE | TIME | MATRIX | COUNT | | | | | | LONG S | | | 劉璧 |
| 1 | | AO | 52032 | | G | 6/14/05 | 7:25 | DW | 1 | | X | | | | | | | |
| 2 | | AO | 52035 | | G | 6/14/05 | 9:02 | DW | 1 | | X | | | | | T | | |
| | | | | | ┨──── | ļ | | | | | | | <u> </u> | + | | | 1 | |
| 3 | | A0 | 52036 | | G | 8/14/05 | 9:38 | DW | 1 | - | X | | | | + | | + | |
| 4 | | AO | 52008 | | G | 6/10/05 | 7:40 | DW | - 1 | | X | ļ | ļ | <u> </u> | | <u> </u> | | |
| 5 | | AO | 52009 | | G | 6/10/05 | 6:55 | DW | 1 | | Х | | | | | | <u> </u> | |
| 6 | | AO |)52042 | | G | 8/14/05 | 8:30 | DW | 1 | | X | | - | | | | | |
| 7 | + | AQ | 052043 | | G | 6/14/05 | 8:45 | DW | 1 | | X | | | | | | | |
| 8 | | TO |)55635 | | G | 6/9/05 | 7:45 | DW | 1 | | X | | | | | | | |
| Hice | H≠(HC) | S=(H2SO4 N | =(HNO3) T≖(Sodiu | n Thiosulfata) | 1 | } | <u> </u> | | Re | inquish by: | <u> </u> | Dale | Time | 10 | Received by: | 0 | Date | Tima |
| Shipment | | Method | Sample Kil | Cooler # | | | 1 | Rion | p.m. | etten | | 6/14/05 | 1700 | $\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | hu | · (e/ | 160 | 50 |
| Dul | | Via: | RB | 0/f | | | 2 | | | | | | | 4 | | | | |
| | | Via: | AB | 0/ | | ····· | 3 | | | | | | + | - | | | | |
| Received on lo | а Г | Yes FINO | Trip Bl. QC 🔽 sent | | | scelved | <u>la de la cons</u> e | | | | | alay and a second s | | | | revis | sad 8/01 | |

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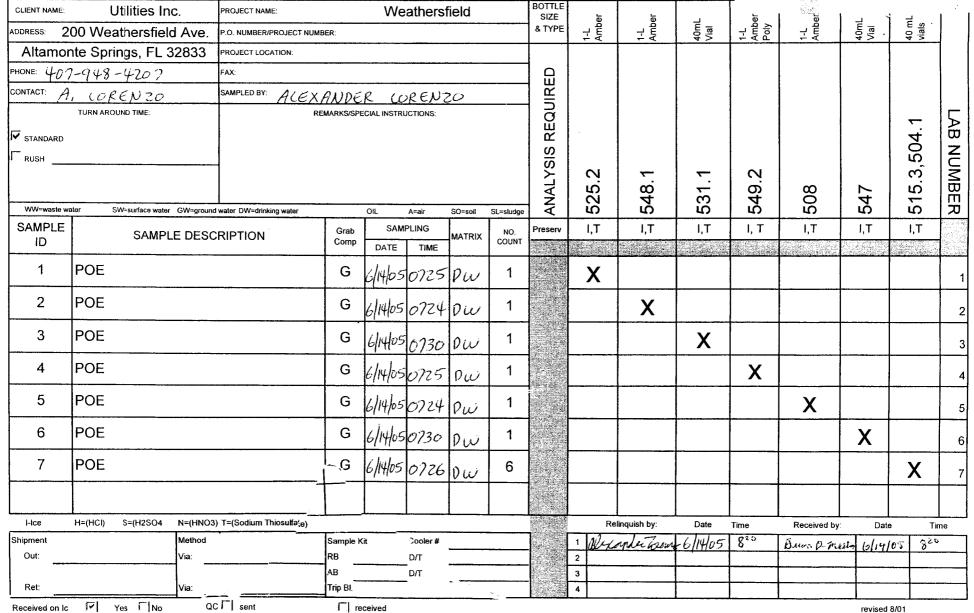
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Advanced Environmental Laboratories, Inc.

- 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 r
 - 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



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A052032

KAPPA LABORATORIES

Jeb Bush Governor





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

Page 1 of 2

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

State Laboratory ID: E86515

EPA Lab Code: FL00229

Laboratory Scope of Accreditation

(305) 535-6125

E\$6515 Kappa Laboratories 4300 Alton Road Miami, FL 33140 Matrix: Drinking Water

| Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---------------------------|-------------|----------------------------------|-----------------------|----------------|
| 3-Hydroxycarbofuran | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/28/2002 |
| Aldicarb (Temik) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 7/15/2002 |
| Aldicarb sulfone | EPA 531.1 | Group [Unregulated Contaminants | NELAP | 7/15/2002 |
| Aldicarb sulfoxide | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 7/15/2002 |
| Carbaryl (Sevin) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 7/15/2002 |
| Carbofuran (Furaden) | EPA 531.1 | Synthetic Organic Contaminants | NELAP | 7/15/2002 |
| Diguat | EPA 549.2 | Synthetic Organic Contaminants | NELAP | 9/15/2004 |
| Endothail | EPA 548.1 | Synthetic Organic Contaminants | NELAP | 3/27/200 |
| ecal coliforms | SM 9221 E | Microbiology | NELAP | 3/27/2012 |
| Fecal coliforms | SM 9222 D | Microbiology | NELAP | 3/28/2002 |
| Glyphosate | EPA 547 | Synthetic Organic Contaminants | NELAP | 3/27:2002 |
| leterotrophic plate count | SM 9215 B | Microbiology | NELAP | 7/15/2002 |
| Acthomyl (Lannate) | EPA 531.1 | Group I Unregulated Contaminants | NELAP | 3/23/2002 |
| Dxamyi | EPA 531.1 | Synthetic Organic Contaminants | NELAP | 7/15/2002 |
| Total coliforms | SM 9221 B | Microbiology | NELAP | 3/27/2002 |
| lotal coliforms | SM 9222 B | Microbiology | NELAP | 3/27/2002 |

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

NON-TRANSFERABLE 06/22/2005-E86515

Jeb Bush Governor





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

| 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 |
| l, l-Dichloroethylene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 1,1-Dichloroethylene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| 1,2,4-Trichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 1,2,4-Trichlorobenzene | EPA 524.2 | Group II Unregulated Contaminants | NELAP | 1/21/2005 |
| 1,2-Dibromo-3-chloropropane (DBCP) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 4/4/2002 |
| 1,2-Dibromoethane (EDB, Ethylene dibromide) | EPA 504.1 | Synthetic Organic Contaminants | NELAP | 4/4/2002 |
| 1,2-Dichlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| 1,2-Dichlorobenzene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| 1,2-Dichloroethane | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| ,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 |
| 2,4-D | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| Alachlor | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| Alkalinity as CaCO3 | SM 2320 B | Primary Inorganic Contaminants | NELAP | 1/21/2005 |
| Aluminum | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| Antimony | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Antimony | SM 3113 B | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Arsenic | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Atrazine | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| Barium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| Benzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Benzene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| Benzo(a)pyrene | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| Beryllium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| is(2-Ethylhexyl) phthalate (DEHP) | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| Bromoacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| Bromochloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| Bromodichloromethane | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 4/4/2002 |

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards. NON-TRANSFERABLE 06/29/2005-E82574

 ~ 2

Jeb Bush Governor





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

Page 2 of 27

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

| State Laboratory ID: | E82574 | EPA Lab Code: | FL00949 | (904) 363-9350 |
|----------------------|--------|---------------|---------|----------------|
|----------------------|--------|---------------|---------|----------------|

E82574

Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, FL 32216 Matrix: Drinking Water

| 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 |
| arbon tetrachloride | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Carbon tetrachloride | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| hlordane (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 |
| hlorobenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| hlorobenzene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| hloroform | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 4/4/2002 |
| hloroform | EPA 524.2 | Group II Unregulated Contaminants | NELAP | 1/21/2005 |
| hromium | 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 |
| Palapon | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| i(2-ethylhexyl)adipate | EPA 525.2 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| ibromoacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| ibromochloromethane | EPA 502.2 | Other Regulated Contaminants,Group II Unregulated Contaminants | NELAP | 4/4/2002 |
| ibromochloromethane | EPA 524.2 | Group II Unregulated Contaminants | NELAP | 1/21/2005 |
| icamba | EPA 515.3 | Group I Unregulated Contaminants | NELAP | 1/21/2005 |
| ichloroacetic acid | EPA 552.2 | Group I Unregulated Contaminants | NELAP | 3/24/2005 |
| ichloromethane (DCM, Methylene chloride) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| ichloromethane (DCM, Methylene chloride) | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| inoseb (2-sec-butyl-4,6-dinitrophenol, DNBP) | EPA 515.3 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| Piquat | EPA 549.2 | Synthetic Organic Contaminants | NELAP | 4/19/2005 |

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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

Jeb Bush Governor

EPA Lab Code: FL00949

(904) 363-9350

E82574 Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, FL 32216 Matrix: Drinking Water

| Analyte | Method/Tech | Category | Certification Type | Effective Date |
|---|---------------|---|-----------------------|----------------|
| Endothall | EPA 548.1 | Synthetic Organic Contaminants | NELAP | 1/21/2005 |
| Endrin | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| Ethylbenzene | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Ethylbenzene | EPA 524.2 | Other Regulated Contaminants | NELAP | 1/21/2005 |
| gamma-BHC (Lindane, gamma-Hexachlorocyclohexane) | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| Ieptachlor | 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 |
| Iexachlorobenzene | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| Iexachlorocyclopentadiene | EPA 508 | Synthetic Organic Contaminants | NELAP | 3/24/2005 |
| ron | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| ead | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| ead | SM 3113 B | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| lagnesium | EPA 200.7 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| langanese | EPA 200.7 | Secondary Inorganic Contaminants | NELAP | 4/4/2002 |
| fercury | EPA 245.1 | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| fercury | SM 3112 B | Primary Inorganic Contaminants | NELAP | 4/4/2002 |
| fethoxychlor | 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 |
| Dxamyl | 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 |
| clenium | EPA 200.9 | Primary Inorganic Contaminants | NELAP | 4/17/2002 |
| elenium | SM 3113 B | Primary Inorganic Contaminants | NELAP | 4/4/2002 |

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NON-TRANSFERABLE 06/29/2005-E82574

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

| Analyte | Method/Tech | Category | Certification 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 |
| Tetrachioroethylene (Perchloroethylene) | EPA 502.2 | Other Regulated Contaminants | NELAP | 4/4/2002 |
| Tetrachioroethylene (Perchloroethylene) | 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 |
| | | | | |

"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

Advanced Environmental Laboratories, Inc.

AMENDED

REPORT

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

- PWS ID#:
- Client Sample ID:

Synthetic Organics

Site: Point of Entry

Sample Number: A052032-01

| Report No.: | A052032 | |
|--------------------|-----------|------|
| Date/Time Sampled: | 6/14/2005 | 7:25 |

Date/Time Received: 6/14/05 8:20

Sampled By: Alexander Lorenz Shipping Method: Client drop off

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| Contam iD | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Leb MDL | RDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
|-----------|----------------------------|-------|-------|---------------------|-----------|-------------------|---------|-------|------------------|------------------|--------------------|
| 2005 | Endrin | 2.0 | սց/Ն | 0.0016 | U | £508 | 0.0016 | 0.010 | 6/22/2005 | 13:51 | E82574 |
| 2010 | Lindane | 0.20 | ug/L | 0.0033 | Ų | E508 | 0.0033 | 0.020 | 6/22/2005 | 13:51 | E82574 |
| 2015 | Methoxychlor | 40 | μg/1 | 0.011 | U | E508 | 0.011 | D.10 | 6/22/2005 | 13:51 | E82574 |
| 2020 | Toxaphene | 3.0 | ug/L | 0.091 | U | E508 | 0.091 | 1.0 | 6/22/2005 | 13:51 | E82574 |
| 2032 | Diquat | 20 | ug/L | 2.5 | U | E549.2 | 2.5 | 0.40 | 6/16/2005 | 10:00 | E82574 |
| 2033 | Endothall | 100 | ug/L | 7.2 | U , JA | E548.1 | 7.2 | 9.0 | 6/20/2005 | 10:38 | E82574 |
| 2035 | Bis(2-ethylhexyl) Adipate | 400 | ug/L | 0.27 | U | E525.2 | 0.27 | 0.60 | 6/16/2005 | 17:23 | E82574 |
| 2036 | Oxamyl (Vydate) | 200 | ug/L | 0.61 | U | E531.1 | 0.61 | 2.0 | 6/20/2005 | 13:27 | E82574 |
| 2037 | Simazine | 4,0 | ug/L | 0.19 | Ų | E525.2 | 0.19 | 0.070 | 6/16/2005 | 17:23 | E82574 |
| 2039 | Bis(2-ethylhexyi)phthalate | 6.0 | ug/L | 0.77 | υ | E525.2 | 0.77 | 0,60 | 6/16/2005 | 17:23 | E82574 |
| 2042 | Hexachlorocyclopentacione | 50 | ug/L | 0.015 | Ų | E508 | 0.015 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2045 | Carbofuran | 40 | ug/L | 1.1 | U | E531.1 | 1.1 | 0.90 | 6/20/2005 | 13:27 | E82574 |
| 2050 | Atrazine | 3.0 | ug/L | 0.16 | u | E525.2 | 0.16 | 0.10 | 6/18/2005 | 17:23 | E82574 |
| 2051 | Alachior | 2.0 | ug/L | 0,26 | U | E525.2 | 0,26 | 0.20 | 6/16/2005 | 17:23 | E82574 |
| 2065 | Heptachlor | 0.40 | ug/L | 0.0063 | U | E508 | 0.0063 | 0.040 | 6/22/2005 | 13:51 | E82574 |
| 2067 | Neptachior Epoxide | 0,20 | ug/L | 0.0028 | U | 5 08 | 0.0028 | 0.020 | 6/22/2005 | 13:51 | E82574 |
| 2274 | Hexachlorobenzene | 1.0 | ug/L | 0.0027 | U | E508 | 0.0027 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2306 | Benzo(a)pyrene | 0.20 | ug/L | 0.16 | Ų | E525.2 | 0.16 | 0.020 | 6/16/2005 | 17:23 | E82574 |
| 2383 | PCB screen as Arochiors | 0.50 | ug/L | 0.31 | U | E508 | 0.31 | 0,10 | 6/22/2005 | 13:51 | E82 574 |
| 2931 | 1,2-Dibromo-3-chloropropan | 0.20 | ug/L | 0.0034 | υ | E504.1 | 0.0034 | 0.020 | 6/17/2005 | 17:04 | E82574 |
| 2946 | Ethylene Dibromide | 0.020 | ug/L | 0.0069 | U | 岩 504.1 | 0.0069 | 0.010 | 6/17/2005 | 17:04 | E82574 |
| 2959 | Chlordane | 2.0 | ug/L | 0.048 | υ | E508 | 0.048 | 0.20 | 6/22/2005 | 13:51 | E82574 |

J4 The sample matrix interfered with the ability to make an ecourate determination.

U The compound was analyzed for but not detected.

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

PAGE 02/03

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

SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number / Job ID: A052032

PWS ID (From Page 1): Contam Analysis Analytical Lab Extration Analysis Analysis DOH Lab Contam Name MCL Units Qualifier* RDL 1D Result Method MDL Date Date Time Certification # 2005 Endrin 2 µg/L 0.01 Е 2010 Lindane 0.2 µg/L 0.02 E 2015 Methoxychior 40 µg/L 0.1 E 2020 Toxaphene 3 µg/L 1 E 2031 Dalapon 200 µg/L 1 E 2032 Diquat 20 µg/L 0.4 Ē Endothall 2033 100 E ug/L 9 2034 Glyphosate 700 µg/L 40 IJ 547 40 6 6/16/05 6/16/05 E86515 2035 Di(2-ethylhexyl)adipate 400 ug/L 0.6 Е 2036 Oxamyl (Vydate) 200 µg/L 2 E Simazine 2037 4 µg/L 0.07 E 2039 Di(2-ethylhexyl)phthalate 6 μg/L 0.6 Ε 2040 Picloram 500 µg/L E 0.1 2041 Dinoseb 7 µg/L 0.2 Ē 2042 Hexachlorocyclopentadinene 50 µg/L 0.1 Е 2046 Carbofuran 40 µg/L 0.9 E 2050 Atrazine 3 µg/L 0.1 Ē 2051 Alachior 2 µg/L 0.2 E 2063 2,3,7,8-TCDD (Dioxin) 0.03 ng/L 0.005 Е 2065 Heptachlor 0.4 µg/L 0.04 Ε 2067 Heptachlor Epoxide 0.2 µg/L 0.02 E 2105 2.4-D 70 µg/L 0.1 E 2110 2,4,5-TP (Silvex) 50 µg/L 0.2 Ε 2274 Hexachlorobenzene 1 µg/L 0.1 E 2306 Benzo(a)pyrene 0.2 µg/L 0.02 E 2326 Pentachlorophenol 1 µg/L 0.04 Ε 2383 Polychlorinated biphenyls (PCBs) 0.5 µg/L 0.1 E 2931 Dibromochloropropane 0.2 µg/L 0.02 E 2946 Ethylene Dibromide (EDB) 0.02 µg/L 0.01 E 2959 Chlordane 2 µg/L 0.2 E

NOTE: Effective January 1, 2004, results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62-

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

Page

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results gualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

. 197 10

Kathy Sillitoe

| ومعرفين الكامين ومحمر فمجانين أأبر المهيهين | |
|---|---|
| From: Sent: To: Cc: Subject: | Karen Grim [kgrim@aellab.com] Friday, November 11, 2005 2:09 PM k.sillitoe@utilitiesinc-usa.com Myrna Santiago DEP Drinking Water corrections |
| Attachments: | A052032 UTL.doc; A052035 UTL.doc; A052036 UTL.doc; A052042 UTL.doc; A052043 UTL.doc; A052032 UTL amended.pdf; A052035 UTL amended.pdf; A052036 UTL amended.pdf; A052042 UTL amended.pdf; A052043 UTL amended.pdf |
| A052032 UTL.doc A052035 UT (71 KB) (71 KB | Image: Constraint of the second se |
| A052036 UTL A052042 I nended.pdf (111 K.mended.pdf (| |
| Attached are the dri Below is a list of t | nking water corrections that I sent to Barb at DEP. The sites and their corresponding report number: |
| Weathersfield - A052 Despinar - A052035 Knollwood - A052036 Wekiva - A052042 Wedgefield - A052043 | |
| |) was subcontracted so it appears on a separate page. orts were faxed to your office on 10/26. Please let me know if you Thanks. |
| Take care, | |
| Karen Grim | |
| 528 S. Northlake Blv Altamonte Springs, F (407) 937-1594 | |
| | ttachments are for the specific purposes of the addressed recipient(s) eceived this transmission in error, please return it to the sender and |



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

| Client: | Utilities, Inc. | Report No.: | A052032 |
|-----------------|------------------------|----------------|--------------|
| Project Name: | Weathersfield | Date Sampled: | 6/14/2005 |
| Project Number: | | Date Received: | 6/14/05 8:20 |
| | | Date Reported: | 07/11/05 |
| Attention: | Kathy Sillitoe | Date Amended | 10/26/2005 |
| Phone Number: | 8002721919 | | |
| Address: | 200 Weathersfield Ave. | AMENDED REF | PORT |

200 Weathersfield Ave.

Altamonte Springs, FL 32714

AMENDED REPORT

Project Decription

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

Project Name: Weathersfield

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID:

Site: Point of Entry Sample Number: A052032-01

AMENDED REPORT

Report No.: A052032 Date/Time Sampled: 6/14/2005 7:25

Date/Time Received: 6/14/05 8:20

Sampled By:Alexander LorenzShipping Method:Client drop off

Synthetic Organics

| Contam ID | Contam Name | MCL | Units | Analysís Results | Qualifier | Analytical Method | Lab MDL | RDL | Analysis Date | Analysis Time | DOH Lab Cert. # |
|-----------|----------------------------|-------|-------|---------------------|-----------|-------------------|---------|-------|------------------|------------------|--------------------|
| 2005 | Endrin | 2.0 | ug/L | 0.0016 | U | E508 | 0.0016 | 0.010 | 6/22/2005 | 13:51 | E82574 |
| 2010 | Lindane | 0.20 | ug/L | 0.0033 | U | E508 | 0.0033 | 0.020 | 6/22/2005 | 13:51 | E82574 |
| 2015 | Methoxychlor | 40 | ug/L | 0.011 | U | E508 | 0.011 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2020 | Toxaphene | 3.0 | ug/L | 0.091 | U | E508 | 0.091 | 1.0 | 6/22/2005 | 13:51 | E82574 |
| 2032 | Diquat | 20 | ug/L | 2.5 | U | E549.2 | 2.5 | 0.40 | 6/16/2005 | 10:00 | E82574 |
| 2033 | Endothall | 100 | ug/L | 7.2 | U , J4 | E548.1 | 7.2 | 9.0 | 6/20/2005 | 10:38 | E82574 |
| 2035 | Bis(2-ethylhexyl) Adipate | 400 | ug/L | 0.27 | U | Ē525.2 | 0.27 | 0.60 | 6/16/2005 | 17;23 | E82574 |
| 2036 | Oxamyi (Vydate) | 200 | ug/L | 0.61 | U | E531.1 | 0.61 | 2.0 | 6/20/2005 | 13:27 | E82574 |
| 2037 | Simazine | 4.0 | ug/L | 0.19 | U | E525.2 | 0.19 | 0.070 | 6/16/2005 | 17:23 | E82574 |
| 2039 | Bis(2-ethylhexyl)phthalate | 6.0 | ug/L | 0.77 | U | E525.2 | 0.77 | 0.60 | 6/16/2005 | 17:23 | E82574 |
| 2042 | Hexachlorocyclopentadiene | 50 | ug/L | 0.015 | U | E508 | 0.015 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2046 | Carbofuran | 40 | ug/L | 1.1 | U | E531.1 | 1.1 | 0.90 | 6/20/2005 | 13:27 | E82574 |
| 2050 | Atrazine | 3.0 | ug/L | 0.16 | U | E525.2 | 0.16 | 0.10 | 6/16/2005 | 17:23 | E82574 |
| 2051 | Alachior | 2.0 | ug/L | 0.26 | U | E525.2 | 0.26 | 0.20 | 6/16/2005 | 17:23 | E82574 |
| 2065 | Heptachlor | 0.40 | ug/L | 0.0063 | U | E508 | 0.0063 | 0.040 | 6/22/2005 | 13:51 | E82574 |
| 2067 | Heptachlor Epoxide | 0.20 | ug/L | 0.0028 | U | E508 | 0.0028 | 0.020 | 6/22/2005 | 13:51 | E82574 |
| 2274 | Hexachlorobenzene | 1.0 | ug/L | 0.0027 | U | E508 | 0.0027 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2306 | Вепzo(a)pyrene | 0.20 | ug/L | 0.16 | U | E525.2 | 0.16 | 0.020 | 6/16/2005 | 17:23 | E82574 |
| 2383 | PCB screen as Arochiors | 0.50 | ug/L | 0.31 | U | E508 | 0.31 | 0.10 | 6/22/2005 | 13:51 | E82574 |
| 2931 | 1,2-Dibromo-3-chloropropan | 0.20 | ug/L | 0.0034 | U | E504.1 | 0.0034 | 0.020 | 6/17/2005 | 17:04 | E82574 |
| 2946 | Ethylene Dibromide | 0.020 | ug/L | 0.0069 | U | E504.1 | 0.0069 | 0.010 | 6/17/2005 | 17:04 | E82574 |
| 2959 | Chiordane | 2.0 | ug/L | 0.048 | U | E508 | 0.048 | 0.20 | 6/22/2005 | 13:51 | E82574 |

J4 The sample matrix interfered with the ability to make an accurate determination.

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

and the second second

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (4) Operations Reports

Test Year Ended December 31, 2005





See page 4 for instructions.

| | | | Year of: January 2004 | | | | | | | | | |
|----|--------------------------|--|--|-----------------|----------------------|-----------------|-------------------------------|---------------------------------------|--|--|--|--|
| Α. | Public Water System (P | WS) Informati | on | | | 1 | | ····· | | | | |
| | PWS Name: Weatherst | field | | | | | PWS Identification Num | mber: 3591451 | | | | |
| | PWS Type: 🛛 🛛 C | Community | Non-Transient Non-Community | Transier | t Non-Community | | secutive | | | | | |
| | Number of Service Con | nnections at Er | d of Month: 1,206 | | Total Population Ser | rved at En | nd of Month: 4,2-2 | | | | | |
| | PWS Owner: Utilities, | Inc. of Florida | .7 | | | | | | | | | |
| | Contact Person: Patricl | k Flynn | | | Contact Person's Tit | | | | | | | |
| | Contact Person's Maili | ng Address: 20 | 0 Weathersfield Ave. | | City: Altamonte Spr | | State: Fl | Zip Code: 32714 | | | | |
| | Contact Person's Telep | | | | Contact Person's Far | <u>x Number</u> | r: 407-869-6961 | | | | | |
| | | | .flynn@utilitiesinc-usa.com | | | | | | | | | |
| В. | Water Treatment Plant | | | | | | | | | | | |
| | Plant Name: Utilites, In | | | | | | Plant Telephone Numb | | | | | |
| | Plant Address: 200 We | | | | City: Altamonte Spi | rings | State: Fl | Zip Code: 32714 | | | | |
| | Type of Water Treated | the second s | | ased Finished V | Vater | | | | | | | |
| | | | Capacity of Plant, gallons per day: 1. | 12 MGD | | | | | | | | |
| | Plant Category (per su | bsection 62-69 | | | | section 62 | 2-699.310(4), F.A.C.): (| | | | | |
| | Licensed Operators | | Name | License Class | License Number | | Day(s)/Shift(| | | | | |
| | Lead/Chief Operator: | Mike Gavaletz | | С | 5642 | | Mon - Fri 8 a.m | | | | | |
| | Other Operators: | Terry Sillitoe | | С | 12749 | | Sat. 8 A.M 4 | 4:30 P.M. | | | | |
| | | | | | | | | | | | | |
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| | | 1 | | | | | | | | | | |

II. Certification by Lead/Chief Operator

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

2/3/04 minala Michael J. Gavaletz Signature and Date

Printed or Typed Name

C5642

License Number

Dama

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida - WERTHEASFILLD

| Means | of Achi raviolet | eving Four-L Radiation | og Virus In | of: January 20 activation/Rem (Describe): | oval: * | Free Ch | | | hlorine D | Dioxide | O2 | zone | Combined Chlorine (Chloramines) |
|-----------------|---------------------|---|---------------------------------------|---|---|--|------------------------|----------------------------------|------------------------|---|-----------------------------|---|--|
| Type of | of Disinf | ectant Residu | ual Maintair | ed in Distribut | ion System: | \square F | ree Ch | lorine | | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | Ċ | Calculations, or l | IV Dose, to De CT Calou | ations | $p \in \mathbb{Z}^{n}$ | Virus Inactiv | ation, if Ap | | Dose | | |
| | | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or st First Customer During Peak Flow, mg/L | Dislificetant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp. of Water. | pH of Water, if Applicable | CT Required, mg- | Lowest Operating UV Dose, mW- sec/cm ² | UV Dosc Required, mW- | af 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 2 | 24 | 242,000 | | { | | | | · | | | ļ | 0.9 | |
| 3 | 24 | 26,000 | | { | | | | | | | ļ | <u> </u> | |
| 4 | 24 | 357,000 | | | | | | | | | { | 10 | |
| 5 | 24 | 358,000 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | 1.0 | |
| 6 | 24 | 278,000 | | | | | | | | <u> </u> | <u> </u> | 1.5 | |
| 7 | 24 | 281,000 | | | | | | | | | | 0,9 | |
| 8 | 24 | 255,000 | | 1 | | | | | | | h | 0,9 | ······································ |
| 9 | 24 | 281,000 | | 1 | | | | | | | | 1.0 | |
| 10 | 24 | 184:000 | | | | | | | | | | 1.2 | |
| 11 | 24 | 334,000 | | | | | | | | | | | |
| 12 | 24 | 3341000 | | L | | | | | | | | 1.0 | |
| 13 | 24 | 284,000 | | | L | | | | | | | 1.1 | |
| <u>14</u> 15 | 24 | 282,000 | | | | ļ | | ļ | | | ļ | 0,9 | |
| 15 | -24 | 301,000 | | | | | | | | | ļ | 0,8 | |
| 10 | 24 24 | 280,000 | | | | | | | | ļ | | | |
| 18 | 27 | 3431000 | | | l | | | <u> </u> | | <u> </u> | | <u></u> | ······································ |
| 19 | 24 | 343,000 | | | <u> </u> | | | | | | <u> </u> | 7.0 | |
| 20 | 24 | 244,000 | | | | <u>├</u> ──── | | <u> </u> | | <u> </u> | ┼──── | 1 1:3 | |
| 21 | ्रभ | 246,000 | | 1 | h | t | | <u> </u> | | 1 | + | 1.0 | ······································ |
| 22 | -24 | 260,000 | | | | 1 | l | | | 1 | | 1.2 | |
| 23 | 24 | 2780,000 | | | | | | | | | Γ | 1.3 | |
| 24 | 24 | 181,000 | | | | | | | | | | | |
| 25 | -24 | 324,000 | | | | ļ | | Į | | | 1 | | |
| 26 27 | 24 24 | 325,000 | | · | | | <u> </u> | | | | ļ | 1.3 | |
| 27 | 24 | 266,00 | | <u> </u> | ł | <u> </u> | | ┝─── | <u> </u> | <u> </u> | <u> </u> | 10 | ļ |
| 28 | -21 -24 | 250,000 | | | <u>}</u> | <u> </u> | } | <u> </u> | <u> </u> | } | ╂ | 1.8 | |
| 30 | - 17 | 273,000 | | + | <u> </u> | <u> </u> | | | ┼ | <u> </u> | | <u> {;</u> } | |
| 31 | 24 | 204,000 | | <u> </u> | t | <u> </u> | | <u>↓</u> | <u>├</u> ─── | | + | 018 | |
| Total | | 8706,000 | | · · · · · · · · · · · · · · · · · · · | .1 | L | L | | L | 1 | 1 | | I |
| Averag Maxim | | 284,000 | 1 | | | | | | | | | | |

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



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See page 4 for instructions.

| 1. | General Information | for the Month/Year of: February 2004 | | | <u></u> | | | | | | | | | |
|-----|--|--|------------------|---|---------------|------------------|-------------------------|--|--|--|--|--|--|--|
| Α. | Public Water System (F | | | | | | | | | | | | | |
| | PWS Name: Oakland (| Shores WEATHERSFIELD NO | | | PWS I | dentification Nu | mber: 3590912 3591451 2 | | | | | | | |
| | PWS Type: 🛛 🔿 C | Community Non-Transient Non-Community | / Transier | nt Non-Community | Consecutiv | e | / | | | | | | | |
| | | nnections at End of Month: 1,206 | | Total Population Served | l at End of M | onth: | 4221 MD | | | | | | | |
| | PWS Owner: Utilities, | | | | | | | | | | | | | |
| | Contact Person: Patric | k Flynn | | Contact Person's Title: I | Regional Dire | ctor | | | | | | | | |
| i i | | ing Address: 200 Weathersfield Ave. | | City: Altamonte Springs | 5 | State: Fl | Zip Code: 32714 | | | | | | | |
| | | phone Number: 407-869-1919 | | Contact Person's Fax Nu | umber: 407-8 | 69-6961 | | | | | | | | |
| | Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | | | | | | | |
| В. | 3. Water Treatment Plant Information | | | | | | | | | | | | | |
| | Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919 | | | | | | | | | | | | | |
| | Plant Address: 200 We | | | City: Altamonte Springs State: Fl Zip Code: 32714 | | | | | | | | | | |
| | Type of Water Treated | | hased Finished V | Vater | | | | | | | | | | |
| | | Day Operating Capacity of Plant, gallons per day: 30 | 60,000 | | | | | | | | | | | |
| | | bsection 62-699.310(4), F.A.C.): IV | | Plant Class (per subsect | ion 62-699.3 | | | | | | | | | |
| | Licensed Operators | Name | License Class | | | Day(s)/Shift(| | | | | | | | |
| | | | С | 5642 | | Mon - Fri 8 a.m | | | | | | | | |
| | Other Operators: | Terry Sillitoe | С | 12749 | | Sat. 8 A.M | 4:30 P.M. | | | | | | | |
| | | ····· | | | | | | | | | | | | |
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| | | | I | | | | | | | | | | | |

II. Certification by Lead/Chief Operator

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

1) Gavat 214/04 Michael J. Gavaletz C5642 Signature and Date UPrinted or Typed Name License Number

n--- 1

| PWS I | /S Identification Number: 3590912 3591451 Plant Name: Utilites, Inc. of Florida | | | | | | | | | | | | | |
|---------------|---|--------------------------------------|--------------|---|----------------|--|-----------------------|--------------------|--------------|------------------------------|---------------------|------------------------|--|--|
| Ш. В | II. Daily Data for the Month/Year of: February 2004 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) | | | | | | | | | | | | | |
| Means | of Achi | eving Four-L Radiation | .og Virus In | activation/Rem (Describe): | ioval: * | Free Cl | nlorine | | Chlorine E | Dioxide | Oz | zone 🗌 (| Combined Chlorine (Chloramines) | |
| | | | | ned in Distribut | ion System: | ⊠ F | ree Ch | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide | |
| | | | C | T Calculations, or I | JV Dose, to De | monstrate Fo | our-Log | Virus Inactiv | ation, if Ap | plicable* | | | | |
| | | | A North A | | CI Calcul | ations | 2017 V | an gan g | | UV | Dose | | | |
| Day of the | Hours Plant in | Net Quantity of Finished Water | Pcak Flow | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak | | Lowest CT Provided Before or at First Customer During Peak Flow, | Temp. of Water, | pH of Water, if | mg- | Operating UV Dose, mW- | mW- | Distribution | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water | |
| Month 1 | ン ショク | Produced, gal | Rate, gpd | Flow, mg/L | minutes | mg-min/L | °C | Applicable | min/L | sec/cm ² | sec/cm ² | System, mg/L | System Components Out of Operation | |
| 2 | 14 | 310,000 | | · · · · · · · · · · · · · · · · · · · | | | ł | | | | | 1.0 | | |
| 3 | 24 | 260,000 | | | | | | | | w= - | | 0.7 | | |
| 4 | 24 | 271,000 | | | | | | | | | | 1.2 | | |
| 5 | 24 | 266,000 | | 1 | | | (· · · · · | | | ······· | | 1.0 | | |
| б | 24 | 277,000 | | | | | 1 | | | | | 0.8 | | |
| 7 | 24 | 187,000 | | | | | | | | | | 1.0 | | |
| 8 | <i>4</i> 4 | 338.000 | | | | | | | | | | | | |
| 9 | 24 | 539 000 | | | | | | | | | | (.0 | | |
| 10 | 24 | 279,000 | | <u> </u> | | | | | | | | L L | | |
| 11 | 24 | 267,000 | | | | | ļ | | | | | | | |
| 12 13 | 24 | 258,000 | | | | | | ļ | | | 1 | 1.0 | | |
| 14 | 24 | 271,000 | | | | | | <u> </u> | | | | 1.0 | | |
| 15 | 16 | 292,000 | | <u> </u> | | | <u> </u> | | | | | 0.8 | | |
| 16 | 24 | 299,000 | ····· | | | | | | | | | j.0 | | |
| 17 | 24 | 242,000 | | | | | | | | | | 0.8 | | |
| 18 | 24 | 262,000 | | 1 | | | 1 | | | | <u> </u> | 1.0 | | |
| 19 | 24 | 239,000 | | | | | | | | | | 1.0 | | |
| 20 | 24 | 278,000 | | 1 | | | | T | | İ | | 0,8 | | |
| 21 | 24 | 216 000 | | | | | | | | | | 0.9 | | |
| 22 | 24 | 320,000 | | | | | | | | | | | | |
| 23 | 24 | 351 000 | | | | | | | | | | 1.3 | | |
| 24 | 24 | 257,000 | | | | | ļ | L | | | ļ | | | |
| 25 26 | 24 24 | 233,000 | | | | | <u> </u> | | | | | (.3 | | |
| 20 | 24 | 2511000 | | + | | | | | | | <u> </u> | <u><u><u> </u></u></u> | | |
| 28 | 54 | 187,000 | | | | | | | + | <u> </u> | ├ ─── | 1.0 | | |
| 29 | | 316,000 | | 1 | | <u> </u> | | <u> </u> | | <u> </u> | | 0,9 | | |
| 30 | | | 1 | 1 | 1 | | | | | | | l | | |
| 31 | | | | 1 | | | | | 1 | t | † | 1 | | |
| Total | | 1,791,000 | Ι | ······ | . | • | | | | | | E | I | |
| Average | | 269,000 | 1 | | | | | | | | | | | |
| Maxim | im | 251,000 | 1 | | | | | | | | | | | |

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

n--- 7





See page 4 for instructions.

| I. General Information | for the Month/Year of: March 2004 | | | | | |
|---------------------------|--|------------------|--|--|------------------------------|--|
| A. Public Water System (P | PWS) Information | | | | | |
| PWS Name: Weathers | field | | | | PWS Identification Nu | mber: 3591451 |
| | Community Non-Transient Non-Community | Transier | nt Non-Community | | isecutive | <u></u> |
| Number of Service Co | nnections at End of Month: 1, 205 | | Total Population S | erved at Er | nd of Month: 4, 218 | |
| PWS Owner: Utilities, | | | | | · | |
| Contact Person: Patric | k Flynn | | Contact Person's T | | | |
| 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 F | ax Number | <u>:: 407-869-6961</u> | |
| | il Address: p.c.flynn@utilitiesinc-usa.com | | | | | |
| B. Water Treatment Plant | | | | | | |
| Plant Name: Utilites, I | | | •••••••••••••••••••••••••••••••••••••• | | Plant Telephone Num | |
| Plant Address: 200 We | | | City: Altamonte S | prings | State: Fl | Zip Code: 32714 |
| Type of Water Treated | | hased Finished V | Water | ······ | | |
| | Day Operating Capacity of Plant, gallons per day: 1. | .12 MGD | | | | |
| | bsection 62-699.310(4), F.A.C.): IV | | | and the second | 2-699.310(4), F.A.C.): | |
| Licensed Operators | Name | License Class | License Number | | Day(s)/Shift(| s) Worked |
| Lead/Chief Operator: | Mike Gavaletz | С | 5642 | | Mon - Fri 8 a.n | n 4:30 p.m. |
| Other Operators: | Terry Sillitoe | С | 12749 | | Sat. 8 A.M | 4:30 P.M. |
| | | | | | | |
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| | | <u> </u> | | | | |

II. Certification by Lead/Chief Operator

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

1) Grunds 4/sloy Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number

Dama 1

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| III. D | I. Daily Data for the Month/Year of: March 2004 leans of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) | | | | | | | | | | | | |
|---------------|--|--------------------------------------|-----------|---|---|--|-----------------------|--------------------|----------------------------|---------------------|--|--|--|
| | | | | | | Free Cl | lorine | | hlorine F | lioxide | | one 🗌 | Combined Chlorine (Chloramines) |
| | raviolet | Radiation | Other | (Describe): | iovai. | | norme | | | IOAIde | | | combined emorate (emoralities) |
| | | | | ned in Distribut | ion System: | ⊠ F | ree Ch | lorine | | hined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | C | T Calculations, or I | JV Dose, to De | monstrate Fo | ur-Log | Virus Inactiv | ation, if Ap | plicable* | | | |
| | | | | | CT Calcul | | | | | UV | Dose | Content of | |
| Day of the | Hours Plant in | Net Quantity of Finished Water | Peak Flow | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, | Lowest CT Provided Before or at First Customer During Peak Flow. | Temp. of Water, | pH of Water, if | Minimum CT Required, | Operating | Minimum UV Dose Required, mW- | Lowest Residual Disinfectant Concentration at Remote Point in | Emergency or Abnormal Operating Conditions; Repair |
| | | Produced, gal | Rate, gpd | Flow, mg/L | minutes | mg-min/L | °C | Applicable | mg- min/L | sec/cm ² | | Distribution System, mg/L | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1.5 | 24 | 317,000 | | | | 1116 11110.15 | | | | 300/011 | Scorona | / / | System components out of operation |
| 2 | 24 | 246,000 | | | | | | | | | | 1.3 | |
| 3 | 24 | 273,000 | | | | | | | | | | 10 | |
| 4 | 24 | 282,000 | | | | | | | | | | (.0 | |
| 5 | 24 | 285,000 | | | | | | | | | | 0.9 | |
| 6 | 24 | 207,000 | | | | | | | | | | 0.9 | |
| 7 8 | E F | 358,000 | | | | | | | | | | | |
| 9 | 24 | 358.000 330,000 | | | | | | | | | | 1.0 | |
| 10 | 24 | 290,000 | ····· | | | | | <u> </u> | | | | 1.0 | - |
| 11 | 24 | 138,000 | | | | | | | | | | 0.8 | |
| 12 | 24 | 273,000 | | | | | | | | | | 0.7 | |
| 13 | 24 | 213,000 | | | | | | | | | | (.0 | |
| 14 | 24 | 366,000 | | | | | | | | | | 0.0 | |
| 15 | 24 | 366,000 | | | | | | | | | | 1.0 | |
| 16 | 24 | 233,000 | | | | | | | | | | 0.8 | |
| 17 | 14 | 284,000 | | | | | | | | | | 6.9 | |
| 18 | 24 | 225 000 | | | | | | | | | | 0.8 | |
| 19 | 24 | 319,000 | | | | | | | | | | 1.0 | |
| 20 | 24 | 284,000 | | | | | | | | | | 0.8 | |
| 21 22 | 34 | 336,000 | | | | | | | | | | | |
| 22 | 24 | 357,000 | | | | | | | | | | (.0 | |
| 24 | 24 | 324,000 | | | | | | | | | | 0.8 | |
| 25 | JY | 384,000 | | | | | | | | | | 1.5 | |
| 26 | 24 | 263,000 | | | | | | | | | | 1.2 | |
| 27 | 24 | 201,000 | | | | | | | | | | 1.0 | |
| 28 | 24 | 103,000 | | | | | | | | | | 0.9 | |
| 29 | 24 | 403,000 | | | | | | | | | | 1.0 | |
| 30 | 24 | 269,000 | | | | | | | | | | 1.0 | |
| 31 | ્રપ | 333,000 | | | | | | | | | | 0.9 | |
| Total | | 1245,000 | | | | | | | | | | | |
| Average | | 298,000 | | | | | | | | | | | |

Maximum 403, 000

٢,

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



See page 4 for instructions.

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

1. General Information for the Month/Year of: April 2004 A. Public Water System (PWS) Information PWS Name: Weathersfield PWS Identification Number: 3591451 Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: Total Population Served at End of Month: 4.121 Number of Service Connections at End of Month: 1, 206 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Title: Regional Director **City: Altamonte Springs** State: Fl Contact Person's Mailing Address: 200 Weathersfield Ave. Contact Person's Fax Number: 407-869-6961 Contact Person's Telephone Number: 407-869-1919 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com B. Water Treatment Plant Information Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919 Plant Address: 200 Weathersfield Ave. **City: Altamonte Springs** State: Fl Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C Name License Class License Number Day(s)/Shift(s) Worked Licensed Operators A CARLEN AND A CARLEN Lead/Chief Operator: Mon - Fri 8 a.m. - 4:30 p.m. Mike Gavaletz С 5642 С Sat. 8 A.M. - 4:30 P.M. 12749 Terry Sillitoe Other Operators:

II. Certification by Lead/Chief Operator

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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.

SISLOY Michael J. Gavaletz Printed or Typed Name Signature and Date

C5642 License Number 012

Zip Code: 32714

Zip Code: 32714

Da ~~ 1

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| <u>III. D</u> | . Daily Data for the Month/Year of: April 2004 | | | | | | | | | | | | | |
|---------------|---|--------------------------------------|-----------|--|---|---------------------|--|-------------------------|--|----------------------------|--|--|--|--|
| Means | eans of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe): pe of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* | | | | | | | | | | | | | |
| | | | | <u> </u> | on System: | X F | ree Ch | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide | |
| ि | | 0.960 (CS.S | | | | monstrate Fo | ur-Log | Virus Inactiv | | | | | | |
| | | | | | CT Calcul | ations | 0-201 | No. 22 - 24 | N. 24 - 5 - 5 | | Dose | | | |
| Day of the | Hours Plant in | Net Quantity of Finished Water | Peak Flow | Lowest Residual Disinfectant Concentration (C) Before or st First Customer | Contact Time (T) at C Measurement Point During | During | Temp. of | pHof | Required, | Operating UV Dose, | UV Dose Required | Lowest Residual Disinfectant Concentration at Remote Point In | Emergency or Abnormal Operating Conditions; Repair | |
| | | Produced, gal | Rate, gpd | During Peak Flow, mg/L | Peak Flow, minutes | Peak Flow, mg-min/L | water, | Water, if Applicable | mg- min/L | mW- sec/cm ² | mW- sec/cm ² | Distribution System, mg/L | or Maintenance Work that Involves Taking Water System Components Out of Operation | |
| | 24 | 347,000 | | | | Need Doctors and a | | | | | JUG VILL | | A state of the second stat | |
| 2 | 24 | 298,000 | - | | | | | | | | | 1.0 | | |
| 3 | 24 | 735,000 | | | | | | | | | | 0.8 | | |
| 4 | 24 | 405,000 | | | | | | | | | | | | |
| 5 | 2Y | 406,000 | L | ļ | | | | | L | | | 1.0 | | |
| 6 | <u>24</u> 24 | 358,000 | | | | | | | | | | (.0 | | |
| 7 8 | | 332,000 | | | | | | | | | ├ ───┤ | 1.0 | | |
| 9 | 24 | 340,000 | | | | | | | L | | | <u>[.]</u> | | |
| 10 | 34 | 151,000 | | | | | | ├ ──── | | <u> </u> | ├ ──── | 1.0 | | |
| | 24 | 470,000 | | | | | <u> </u> | <u> </u> | | <u>├</u> | <u> </u> | <u> </u> | | |
| 12 | 24 | 470,000 | İ | † | ··· · · | | | | | <u> </u> | | 0.8 | | |
| 13 | 24 | 274,000 | | 1 | | | t | | t | t | | 0.7 | and the second second second second second second second second second second second second second second second | |
| 14 | 24 | 274,000 | | 1 | | | t | † | <u> </u> | † | <u> </u> | 1.0 | | |
| 15 | 24 | 264,000 | | | | | | | <u> </u> | | | 1.0 | | |
| 16 | 24 | 308'000 | | | | | | | | | | 1.0 | | |
| 17 | 24 | 192,000 | | | | | | | | | | 0.0 | | |
| 18 | 24 | 329,000 | L | | | | ļ | | | | | | | |
| 19 | 24 | 390,000 | | ļ | | l | ļ | <u></u> | L | | L | 0.7 | | |
| 20 | 24 | 349,000 | | <u> </u> | | ļ | I | | L | I | | 1.0 | | |
| 21 | 2Y | 344,000 | | | | | <u> </u> | <u> </u> | L | | | i.g | | |
| 22 23 | 24 | 305,000 | { | | ↓ −−−−− | | | ╂──── | { | ╂──── | | 1.9 | L | |
| 23 | 24 | 237,000 | t | <u> </u> | <u> </u> | _ | | ╂──── | | | + | 1.0 0,9 | | |
| 25 | 24 | 465,000 | <u> </u> | 1 | <u>├</u> | | ┢─── | | ┼ | ╉───── | ╂──── | | | |
| 26 | 24 | 466.000 | 1 | 1 | t | t | t | t | ┼──── | + | + | 1.0 | | |
| 27 | 24 | 280,000 | 1 | 1 | 1 | <u> </u> | <u>† </u> | 1 | <u>† – – – – – – – – – – – – – – – – – – –</u> | 1 | <u>†</u> | 0.9 | | |
| 28 | 24 | 321,000 | | 1 | 1 | | | 1 | <u>† </u> | 1 | <u>† – – – – – – – – – – – – – – – – – – –</u> | 1,0 | | |
| 29 | 24 | 363,000 | | | | | | | | | | 1.0 | | |
| 30 | ΞŲ | 256,000 | | | | | | | | | | 0.9 | | |
| 31 | | | | | 1 | | | L | | | | | | |
| Total | | 8950,000 | 4 | | | | | | | | | | | |
| Averag | | 333,000 | 4 | | | | | | | | | | | |
| Maxim | um | 470,000 | 1 | | | | | | | | | | | |

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



See page 4 for instructions.

| 1. | General Information | for the Month/Year of: May 2004 | | | | | | | | | | |
|----|----------------------------|---|-----------------|---|----------------------|-------------------|--|--|--|--|--|--|
| | Public Water System (P | | | | | | | | | | | |
| | PWS Name: Weathers | field | | | PWS Identification N | umber: 3591451 | | | | | | |
| | PWS Type: 🛛 🗘 C | Community Non-Transient Non-Communi | ty Transie | nt Non-Community CO | nsecutive | | | | | | | |
| | | nnections at End of Month: 1,206 | | Total Population Served at E | ind of Month: 4,221 | | | | | | | |
| | PWS Owner: Utilities, | | | | | | | | | | | |
| | Contact Person: Patric | k Flynn | | Contact Person's Title: Regio | onal Director | | | | | | | |
| | Contact Person's Maili | ing 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 Number | er: 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 Springs State: Fl Zip Code: 32714 | | | | | | | | |
| | Type of Water Treated | | chased Finished | Water | | | | | | | | |
| | Permitted Maximum [| Day Operating Capacity of Plant, gallons per day: | 1.12 MGD | | | | | | | | | |
| | | bsection 62-699.310(4), F.A.C.): IV | | Plant Class (per subsection 6 | | | | | | | | |
| | Licensed Operators | | 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. | | | | | | |
| | | | | | | | | | | | | |
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II. Certification by Lead/Chief Operator

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

6/4/04 MARA Michael J. Gavaletz C5642 Signature and Date Printed or Typed Name License Number

D~~~ 1

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| III. D | . Daily Data for the Month/Year of: May 2004 ears of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) | | | | | | | | | | | | |
|-----------------|--|------------------------|---|--|------------------------------|------------------------|------------------|-------------------------|--------------|----------------------------|--|------------------------------|--|
| Means | Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe): | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Type of | f Disinf | ectant Residu | al Maintair | ed in Distribut | ion System: | F | ree Ch | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | 900-90-20 | C | Calculations, or l | JV Dose, to De | monstrate Po | ur-Log | Virus Inactiv | ation, if Ap | plicable* | CALLS IN | 10 | |
| | | | R. S. W. S. | and the second second second second second second second second second second second second second second second | CT Calcul | ations | 1. 1999 <u>(</u> | | March 1997 | - UV | Dose | | |
| | | | a a | | | Lowest CT Provided | | | | | 244 - 144 - 14 14 - 14 - 14 14 - 14 - 14 | Lowest | |
| | | | | Lowest Residual Disinfectant | Disinfectant Contact Time | Provided Before or | | | | tere rev | an an an an an an an an an an an an an a | Residual Disinfectant | |
| | | | | Concentration | (T) at C | at First | | Contraction of the | Minimum | No. 32 6 14 8 9 9 9 9 | Minimum | Concentration | |
| | | Net Quantity | | (C) Before or at | Measurement | Customer | Temp. | | ст с | Operating | UV Dose | at Remote | |
| Day of | | of Finished | | First Customer | Point During | During | of | pH of | Required, | UV Dose, | Required, | Point in | Emergency or Abnormal Operating Conditions; Repair |
| the Month | Plant in | Water Produced, gal | Peak Flow Rate, and | During Peak Flow, mg/L | Pcak Flow, | Peak Flow, mg-min/L | Water, | Water, if Applicable | mg- min/L | mW- sec/cm ² | mW- | Distribution System, mg/L | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1 | 29 | 265,000 | PAIC, MAA | FIOW HINKS | - unitrat | | | A philesole | | | 804-06-00 A | L 2 | Synch Schipping of Strong Care |
| 2 | 24 | 365,000 | | † | | | | | | | | | |
| 3 | 24 | 366,000 | | | | | | | | | | 1.0 | |
| 4 | 24 | 220,000 | | | | | | | | | | 0.9 | |
| 5 | 24 | 341,000 | | | | | | | | | | 1.0 | |
| 6 | 27 | 323,000 | | | | | | | | | | 0.7 | |
| 7 | 24 | 303,000 | | | | | | | | | | 1.0 | |
| 8 | 24 24 | 262,000 | | ļ | | | | ļ | | | | 1.1 | |
| | 24 | 430,600 | | | | ļ | | | | | I | | |
| | 24 | 283,000 | | <u> </u> | | | | | | | | 1.0 | ······································ |
| $\frac{11}{12}$ | 29 | 320,000 | | | | | | | | | | 1.0 | |
| 13 | 24 | 367,000 | | | | | | | | | | 1.0 | |
| 14 | 24 | 327,000 | | 1 | | | | i — | | | | 1.0 | |
| 15 | ay | 263,000 | | | | [| | <u> </u> | | | | | |
| 16 | 24 | 372,000 | | | | | | l | | | | | |
| 17 | 24 | 372,000 | | | | | | | | | | 6 | |
| <u>18</u> 19 | 24 | 293,000 | | | | | | ļ | | | | 0,8 | |
| 20 | 24- | 304,000 | · · · · · · · · · · · · · · · · · · · | | | ļ | | | | | | 61 | |
| 21 | 24 | 297,000 | | l | | <u> </u> | | [| | | | 1.0 | |
| 22 | 24 | 247,000 | | t | <u> </u> | + | | | | | | 0.8 | L |
| 23 | 24 | 476,000 | | 1 | | | | <u> </u> | | | 1 | | |
| 24 | 24 | 476,000 | | 1 | | | | | | | 1 | 1.0 | |
| 25 | 24 | 325,000 | | | | | | | | | | 1.3 | |
| 26 | 24 | 412,000 | | | I | | | | <u> </u> | | 1 | 1.0 | |
| 27 | 24 | 373,000 | | | | | | | | | | 1.2 | |
| 28 29 | 34 | 418,000 | | ļ | L | | | | | | | 1.0 | |
| 30 | 24- | 259,000 | | | l | ļ | L | <u> </u> | ļ | L | | 1-1 | |
| 31 | 2 ý | 482,000 | | | | | | | | | | | |
| Total | | 10.800,000 | | L | L | 1 | | L | L | I | 1 | 1.0 | <u>i</u> |
| Average | | 348,000 | | | | | | | | | | | |
| Maxim | IM | 482,000 | | | | | | | | | | | |

482,000

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



See page 4 for instructions.

FILE COPY

| Ι. | General Information | for the Month/Year of: June 04 | | | | | | | | | | | |
|----|---|--|------------------|-------------------------|----------|--|--|--|--|--|--|--|--|
| | Public Water System (P | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| [| PWS Name: Weatherst | field | | | | PWS Identification Nu | mber: 3591451 | | | | | | |
| | PWS Type: 🛛 🗘 C | Community Non-Transient Non-Community | Transie | nt Non-Community | | secutive | | | | | | | |
| | Number of Service Con | nnections at End of Month: 4206 | | Total Population Serve | | | ······································ | | | | | | |
| | PWS Owner: Utilities, | | | | | ······································ | | | | | | | |
| | Contact Person: Patricl | k Flynn | | Contact Person's Title: | : Region | al Director | | | | | | | |
| | Contact Person's Maili | ng Address: 200 Weathersfield Ave. | | City: Altamonte Sprin | gs | State: Fl | Zip Code: 32714 | | | | | | |
| | Contact Person's Telep | phone Number: 407-869-1919 | | Contact Person's Fax N | Number: | 407-869-6961 | | | | | | | |
| | Contact Person's E-Ma | uil Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | | | | | |
| в. | Water Treatment Plant | | | | | | | | | | | | |
| | Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919 | | | | | | | | | | | | |
| | Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 | | | | | | | | | | | | |
| | Type of Water Treated | | hased Finished V | Vater | | | | | | | | | |
| | | Day Operating Capacity of Plant, gallons per day: 1. | 12 MGD | | | | | | | | | | |
| | | bsection 62-699.310(4), F.A.C.): IV | | | ction 62 | -699.310(4), F.A.C.): (| 2 | | | | | | |
| | 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. | | | | | | |
| | | | | | | | | | | | | | |
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II. Certification by Lead/Chief Operator

..

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

Garrater 7/1/04 Michael J. Gavaletz C5642 Signature and Date Printed or Typed Name License Number

D 1

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| | | a for the Mo | | | | | | | | | | | |
|------------------------|-----------|---|------------------------|---|--|--|-----------------------------|----------------------------------|------------------------|------------|-----------|--|--|
| | traviolet | Radiation | Other | nactivation/Rem (Describe): | | Free C | hlorine | | Chlorine I | Dioxide | 02 | zone | Combined Chlorine (Chloramines) |
| Type | of Disinf | ectant Residu | ial Maintai | ned in Distribut | ion System: | [] F | ree Ch | lorine | Com | bined Cl | lorine (C | hloramines) | Chlorine Dioxide |
| | | | C | T Calculations, or | UV Dose, to De | monstrate F | our-Log | Virus Inactiv | ation, if A | oplicable* | | See and | |
| | | | | | CT Calcu | | 2 | S. 4. 20 28 | | UV | Dose | and the second second | |
| Day of the Month | Plant in | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp, of Water, °C | pH of Water, if Applicable | CT Required, mg- | Operating | mW- | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency of Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1 | | 41600 | | | | | | | | | | 1.0 | |
| 2 | 24 | 396,000 | | | | | | | | | | 1.0 | |
| 3 | 44 | 378,000 | | | | | | | | | | 1.2 | |
| 5 | 24 | 352,000 | | | | | | | | | | 1.0 | |
| 6 | 21 | 150,000 | | | | | L | | | | | | |
| 7 | 74 | 320,000 | | | | | L | | | | | | |
| 8 | 24 | 326,000 | | | | | ļ | | | | | 0.7 | |
| 9 | 24 | 202.00 | | | | | | | ļ | ļ | | 0.8 | |
| 10 | 24 | 253,00 | ····· | | | | | | | | | <u>1.0</u> | |
| - ii | 24 | 217,000 | | | | | | | | | | 1.0 | |
| 12 | 24 | 212,000 | ······ | | | | | | | | | 1.0 | |
| 13 | ध | 3103,000 | | | | | | | | L | | 1.0 | |
| 14 | 24 | 364,004 | | | | | | | | | | | |
| 15 | 24 | 249 00 | | | | | | | | | | 0.7 | |
| 16 | 24 | 258,000 | | | | | | · | | | | 1.0 | |
| 17 | 24 | 294,000 | | 1 | | | | | | | | <u> </u> | |
| 18 | 24 | 323,000 | | | | | | | | | | 1.0 | |
| 19 | 24 | 181,000 | | | | | | | | | | 1.2 | |
| 20 | 24 | 394,00 | | | | | | | | | | 1.2 | |
| 21 | 24 | 394,00 | | | | | | T | | | | 1.0 | |
| 22 | 24 | 274,000 | | | | | | | | · | | 1.0 | |
| 23 | 24 | 291.000 | | | | | | | | | | <u> 1.0</u> | |
| 24 | 24 | 337,000 | | | | | | | | | | 0.8 | |
| 25 | 24 | 299.00 | | | | | | | | | | 1.0 | |
| 26 | 24 | 267,000 | | | | | | | | | | 1.0 | |
| 27 | 24 | 387,000 | | | | | | | | | | | |
| 28 29 | 뀞 | 261,000 | | | | | | | | | | 0.8 | |
| 30 | 24 | LUN | | | | | | | | | | 1.0 | |
| 30 | 4 | 265,000 | | | | | | | | | | 1.1 | |
| Total | | 9,200,00 | | I | l | | L | | | | | | |
| Average | | 309,000 | | | | | | | | | | | |
| Maxim | | 410.000 | | | | | | | | | | | |

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





See page 4 for instructions.

1. General Information for the Month/Year of: July 2004

| A. 1 | Public Water System (P | WS) Information | | | | | | | | | |
|------|--------------------------|---|---------------------------------------|----------------------|---------------------|-----------------|-----------------------|--|--|--|--|
| - [| PWS Name: Weathersf | field | | | | | PWS Identification 1 | Number: 3591451 | | | |
| [| PWS Type: 🛛 🕅 C | Community | Non-Transient Non-Comm | | t Non-Community | | nsecutive | | | | |
| [| Number of Service Con | nnections at End o | f Month: 1, 206 | | Total Population Se | erved at E | nd of Month: 422 | | | | |
| | PWS Owner: Utilities, | Inc. of Florida | | | | | | | | | |
| | Contact Person: Patrick | k Flynn | ····· | | Contact Person's Ti | | | | | | |
| | Contact Person's Mailin | ng Address: 200 W | Veathersfield Ave. | | City: Altamonte Sp | rings | State: Fl | Zip Code: 32714 | | | |
| | Contact Person's Telep | hone Number: 407 | 7-869-1919 | | Contact Person's Fa | <u>ix Numbe</u> | r: 407-869-6961 | | | | |
| | | | nn@utilitiesinc-usa.com | | | | | | | | |
| B.] | Water Treatment Plant | Information | | · | | | · ······ | | | | |
| | Plant Name: Utilities, I | and the second se | · · · · · · · · · · · · · · · · · · · | | | | | mber: 407-869-1919 | | | |
| | Plant Address: 200 We | and the second second second second second second second second second second second second second second secon | | | City: Altamonte Sp | orings | State: Fl | Zip Code: 32714 | | | |
| | Type of Water Treated | and the second second second second second second second second second second second second second second second | | Purchased Finished V | /ater | | | | | | |
| | Permitted Maximum D | Day Operating Cap | acity of Plant, gallons per d | ay: 1.12 MGD | | | | | | | |
| | Plant Category (per su | | | | | | 52-699.310(4), F.A.C. | | | | |
| | Licensed Operators | | Name | License Class | License Number | | | ft(s) Worked | | | |
| | Lead/Chief Operator: | Mike Gavaletz | ······ | С | 5642 | ,, | | A.M 4:30 P.M. | | | |
| | Other Operators: | Terry Sillitoe | | С | 12749 | | San. 8 A.N | И 4:30 Р.М. | | | |
| | | RAYMONIC | A PARRISH | C | 12740 | | | | | | |
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II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part 1 of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, 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.

Kanish 8-E-2004 Michael J. Gavaletz For Printed or Typed Name C5642 inhature and Date

License Number

Deen 1

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida - UEANEN FIFLD

| 111. D: | 11. Daily Data for the Month/Year of: July 2004 | | | | | | | | | | | | |
|------------|--|--------------------------------------|-------------|---|---|--|-----------------------|--|--|------------------------------|-----------------------------|--|--|
| Means | Means of Achieving Four-Log Virus Inactivation/Removal: * 🛛 Free Chlorine 🗌 Chlorine Dioxide 📋 Ozone 📋 Combined Chlorine (Chloramines) | | | | | | | | | | | | |
| | | Radiation | 📋 Other (| | | | | | - | | | <u> </u> | |
| Туре о | f Disinfe | ectant Residu | al Maintain | ed in Distributi | ion System: | <u> </u> | ree Chl | orine | | | | hloramines) | Chlorine Dioxide |
| | | | Cl | Calculations, or U | IV Dose, to Dei | nonstrate Fo | ur-Log N | Tirus Inactiv | ation, if Ap | plicable* | | | |
| | | | | 20 C | CT Calcul | | 275223 1000-000-00 | | 22.762.20 ² | UVI | LIOSE | 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 | (T) at C Measurement Point During | Lowest CT Provided Before or at First Customer During Peak Flow, | Temp of Water, | Water, if | CT Required, mg- | Operating UV Dose, mW- | 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 |
| | Operation | Produced, gal | | Flow, mg/L | minutes | mg-min/L | °C | Applicable | min/L | sec/cm ² | sec/cm ² | System, mg/L | System Components Out of Operation |
| 1 | 24 | 308,000 | | | | | | | | | | 1,0 | |
| 2 | | 254,000 | | | | | | | | | | 0.9 | |
| 3 | | 204,000 | | ļ | | | | | | | | 1,0 | |
| 4 | | 327,000 | | l | | L | | | ļ | Į | | L | |
| 5 | | 328.000 | | . | ļ | l | | ļ | ļ | | i | 1,0 | ······ |
| 6 | | 346.000 | | | | | ┡───┤ | ļ | | { | ├ ────┤ | 0.9 | L |
| 7 | | 249.00 | | l | l | ļ | | ļ | | | | 1.0 | |
| 8 | | 374,000 | | | } i | Ļ | | | { | | | 0,9 | l |
| 9 | | 373,000 | | <u> </u> | ↓ | | ├ | ļ | | | ├ | 1.0 | |
| 10 | | 254.000 | 1 | <u> </u> | | | | | | | | <u> 110</u> | |
| 11 12 | | 409,000 | | | | | <u> </u> | <u> </u> | | <u>+</u> | 1 | 1.0 | ····· |
| 12 | -1,- | 304.000 | | | t | <u>├</u> ──── | t | t | t | t | 1 | 0,8 | |
| 13 | -₩ | 309,000 | ļ | + | t | t | 1 | t | <u>† </u> | <u>†</u> | 1 | 0,8 | |
| 15 | <u>-</u> ju | 364,000 | ļ | 1 | † | t | t | <u>† </u> | 1 | 1 | <u> </u> | 1.0 | |
| 16 | <u>~</u> | 278.000 | · | 1 | 1 | <u> </u> | t | t | 1 | 1 | 1 | | |
| 17 | -+- | 216.000 | | 1 | 1 | 1 | <u> </u> | | | 1 | | 1,2 | |
| 18 | -+- | 409,000 | [| 1 | 1 | | 1 | | | L | | | |
| 19 | | 410,000 | <u>├</u> | | 1 | | | | | | | | |
| 20 | | 270,000 | 1 | <u> </u> | T | <u> </u> | | | | | | 1.0 | |
| 21 | | 300,000 | | | 1 | | | | | | | 0.8 | |
| 22 | | 331,00 | | | | | | | | | | 1.0 | |
| 23 | | 348,000 | | | | | 1 | | 1 | | 1 | 1.0 | |
| 24 | | 223,000 | | | | | L | | 1 | \square | | $\mu \mu$ | |
| 25 | | 486,000 | | | 1 | | | ļ | | 1 | 1 | L | |
| 26 | | 486.000 | | | L | L | 1 | <u> </u> | <u> </u> | | | 1,0 | l |
| 27 | | 224,000 | ļ | 1 | | Ļ | | | 4 | + | | 9.8 | <u> </u> |
| 28 | | 796,00 | ļ | | <u></u> | _ | | | + | _ | | 10 | |
| 29 | | 156,000 | L | 4 | 4 | | | | . <u> </u> | 4 | + | 0.8 | <u> </u> |
| 30 | × | 388.000 | | 4 | 1 | + | | + | + | + | + | 10 | |
| 31 | Lay | 252,000 | | | 1 | <u> </u> | | L | 1 | <u></u> | | 0.9 | <u></u> |
| Total | - | 9,886000 | 4 | | | | | | | | | | |

 Average
 3/9,090

 Maximum
 486,000

* 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: August 2004

| A . 1 | Public Water System (P | w S) miormation | | | | | | | | | | | |
|--------------|---|--------------------------------------|---------------|----------------------|---|------------------------|-----------------|--|--|--|--|--|--|
| [| PWS Name: Weathersf | ield | | | | PWS Identification Nu | mber: 3591451 | | | | | | |
| [| PWS Type: 🛛 C | ommunity Non-Transient Non-Community | Transier | t Non-Community | | secutive | | | | | | | |
| | | inections at End of Month: 1,206 | | Total Population Ser | rved at En | d of Month: 4, 221 | | | | | | | |
| | PWS Owner: Utilities, | | | ····· | | | | | | | | | |
| | Contact Person: Patrick Flynn Contact Person's Title: Regional Director City: Altemente Spring: IState: El IZin Code: 32714 | | | | | | | | | | | | |
| | Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FI Zip Code: 32714 | | | | | | | | | | | | |
| 1 | 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. 1 | Water Treatment Plant | | | | | Dia A Talanhama Mami | 407 860 1010 | | | | | | |
| | Plant Name: Utilities, I | | | | the second second second second second second second second second second second second second second second se | Plant Telephone Num | | | | | | | |
| | Plant Address: 200 We | | | City: Altamonte Spi | rings | State: Fl | Zip Code: 32714 | | | | | | |
| | Type of Water Treated by Plant: 🛛 Raw Ground Water 🗌 Purchased Finished Water | | | | | | | | | | | | |
| | Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD | | | | | | | | | | | | |
| | | osection 62-699.310(4), F.A.C.): IV | | | osection 62 | 2-699.310(4), F.A.C.): | | | | | | | |
| | Licensed Operators | Name | License Class | License Number | | Day(s)/Shift | s) Worked | | | | | | |
| | Lead/Chief Operator: | Mike Gavaletz | С | 5642 | | Mon Fri. 8 A. | M 4:30 P.M. | | | | | | |
| | Other Operators: | Terry Sillitoe | С | 12749 | | San. 8 A.M. | - 4:30 P.M. | | | | | | |
| | | | | | | | | | | | | | |
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| | 198 | | <u> </u> | | | | | | | | | | |

II. Certification by Lead/Chief Operator

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

Gavate F/3/04 Michael J. Gavaletz C5642 Printed or Typed Name License Number Signature and Date

n---- 1

| PWS | Identification Number: | 3591451 | |
|-----|------------------------|---------|--|
| | | | |

Plant Name: Utilities, Inc. of Florida

| 111. Daily Data for the Month/Year of: August 2004 | | | | | | | | | | | | | |
|--|----------|------------------------|--------------|---|--------------|------------------------|--------------|-----------------|----------------|-----------------|---|---------------------------|---|
| Means of Achieving Four-Log Virus Inactivation/Removal: * 🛛 Free Chlorine 🗌 Chlorine Dioxide 🗍 Ozone 🗌 Combined Chlorine (Chloramines) | | | | | | | | | | | | | |
| 🗌 Ult | raviolet | Radiation | 🗍 Other (| Describe): | | | | <u> </u> | | | | | (entertainties) |
| Туре с | f Disinf | ectant Residu | ual Maintain | ed in Distribut | ion System: | F | ree Ch | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | 1.2 K & C | COLUMN STREET | A SPACE | | 1000 4 | Man and and | | plicable*. | | and an an | |
| | 옷관감물 | | | | | | 1. 1. 1. 1. | San State State | | war IV | Dose | | |
| | | 1.00 | | Lowest Residuel | Disinfoctant | Lowest C.I. | * 3. | and the state | Ser. | Sales 75 | 2 Card To | Lowest | |
| | | | Stort Bar | Distributant | Constant And | Before or | | | | | San San San San San San San San San San | Residual Disinfectarit | |
| | Lines | | | Concentration | mac | Set Pirst | And And | A Destroyer | | - Lowest | Minimum | Concentration | |
| a dha a sang La sangar a | | Net Quantity | | Concentration (C) Before of at First Clastomer During Peak | | Customer | Temp. of | to the | Millimum CT | Operating | UV Dene | at Remote | |
| Day of | | of Finished | Peak Flow | Pirst Customer | Point During | During | of | Wetter, IT. | Required. | UV Doec, mW- | Required, | Point in | Emergency of Abnormal Operating Conditions; Repair |
| the | Plant in | Water Produced, gal | Peak riow | Flow, mg/L | Tainutes | Peak Flow, mg-min/L | Water, °C | Applicable | min/L | mW. | mW- sec/cm ² | Distribution | or Maintenance Work that Involves Taking Water |
| 1 | 24 | 331,000 | | | | SULCHITY M | . Y U | ENERGIC DIG | munyc | sec/cm | sec/cm | System, mg/L | System Components Out of Operation |
| 2 | 24 | 331,000 | | | | | | | | | | 1.0 | |
| 3 | 24 | 279,000 | | | | | | | | | | 1.0 | |
| . 4 | 24 | 311000 | | | | | | | | | | 1.0 | |
| 5 | 24 | 332,000 | | | | | | | | | | 1.5 | |
| 6 | 24 | 314:000 | | | | | | | | | | 1.1 | |
| 7 | 24 | 275,000 | | | | | | r | [| | | 1.2 | |
| 8 | 24 | 322,400 | | | | | | | | | | | |
| 9 | 24 | 323,000 | | | | | | | | | | 1.0 | |
| 10 | 24 | 279,000 | | | | | | | | | | 1.0 | |
| 11 | 24 | 290,000 | | | | | | | | | | 1.(| |
| 12 | 24 | 298,000 | | | | | | | | | | 1.0 | |
| 13 | 24 | 325,000 | | | | | | | | | | 0.8 | |
| 14 | 24 | 392,000 | | | | | | | | | | 0.7 | |
| 15 | 29 | 230,000 | | | ļ | L | | ļ | | | | | |
| 16 17 | 24 | 263,000 | | | | | | <u> </u> | | | | 1.0 | |
| 18 | 24 | 248,000 | | | | | ł | | | | | 0.8 | |
| 19 | 24 | 254/00 | | | | | | | | | ····· | 9.8 | |
| 20 | 24 | 33 2000 | | | | | <u> </u> | | | | | 1.0 | |
| 21 | 24- | 236,00 | <u> </u> | | | <u> </u> | <u> </u> | | <u> </u> | | | 0.9 | |
| 22 | 24 | 343,000 | 1 | 1 | | | | | | | | 0.1 | |
| 23 | 24 | 343,000 | 1 | | | 1 | | | | † | | 7.0 | |
| 24 | 24 | 229,000 | | 1 | 1 | | | 1 | | | 1 | 0.8 | ······································ |
| 25 | 24 | 235,000 | | | | | | | | | 1 | 1.0 | |
| 26 | 24 | 320.000 | | | | | | | | | | 1.1 | |
| 27 | 24 | 294,000 | | | | | | | | | | 1.0 | |
| 28 | 24 | 206,000 | | | 1 | | | | | | | 1.1 | |
| 29 | 24 | 375000 | | | | | | | | | | | |
| 30 | 24 | 375,000 | | | | | | | | | | 1.0 | |
| 31 | 24 | 270,000 | ļ | | | | | | L | | | 1.0 | |
| Total | | | | | | | | | | | | | |
| Averag | | 296,000 | 4 | | | | | | | | | | |
| Maxim | un. | 375,000 | 1 | | | | | | | | | | |

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



| See | page 4 for instructions. | | | | | | | | | | | |
|---|---|---|---------------------------------------|-------------------------------|--|--|--|--|--|--|--|--|
| 1. | General Information for the Month/Year of: 5eot 2024 | | | | | | | | | | | |
| Α. | Public Water System (PWS) Information | | | | | | | | | | | |
| | PWS Name: Weathersfield | | | PWS Identification Nu | mber: 3591451 | | | | | | | |
| | PWS Type: Community Non-Transient Non-Community | / Transie | nt Non-Community | Consecutive | | | | | | | | |
| | Number of Service Connections at End of Month: 1,206 | | Total Population Served | at End of Month: 4,22 | | | | | | | | |
| | 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 Nu | <u>mber: 407-869-6961</u> | | | | | | | | |
| | Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | | | | | |
| В. | Water Treatment Plant Information | | · · · · · · · · · · · · · · · · · · · | | ······································ | | | | | | | |
| | Plant Name: Utilities, Inc. of Florida | | · | Plant Telephone Numb | | | | | | | | |
| | Plant Address: 200 Weathersfield Ave. | | City: Altamonte Spring | s State: Fl | Zip Code: 32714 | | | | | | | |
| | | hased Finished | Water | | | | | | | | | |
| | Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1 | .12 MGD | | | | | | | | | | |
| | Plant Category (per subsection 62-699.310(4), F.A.C.): IV | and the second second in a second second second second second | | ion 62-699.310(4), F.A.C.): (| | | | | | | | |
| | Ciconical Complete States and State | | | | | | | | | | | |
| | Lead/Chief Operator: Mike Gavaletz | C | 5642 | Mon Fri. 8 A.N | | | | | | | | |
| | Other Operators: 24 Terry Sillitoe | C | 12749 | San. 8 A.M | 4:30 P.M. | | | | | | | |
| | | | | | | | | | | | | |
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II. Certification by Lead/Chief Operator

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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.

el (wate 10/5/04 Michael J. Gavaletz C5642 Printed or Typed Name License Number Signature and Date

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida - Winting Fillo

| 111. Daily Data for the Month Year of: Sept 2004 | | | | | | | | | | | | | | | | |
|--|------------------|--------------|----------------------|---------------------------|---|-----------------------|--|--|--------------------|------------------------|---------------------------------|--|------------------|-----------------------|--|---|
| Means of Achieving Four-Log Virus Inactivation/Removal: * 🛛 Free Chlorine 🗌 Chlorine Dioxide 🛄 Ozone 📋 Combined Chlorine (Chloramines) | | | | | | | | | | | | | | | | |
| Ultraviolet Radiation Other (Describe): | | | | | | | | | | | | | | | | |
| Type of D | isinfec | tant Residu | al Maintain | ed in Distribut | ion System: | F | ree Chl | orine | Com | bined Ch | lorine (C | hloramines) | | Chlorine Di | oxide | |
| | X.33. 3 | | | | Well's Strate | a anno an In | * | (States and a state of a state o | | ed (rad a way | (r. 1996, 9) | | 2. 1. 26 | T the state state | | аца (1996) Станка (1996) |
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| A NOT BUD | 5. S. C. M. C. | 292,000 | 1 | | | | | | | | | | | | | |

Maximum 369 022

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

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See page 4 for instructions.

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|------|--|---|--|---------------------|-------------|------------------------|-------------------|--|--|--|--|--|--|
| A.] | Public Water System (P | WS) Information | | | | | | | | | | | |
| | PWS Name: Weathersf | ield | | | | PWS Identification Nu | umber: 3591451 | | | | | | |
| | PWS Type: 🛛 🛛 C | community Non-Transient Non-C | ommunity Transie | ent Non-Community | | nsecutive | | | | | | | |
| | Number of Service Cor | nnections at End of Month: 1,206 | | Total Population S | erved at Er | nd of Month: 4,221 | | | | | | | |
| 1 | PWS Owner: Utilities, | Inc. of Florida | | | | | | | | | | | |
| | Contact Person: Patrick | c Flynn | | Contact Person's T | itle: Regio | nal Director | | | | | | | |
| | Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 | | | | | | | | | | | | |
| | Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961 | | | | | | | | | | | | |
| | Contact Person's E-Ma | il Address: p.c.flynn@utilitiesinc-usa.co | m | | | | | | | | | | |
| В. | Water Treatment Plant | Information | | | | | | | | | | | |
| | Plant Name: Utilities, I | Inc. of Florida | | | | Plant Telephone Num | ber: 407-869-1919 | | | | | | |
| | Plant Address: 200 We | eathersfield Ave. | | City: Altamonte S | prings | State: Fl | Zip Code: 32714 | | | | | | |
| | Type of Water Treated by Plant: 🛛 Raw Ground Water 🗌 Purchased Finished Water | | | | | | | | | | | | |
| | Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD | | | | | | | | | | | | |
| | Plant Category (per sul | bsection 62-699.310(4), F.A.C.): IV | | Plant Class (per su | bsection 6 | 2-699.310(4), F.A.C.): | С | | | | | | |
| | Licensed Operators | Name | Liconse Clas | S MERCENSON NUMBER | | C CONTRACTOR OF THE | (a) Worked | | | | | | |
| | Lead/Chief Operator: | Mike Gavaletz | С | 5642 | | Mon Fri. 8 A. | M 4:30 P.M. | | | | | | |
| | Other Operators: | Terry Sillitoe | С | 12749 | | San. 8 A.M. | - 4:30 P.M. | | | | | | |
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II. Certification by Lead/Chief Operator

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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.

11/4/04 TATOLA Michael J. Gavaletz C5642 Signature and Date (Printed or Typed Name License Number

PWS Identification Number: 3591451

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Plant Name: Utilities, Inc. of Florida

| HI. Daily Data for the Month A car of: Oct 2009 Means of Achieving Four-Log Virus Inactivation/Removal: * S Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) | | | | | | | | | | | | | | |
|---|--|---------------|--------------|------------------|---------------------|-------------|----------|---------------|----------|----------|----------------|---------------|---|--|
| Ultraviolet Radiation Other (Describe): | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | ectant Residu | ual Maintain | ed in Distribut | ion System: | | ree Chl | orine | | bined Ch | lorine (C | hloramines) | Chlorine Dioxide | |
| | Lowest Residual Disinflotest Lowest Cl Provided Disinflotest Lowest Cl Provided Befores in First Lowest Cl Provided Before Lowest Cl Provided Before <thlowes< td=""></thlowes<> | | | | | | | | | | | | | |
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| | Hours | of Finished | 1. A. 33. | First Customer | Point During | During | lor | "phot " | Required | UV Done | Required | Point in | Ethergency or Abnormal Operating Conditions; Repair | |
| the | Plant in | Water | Peak Flow, | During Beak | Peek Flow, | Peak Flores | | Weiter, If | 1. mg | ,⊂m₩+ | n W | Distribution' | or Maintenance Work that Involves Taking Water | |
| Monu | | Produced gal | Rate, and | FIOW INT/L | | mg-mintle | | COLUMN COLUMN | | soc/can | Service se | Sydemic U. | System Components Out of Operation | |
| | 24 | 310,000 | | | | | | | ļ | | | | | |
| 3 | 24 | 190,000 | | | | | | | | ļ | | 0.7 | | |
| 4 | | 373,000 | | | | | | | | | | | | |
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| | | 258,000 | | <u> </u> | L | [| | | L | ļ | | [.] | | |
| 10 | 24 | 332,010 | | <u> </u> | | <u> </u> | | | ļ | [| | L | | |
| 11 | 24 | 382,000 | | | ļ | ļ | | | | Ļ | <u> </u> | 1,0 | | |
| 12 | 24 | 280,000 | | | | L | | L | | | [| 1.0 | | |
| 13 | 24 | 274,000 | | | ļ | Ļ | | | | ļ | | 0.8 | | |
| 14 | 24 | 293,000 | | | 1 | <u> </u> | | ļ | | ļ | L | 1.0 | | |
| 15 | 24 | 314,000 | ļ | l | | | | | ļ | | L | 60 | | |
| <u>16</u> 17 | 24 | 202,000 | | | | | | | | | ļ | 0,7 | | |
| 18 | 24 24 | 338.000 | | L | | | L | | | | L | | | |
| | | 339,000 | | | } | | | | <u> </u> | ļ | Ì | 1.0 | | |
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| 23 | 24 | 244 000 | <u> </u> | · | | | | | <u> </u> | | <u> </u> | 0.9 | 4 | |
| 23 | 24 | 346,000 | | <u> </u> | ł | | | Į | ┣─── | | | 0.7 | | |
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| 26 | 24 | 346,000 | ł | <u> </u> | <u> </u> | <u> </u> | | | | ļ | | 1.0 | | |
| 20 | | 231,000 | | + | | | | <u> </u> | <u> </u> | <u> </u> | | 1.0 | | |
| 28 | 24 | 325,000 | <u> </u> | | | <u> </u> | | ļ | | | ļ | 0.8 | | |
| 29 | 2Y 2Y | 279,000 | | | | ļ | | ļ | | | ļ | 1.0 | | |
| 30 | 24 | 261,000 | | | | <u> </u> | | | | | | 0,8 | | |
| 31 | 24 | 228,00 | <u> </u> | + | | <u> </u> | | ļ | 1 | 1 | ļ | 1.0 | | |
| Total | L-~Y | 358,000 | | -l | i | L | | 1 | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u></u> | |
| | Total 7,53,020 Average 295,000 | | | | | | | | | | | | | |
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| Maxim | ш д | 387,000 | 1 | | | | | | | | | | | |

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

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See page 4 for instructions.

| 1. | General Information f | or the Month/Year of: Nov2007 | | | | | | | | | | |
|--|--|--|---------------------------------------|--|------------------------------|-----------------|--|--|--|--|--|--|
| | Public Water System (P | | | | | | | | | | | |
| | PWS Name: Weatherst | ield | | | PWS Identification Nu | mber: 3591451 | | | | | | |
| | PWS Type: 🛛 C | ommunity Non-Transient Non-Community | Transie | | onsecutive | | | | | | | |
| | Number of Service Con | nnections at End of Month: 1,206 | | Total Population Served at | End of Month: 4,231 | | | | | | | |
| | PWS Owner: Utilities, | Inc. of Florida | | | | | | | | | | |
| | Contact Person's Patrick Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave City: Altamonte Springs State: Fl Zip Code: 32714 | | | | | | | | | | | |
| Condet Telson's Walking Address. 200 Weathersheld Area | | | | | | | | | | | | |
| | Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961 | | | | | | | | | | | |
| | | il Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | | | | |
| В. | Water Treatment Plant | | · · · · · · · · · · · · · · · · · · · | ······································ | | (07.0(0.1010 | | | | | | |
| | Plant Name: Utilities, I | | | | Plant Telephone Num | | | | | | | |
| ļ | Plant Address: 200 We | | | City: Altamonte Springs | State: Fl | Zip Code: 32714 | | | | | | |
| | Type of Water Treated | | hased Finished | Water | | | | | | | | |
| | | ay Operating Capacity of Plant, gallons per day: 1. | 12 MGD | | (0, (00, 210(4), F, A, C,)) | | | | | | | |
| | Plant Category (per su | bsection 62-699.310(4), F.A.C.): IV | a na ha na hadana iran ' anna | Plant Class (per subsection | | | | | | | | |
| | | a and a second second second second second second second second second second second second second second second | | | | | | | | | | |
| | Lead/Chief Operator: | | <u> </u> | 5642 | Mon Fri. 8 A.M | | | | | | | |
| | Other Operators: | Terry Sillitoe | C | 12749 | San. 8 A.M. | 4:30 P.M. | | | | | | |
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H. Certification by Lead/Chief Operator

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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.

1) Garates 12/2/04 Michael J. Gavaletz C5642 Signature and Date \mathcal{O} License Number Printed or Typed Name

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WATER

See page 4 for instructions.

| 1. | General Information : | for the Month/Year of: 0 eC - Z004 | | | | | | | | |
|---|---------------------------------|---|--------------------|--|-----------------|--|--|--|--|--|
| A. | Public Water System (F | PWS) Information | | | | | | | | |
| | PWS Name: Weathers | field | | | | PWS Identification Nu | mber: 3591451 | | | |
| | | Community Non-Transient Non-Community | Transier | nt Non-Community | | secutive | | | | |
| | | nnections at End of Month: 1, 206 | | Total Population S | erved at Er | nd of Month: 4221 | | | | |
| | PWS Owner: Utilities, | | | | | | | | | |
| | Contact Person: Patric | | Contact Person's T | itle: Region | | | | | | |
| | Contact Person's Maili | ing Address: 200 Weathersfield Ave. | | City: Altamonte S | | State: Fl | Zip Code: 32714 | | | |
| | Contact Person's Telep | phone Number: 407-869-1919 | Contact Person's F | ax Number | r: 407-869-6961 | | | | | |
| | Contact Person's E-Ma | ail Address: p.c.flynn@utilitiesinc-usa.com | | · | | | | | | |
| В. | Water Treatment Plant | Information | | | | | | | | |
| Ì | Plant Name: Utilities, | Inc. of Florida | | | | Plant Telephone Num | | | | |
| Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 | | | | | | | | | | |
| Type of Water Treated by Plant: 🛛 Raw Ground Water 🗌 Purchased Finished Water | | | | | | | | | | |
| | | Day Operating Capacity of Plant, gallons per day: 1.1 | 12 MGD | <u>,</u> | | | | | | |
| | | bsection 62-699.310(4), F.A.C.): IV | | the second second second second second second second second second second second second second second second s | bsection 62 | 2-699.310(4), F.A.C.): | | | | |
| | Licensed Operators | Name | License Class | License Number | · | Day(s)/Shift(| | | | |
| | Lead/Chief.Operator | | C | 5642 | | Mon Fri. 8 A.M | | | | |
| | າວາກກາວກາວການຄາວ | Terry Sillitoe | с | 12749 | | San. 8 A.M | 4:30 P.M. | | | |
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| l | RECEIPTION | | | | | <u></u> | | | | |

II. Certification by Lead/Chief Operator

-- **--**- - . . .

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

1005 nature and Date

RAYMOND ALAN PARRISH Michael J. Gavaletz

Printed or Typed Name

C-12740 C5642

License Number

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| REATING RAW GROUND WATER OR PURCHASED FINISHED WAY SHITARY | |
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| nc. of Florida | Plant Name: Utilites, I | / |
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PWS Identification Number: 359145

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

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See page 4 for instructions.

| 1. | General Information | for the Mont | It Year of: January/2005 | | | | | |
|------------|-----------------------|-------------------|---|-------------------|---------------------|-------------|------------------------------|---------------------------------------|
| A . | Public Water System | (PWS) Informa | ation | | | | | |
| | PWS Name: Weather | sfield | | | | | PWS Identification Nu | umber; 3591451 |
| | | Community | Non-Transient Non-Commun | nity Transie | nt Non-Community | | secutive | |
| | Number of Service C | onnections at I | End of Month: 1206 | | Total Population S | erved at Er | nd of Month: <u>H22</u> | 1 |
| | PWS Owner: Utilitie | s, Inc. of Florid | da | | | | | |
| | Contact Person: Patri | | | | Contact Person's T | | | |
| | | | 200 Weathersfield Ave. | | City: Altamonte S | | State: Fl | Zip Code: 32714 |
| | Contact Person's Tele | | | | Contact Person's F | ax Number | : 407-869-6961 | |
| | | | .c.flynn@utilitiesinc-usa.com | | | | | · · · · · · · · · · · · · · · · · · · |
| В. | Water Treatment Plan | | | | | | | h |
| | Plant Name: Utilites, | | | | | | Plant Telephone Num | |
| | Plant Address: 200 V | | | hand Triatabad Y | City: Altamonte S | prings | State: Fl | Zip Code: 32714 |
| | Type of Water Treate | | | urchased Finished | water | | | |
| | | | g Capacity of Plant, gallons per day 599.310(4), F.A.C.): IV | : 804,000 | Plant Class (par su | beaction 6 | 2-699.310(4), F.A.C.): | C |
| | | | 599.510(4), F.A.C.). IV | | | | Day(O)(Shift) | |
| | Bendernie a Statement | Roy Mericle | | C | 13808 | | Tuc - Fri 8 a.n | |
| | | | | С | 12749 | | Sat. 8 A.M | 4:30 P.M. |
| | Other Operatoria | Ray Parrish | | С | 12740 | | Mon 8 A.M. | - 4:30 P.M. |
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H. Certification by Lead Chief Operator

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

C13808

Signature and Date

Roy J. Mericle Printed or Typed Name

License Number

----.......... D. ... 1

Plant Name: Utilites, Inc. of Florida

PWS Identification Number: 3591451

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| System Components Out of Operation | t'l | 1110/000 | HID MOD | | a annauddu r | | | | | 10 (| 310,000 | 54 | 1 |
| Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water | Point in Distribution System, mg/L | ,bənupəX -Wm Sec/cm ² | ² mɔ/ɔəɛ -Wm VU Dose, | ,bətiupəЯ -am J\nim | pH of Water, if Applicable | of "Stater, "C | Durring Peak Flow, mg-min/L | | First Customer During Peak Flow, mg/L | Peak Flow Rate, gpd | Produced, gal | Plant in | ခၾာ |
| · · · · · · · · · · · · · · · · · · · | at Remote | Dose UV Dose | Operating | | 30 114 | .qm5T | | Measurement | | | Vet Quantity | snoH | to ved |
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* Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions.

| 1. | General Information | for the Month Year of: February/2005 | | | | | · · · · · · · · · · · · · · · · · · · |
|----|---------------------------|--|----------------------|-----------------------------|----------------------|----------------|---------------------------------------|
| Α. | Public Water System (F | PWS) Information | | | | | |
| | PWS Name: Weathers | field | | | PWS Ider | tification N | umber: 3591451 |
| | PWS Type: 🛛 🖸 C | Community Non-Transient Non-Com | munity Transier | t Non-Community | Consecutive | | |
| | Number of Service Co | nnections at End of Month: 1206 | | Total Population Set | | th: 4,221 | |
| | PWS Owner: Utilities, | Inc. of Florida | | | | | |
| | Contact Person: Patric | k Flynn | | Contact Person's Tit | le: Regional Directo | or | |
| | | ing Address: 200 Weathersfield Ave. | | City: Altamonte Spr | ings S | State: Fl | Zip Code: 32714 |
| | Contact Person's Teler | phone Number: 407-869-1919 | | Contact Person's Fa | x Number: 407-869 | -6961 | |
| i | Contact Person's E-Ma | ail Address: p.c.flynn@utilitiesinc-usa.com | | | | | |
| В. | Water Treatment Plant | | | | | | |
| | Plant Name: Utilites, I | | | | Plant Tel | ephone Nurr | nber: 407-869-1919 |
| | Plant Address: 200 We | | | City: Altamonte Spi | rings State: Fl | | Zip Code: 32714 |
| | Type of Water Treated | | Purchased Finished V | Vater | | | |
| | | Day Operating Capacity of Plant, gallons per | day: 864,000 | | | | |
| | | 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)/Shif | t(s) Worked |
| | Lead/Chief Operator: | Roy Mericle | С | 13808 | | Tue - Fri 8 a. | m 4:30 p.m. |
| | Other Operators: | Terry Sillitoe | С | 12749 | | Sat. 8 A.M. | - 4:30 P.M. |
| | | Ray Parrish | С | 12740 | | Mon 8 A.M. | 4:30 P.M. |
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11. Certification by Lead-Chiel 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.

Man 2-28-05 Printed or Typed Name

Signature and Date

C13808

602

License Number

| PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida | | | | | | | | | | | | | | |
|--|------------|---------------------------|---|---------------------------------------|---|------------|-----------|---------------|--------------|---------------------|---------------------|------------------------------|----------|---|
| PWS | dentifica | tion Number | r: 3591451 | | P | lant Name | : Utilit | es, Inc. of | Florida | | | | | |
| | uili Dat | A for the M | with Xoor o | f: February/2 | 2005 | | | | | | | | | |
| March 14 | of A shi | i line tale off | ag Vinus In | activation/Rem | | Free Ch | loring | | hlorine D | liovide | Oz | one DC | om | bined Chlorine (Chloramines) |
| | | eving Four-L Radiation | og virus in | Describe): | | A rice Ci | norme | | | IUXIUE | | | 20111 | undu emornie (emorumnos) |
| | | | | | | | | | | 1. 1.01 | | | | Chlorine Dioxide |
| Type of | of Disinfe | ectant Residu | al Maintain | ed in Distribut | ion System: | F | ree Ch | lorine | | bined Ch | lorine (C | hloramines) | | Chlorine Dioxide |
| | | . j | <u> </u> | T Calculations, or | | | our-Log | Virus Inactiv | ation, IT Ap | UV I | 2000 | l | | |
| | | | | · · · · · · · · · · · · · · · · · · · | CT Calcul | Lowest CT | | | | | <i>1</i> 05C | Lowest | | |
| | | | | Lowest Residual | Disinfectant | Provided | | | | | | Residual | | |
| | | | | Disinfectant | Contact Time | Before or | | | | | Minimu | Disinfectant | | |
| | | | | Concentration | (T) at C | at First | | | Minimu | Lowest | mUV | Concentration | | |
| | | Net Quantity | | (C) Before or at | Measurement | Customer | Temp. | | m CT | Operating | Dose | at Remote | _ | |
| Day of | | of Finished | 1. A. | First Customer | Point During | During | of | pH of | | UV Dose, | Required, | Point in | Emo | ergency or Abnormal Operating Conditions; Repair |
| the | Plant in | Water | Peak Flow | During Peak | Peak Flow, | Peak Flow, | Water, | Water, if | mg- | mW- | mW- | Distribution System, mg/L | 0 | r Maintenance Work that Involves Taking Water System Components Out of Operation |
| Monu | Operation | | Rate, gpd | Flow, mg/L | minutes | mg-min/L | <u>°C</u> | Applicable | min/L | sec/cm ² | sec/cm ² | | | System Components Out of Operation |
| | 24 24 | 256,000 | | l | | | | | | | | 1.5 | | |
| 2 | 24 | 255,000 257,000 | | | | | <u> </u> | <u> </u> | | | | 1.7 | | |
| 4 | 24 | 294,000 | | <u> </u> | } | | | <u> </u> | ┢──── | ╂ | | 1.5 | | |
| 5 | 24 | 294,000 | | | | | <u>├</u> | | ┣─── | { | | 1.3 | <u> </u> | <u> </u> |
| 6 | 24 | 274,000 | | <u> </u> | <u> </u> | | | | <u> </u> | t | | 1.5 | | |
| 7 | 24 | 274,000 | } | <u> </u> | | | <u> </u> | | <u> </u> | † | <u> </u> | 1.3 | | |
| 8 | 24 | 270,000 | | | 1 | | | | h | | | 1.4 | | |
| 9 | 24 | 273,000 | | | <u> </u> | | | | 1 | † | <u> </u> | 1.9 | | |
| 10 | 24 | 275,000 | | { | 1 | | | <u> </u> | <u> </u> | 1 | | 2.2 | | |
| 11 | 24 | 280,000 | | 1 | | | | | | | | 1.5 | | |
| 12 | 24 | 229,000 | | 1 | | | 1 | | <u> </u> | 1 | | 1.3 | | |
| 13 | 24 | 327,000 | | | 1 | | | | | | | | | |
| 14 | 24 | 327,000 | | | | | | | | | | 2.5 | | |
| 15 | 24 | 282,000 | | | | | | | | | | 1.5 | | |
| 16 | 24 | 339,000 | | | | | | | | | | 1.5 | | |
| 17 | 24 | 324,000 | | | | | | | | | | 1.3 | | |
| 18 | 24 | 305,000 | | | | | | | <u> </u> | | | 1.5 | 1 | |
| 19 | 24 | 298,000 | I | | ļ | | | | J | <u> </u> | | 1.3 | _ | |
| 20 | 24 | 337,000 | ļ | ļ | ļ | | | | ļ | | | | 1 | |
| 21 | 24 | 337,000 | | ļ | <u> </u> | [| _ | | | | | 1.2 | 4 | |
| 22 | 24 | 316,000 | <u> </u> | <u> </u> | . | ļ | _ | | _ | | | 1.0 | + | |
| 23 | 24 | 305,000 | <u> </u> | _ | + | ļ | + | | ·} | · | | <u>1.7</u> 1.9 | 4 | |
| 24 | 24 | 289,000 | | | | | | | | - | | 1.9 | + | |
| 25 | 24 | 245,000 | | | + | | | | + | + | | 1.7 | + | |
| 26 | 24 | 245,000 | | | + | <u> </u> | + | | | | <u> </u> | 1.0 | + | ······································ |
| 27 | 24 | 288,000 288,000 | <u> </u> | + | + | | + | + | + | + | + | 1.5 | + | |
| 28 | 24 | 288,000 | + | + | | <u> </u> | + | + | + | + | + | <u> </u> | + | |
| 30 | 24 | { | { | + | | <u>↓</u> | + | + | + | + | + | | + | |
| 30 | 24 | + | <u>+</u> | + | · † · · · · · · · · · · · · · · · · · · | <u> </u> | + | + | 1 | 1 | + | + | + | |
| Total | L | 8,026,000 | + | . <u>I </u> | | | | | - L | | | | | |
| Avera | 7C | 286,642 | 1 | | | | | | | | | | | |
| Maxin | | 339,000 | 1 | | | | | | | | | | | |

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

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



See page 4 for instructions.

1. General Information for the Month/Year of: March/2005 A. Public Water System (PWS) Information PWS Identification Number: 3591451 PWS Name: Weathersfield Consecutive Community Non-Transient Non-Community Transient Non-Community PWS Type: Number of Service Connections at End of Month: 1206 Total Population Served at End of Month: 4.221 PWS Owner: Utilities, Inc. of Florida Contact Person: Patrick Flynn Contact Person's Title: Regional Director Zip Code: 32714 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com Water Treatment Plant Information B. Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919 State: Fl Zip Code: 32714 Plant Address: 200 Weathersfield Ave. City: Altamonte Springs Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C Day(s)/Shift(s) Worked Licensed Operators Name License Class License Number Tue - Fri 8 a.m. - 4:30 p.m. Lead/Chief Operator: 13808 Roy Mericle С Sat. 8 A.M. - 4:30 P.M. Terry Sillitoe С 12749 Other Operators: С Mon 8 A.M. - 4:30 P.M. Ray Parrish 12740

H. Certification by Lead/Chief Operator

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

3-71-5

Roy J. Mericle

C13808

Signature and Date

Printed or Typed Name

License Number

D--- 1

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PWS Identification Number: 3591451

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Plant Name: Utilites, Inc. of Florida

| Ш Б | aily Dat | a for the Me | mth/Year o | f: March/200 | 5 | | | | | | | | |
|-----------------|------------|----------------------|------------|-------------------------------|--------------------------|--|----------|--------------------|--|---------------------|--------------|-------------------------------|--|
| | | | | activation/Rem | | Free Ch | lorine | | hlorine D | lioxide | ΠOz | one 🗌 (| Combined Chlorine (Chloramines) |
| | raviolet l | Radiation | | Describe): | | | | <u>ل</u> ا | | 10/100 | | | |
| | | | | ed in Distribut | on System. | | ree Chl | orine | | hined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | | Calculations, or U | | | | | | | | | |
| 1 | | | | | CT Calcul | | ur Lob | 1 11 (LJ 11110-11) | | UV | Dose | | |
| | 1.1 | | | | | Lowest CT | | | and an and a second second second second second second second second second second second second second second | | | Lowest | |
| | | | | Lowest Residual | Disinfectant | Provided | | | | | | Residual | |
| | | | | Disinfectant Concentration | Contact Time (T) at C | Before or at First | | | Minimum | Tennet | Minimum | Disinfectant Concentration | |
| | | Net Quantity | | (C) Before or at | | Customer | Temp, | | СТ | 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 |
| the | Plant in | Water | Peak Flow | During Peak | | Peak Flow, | Water, | Water, if | mg- | mW- | mW- | Distribution System, mg/L | or Maintenance Work that Involves Taking Water |
| Month | Operation | | Rate, gpd | Flow, mg/L | minutes | mg-min/L | °C | Applicable | min/L | sec/cm ² | sec/cm | | System Components Out of Operation |
| 2 | 24 | 281,000 288,000 | | | | | | | | | <u> </u> | 1.4 | |
| 3 | 24 | 250,000 | | | | | | | i | | | 1.4 | |
| 4 | 24 | 298,000 | | 1 | | | | | | | | 1.6 | |
| 5 | 24 | 207,000 | | | | ······································ | | | | [| 1 | 0.8 | |
| 6 | 24 | 327,000 | | | | | | | | | | | |
| 7 | 24 | 328,000 | | | | | | | | | | 1.5 | |
| 8 | 24 | 247,000 | | | | | | | 1 | | | 1.2 | |
| 9 | 24 | 275,000 | | <u> </u> | | | ļ | | ļ | | | 1.6 | |
| 10 | 24 | 239,000 | L | | | | | | l | | | 1.7 1.6 | |
| 11 12 | 24 24 | 267,000 262,000 | | | | <u> </u> | | <u> </u> | | | | 1.6 | |
| 12 | 24 | 342,000 | | <u> </u> | l | | <u> </u> | <u> </u> | <u> </u> | | | 1.3 | |
| 14 | 24 | 343,000 | | <u> </u> | | | | | <u> </u> | <u> -</u> | <u> </u> | 1.8 | |
| 15 | 24 | 250,000 | | 1 | 1 | | t | <u> </u> | 1 | t | 1 | 1.3 | |
| 16 | 24 | 291,000 | | | | | | | | | | 1.5 | |
| 17 | 24 | 256,000 | | I | | | | | | | | 1.3 | |
| 18 | 24 | 220,000 | | | | | | | | | | 1.6 | |
| 19 | 24 | 222,000 | Į | Į | L | | | L | | | | 1.7 | |
| 20 | 24 | 318,000 | ļ | ļ | | I | | 1 | <u> </u> | ļ | | 1 | |
| 21 | 24 24 | 318,000 190,000 | | | <u> </u> | <u> </u> | | | + | | + | 1.2 | |
| 23 | 24 | 247,000 | } | | + | | ł | | + | ╂-─── | + | 1.2 | |
| 24 | 24 | 235,000 | <u> </u> | | <u> </u> | | | 1 | | <u> </u> | <u>+</u> | 1.5 | <u> </u> |
| 25 | 24 | 244,000 | t | 1 | 1 | t | <u>†</u> | | 1 | 1 | 1 | 1.6 | |
| 26 | 24 | 142,000 | | 1 | · · · | <u> </u> | | 1 | | | 1 | 1.7 | |
| 27 | 24 | 274,000 | | 1 | 1 | | 1 | | | | | | |
| 28 | 24 | 274,000 | | 1 | | | | | | | | 1.8 | |
| 29 | 24 | 278,000 | ļ | | L | | | | | L | | 1.6 | |
| 30 | 24 | 155,000 | | | | ļ | ļ | ļ | | _ | | 1.3 | |
| 31 | 24 | 275,000 | | | <u> </u> | l | L | L | 1 | L | .l | 1.30 | L |
| Total Averag | | 8,143,000 262,677 | - | | | | | | | | | | |
| Maxin | | 343,000 | 4 | | | | | | | | | | |

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





| See | page 4 for instructions. | | | | | | $\psi \cup \circ$ |
|------------|--------------------------|--|----------------------|---------------------------|------------------------|---|--|
| 1. | General Information (| or the Month/Year of: April/2005 | | | | | |
| Α. | Public Water System (P | WS) Information | | | | | |
| | PWS Name: Weatherst | ĩeld | | | | PWS Identification N | umber: 3591451 |
| | PWS Type: 🛛 🛛 C | Community Non-Transient Non-Comm | unity 🗌 Transier | t Non-Community | | nsecutive | والمراجعة ومسترجع والمنافع المطاور فستنزع المتراج ومسرد مسترجع والمراجع والمراجع والمتحاص |
| | Number of Service Con | nnections at End of Month: 1206 | | Total Population S | erved at E | nd of Month: 4.221 | |
| | PWS Owner Utilities. | Inc. of Florida | | | | | |
| i | Contact Person: Patricl | k Flynn | | Contact Person's T | | onal Director | |
| | | ng Address: 200 Weathersfield Ave. | | City: Altamonte Sp | يستجلبني ويتجلب والبار | State: Fl | Zip Code: 32714 |
| | Contact Person's Telep | hone Number: 407-869-1919 | | Contact Person's F | ax Numbe | er: 407-869-6961 | |
| | | il Address: p.c.flynn@utilitiesinc-usa.com | | | | والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع | |
| B . | Water Treatment Plant | الألة الأجرب بيري بالبائل الرابي ويرتبان ويراقعها فالتناقين وفالت وفالت والنفاذ فنفع والمتعافل ومؤت فنفاك ومراجعها | | | | | |
| | Plant Name: Utilites, I | | | | | Plant Telephone Nun | |
| | Plant Address: 200 We | | | City: Altamonte S | prings | State: Fl | Zip Code: 32714 |
| | Type of Water Treated | | Purchased Finished V | Vater | | | |
| | | Day Operating Capacity of Plant, gallons per d | ay: 864,000 | | | | |
| | | bsection 62-699.310(4), F.A.C.): IV | | | bsection (| 52-699.310(4), F.A.C.): | |
| | Licensed Operators | Name | Liçense Class | License Number | | Day(s)/Shift | |
| | Lead/Chief Operator: | Roy Mericle | С | 13808 | | Tue - Fri 8 a. | ستبتز تحبيها فتجهر بمتعلة البرني بإراعة ومجاجز فيست بسيسيوفي والدائر وتباغ بالبري بالجهير والبري با |
| | Other Operators: | Terry Sillitoe | С | 12749 | | Sat. 8 A.M. | والمحمد المراجع والمحف والمحمد المحمول والمحمد والمحمد والمحمد والمحمد والمحمد والمحمد والمحمد والمح |
| | | Ray Parrish | C | 12740 | | Mon 8 A.M. | • 4:30 P.M. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | ···· | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | t | <u> </u> | L | L | L | | |

11. 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.

5-3-05

Roy J. Mericle Printed or Typed Name C13808

License Number

Signature and Dale

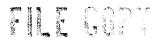
DEP Form 62-555.900(3) Effective August 28, 2003

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| 111, D | aily Data | a for the Me | mth/Yeav o | 6: April/2005 | | | | | | | | | |
|--------|------------|-----------------|-------------|--------------------------------|--------------------------|-----------------------|----------|---------------|--------------|---------------------|---------------------|------------------------------|--|
| Means | of Achie | eving Four-L | og Virus In | activation/Rem | ioval: * 🚺 | Free Cl | lorine | | hlorine D | hioxide | [] Oz | ione 🔲 (| Combined Chlorine (Chloramines) |
| | | Radiation | 🗍 Other (| Describe): | | | | | | | ا معد الكام جور يني | | |
| Type | of Disinfe | ectant Residu | al Maintain | ed in Distribut | ion System: | | ree Chi | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | C | r Calculations, or | UV Dose, to De | monstrate Fo | ur-Log | Virus Inactiv | ation, if Ap | plicable* | | | |
| | | | | | CT Calcul | | | | | UV | Dose | | |
| | | | | · | | Lowest CT | | | | | | Lowest Residual | |
| | | | | Lowest Residual | | Provided | | | | | Minimu | Disinfectant | |
| | | | | Evisinfectant Concentration | Contact Time (T) at C | Before or at First | | | Minimu | Lowest | mUV | Concentration | |
| | | Net Quantity | | (C) Before or at | | Customer | Temp. | | m CT | Operating | | at Remote | |
| Day of | Hours | of Finished | | First Customer | Point During | During | of | pHof | 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, if | mg- | mW-2 | mW-2 | Distribution System, mg/L | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| Month | | Produced, gal | Rate, gpd | Flow, mg/L | minutes | mg-mín/L | °C | Applicable | min/L | sec/cm ² | sec/cm ² | 0,9 | Flow meter out of service |
| 1 | 24 | 275,000 | <u> </u> | <u> </u> | <u> </u> | | | | | <u> </u> | ļ | 1,3 | Flow meter out of service |
| 2 | 24 | 275,000 | <u> </u> | <u></u> | <u> </u> | <u> </u> | | } | | | | 1,3 | |
| 3 | 24 | 275,000 | | | | <u> </u> | | { | | | <u> </u> | 1,6 | |
| 4 | 24 | 275,000 | | | | <u> </u> | ┟─── | | | <u> </u> | ╂ | 1.5 | ······································ |
| 5 | 24 | 275,000 | { | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | <u> </u> | | <u> </u> | 2,1 | |
| 6 | 24 24 | 275,000 | + | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | | + | 2,0 | |
| 8 | 24 | 275,000 | <u> </u> | <u> </u> | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | 1.7 | |
| 9 | 24 | 275,000 | ÷ | | | ╂ | <u>†</u> | 1 | <u> </u> | <u>+</u> | <u> </u> | 2.0 | |
| 10 | 24 | 275,000 | + | | | | 1 | | t | <u>+</u> | 1 | 1 | |
| | 24 | 275,000 | + | 1 | | t | 1 | | t | 1 | 1 | 1,6 | |
| 12 | 24 | 275,000 | 1 | | 1 | 1 | 1 | | 1 | | | 1.8 | |
| 13 | 24 | 275,000 | 1 | | 1 | † | 1 | 1 | | | | 1,5 | |
| 14 | 24 | 275,000 | | | | T | | | | | | 1,6 | |
| 15 | 24 | 275,000 | 1 | 1 | 1 | | | | | | | 1,5 | |
| 15 | 24 | 275,000 | | 1 | | | | | | | <u></u> | 1,7 | |
| 17 | 24 | 275,000 | 1 | | | | | | <u> </u> | | | <u> </u> | |
| 18 | 24 | 275,000 | | | | | <u></u> | | | | | 1.4 | |
| 19 | 24 | 275,000 | | | | | | | | | | 1.3 | |
| 20 | 24 | 275,000 | 1 | | 4 | | _ | <u> </u> | + | + | <u>.</u> | 1,8 | |
| 21 | 24 | 275,000 | | | 4 | | ┿~~~~ | | | + | -+ | 2.2 | |
| 22 | 24 | 275,000 | | | | | + | | + | - | | 2.5 | |
| 23 | 24 | 275,000 | | | | | -{ | | | - | | 4,5 | |
| 24 | 24 | 275,000 | | | | · | + | | | | | 1.4 | |
| 25 | 24 | 275,000 | -+ | | + | + | | | + | | | 1.5 | |
| 25 | 24 | 275,000 | - h | | + | + | + | | - | | | 1.6 | |
| 27 | 24 | 275,000 275,000 | | | | -+ | + | | + | | | 1.6 | |
| 28 | 24 | 275,000 | | | | | -+ | | + | | - | 1.5 | |
| 30 | 24 | 275,000 | - <u> </u> | | | | + | -1 | 1 | 1 | | 1,3 | All flows estimated - Flow meter OOS |
| 31 | + | | -+ | -+ | | 1 | 1 | 1 | | | | | |
| Total | | 8,250,000 | - | | | | | | | | | | |
| Aver | ge | 275,000 | 7 | | | | | | | | | | |
| 1.4 | | 275 000 | - | | | | | | | | | | |

Maximum 275,000 * 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: May/2005 | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
|--|--|------------------|---------------------------------------|----------------|----------------------|--|--|--|--|--|--|
| A. Public Water System (P | WS) Information | | | | | | | | | | |
| PWS Name: Weatherst | field | | | P | WS Identification Nu | umber: 3591451 | | | | | |
| PWS Type: 🛛 🖸 C | Community Non-Transient Non-Community | Transier | nt Non-Community | <u> </u> | cutive | | | | | | |
| Number of Service Con | nnections at End of Month: 1206 | | Total Population S | erved at End | of Month: 4221 | | | | | | |
| PWS Owner: Utilities, | Inc. of Florida | | | | | | | | | | |
| Contact Person: Patrick | k Flynn | | Contact Person's T | itle: Regiona | I Director | | | | | | |
| Contact Person's Maili | 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 | | | | | | | | | | | |
| | il Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | | | | |
| B. Water Treatment Plant | Information | | | | | | | | | | |
| Plant Name: Utilites, In | | | | P | lant Telephone Num | | | | | | |
| Plant Address: 200 We | | | City: Altamonte S | prings S | tate: Fl | Zip Code: 32714 | | | | | |
| Type of Water Treated | | nased Finished W | Vater | | | ······································ | | | | | |
| Permitted Maximum D | Day Operating Capacity of Plant, gallons per day: 86 | 54,000 | | | | | | | | | |
| Plant Category (per su | bsection 62-699.310(4), F.A.C.): IV | | | ubsection 62-6 | 699.310(4), F.A.C.): | | | | | | |
| Licensed Operators | Name | License Class | License Number | | Day(s)/Shift | (s) Worked | | | | | |
| Lead/Chief Operator: | Kathy Sillitoe | С | 13094 | | Mon F | ri Days | | | | | |
| Other Operators: | Terry Sillitoe | В | 12749 | | Thurs. Fri. | Sat.Days | | | | | |
| | Roy Mericle | С | 13808 | | Tues- Fri Days From | 1 5/1 Untill 5/17/05 | | | | | |
| and the second second second second second second second second second second second second second second second | Alex Lorenzo | С | 13756 | | Mon.We | ed Days | | | | | |
| | Roger Holsapple | C | 7436 | | Tues. | Days | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this 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.

Kathy Sillitoe

<u>C-13094</u> License Number

Signature and Date

..

Printed or Typed Name

6-2-05

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| 111. 1 | Daily Dat | a for the Mc | onth/Year o | f: May/2005 | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
|--|-----------|-----------------------------|-------------|---------------------------------------|----------------|-----------------------|--------------|---------------|-----------------|---------------------|----------------------|-----------------------|---|
| III. Daily Data for the Month/Year of: May/2005 Means of Achieving Four-Log Virus Inactivation/Removal: * X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) | | | | | | | | | | | | | |
| Ultraviolet Radiation Other (Describe): | | | | | | | | | | | | | |
| Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) | | | | | | | | | | | | | |
| | | | C | r Calculations, or l | JV Dose, to De | monstrate Fo | ur-Log | Virus Inactiv | ation, if Ap | plicable* | | | Name of the second second second second second second second second second second second second second second s |
| CT Calculations UV Dose | | | | | | | | [방법] | | | | | |
| | | | | Lowest Residual | Disinfectant | Lowest CT Provided | | | | | | Lowest Residual | |
| | | | | Disinfectant | Contact Time | Before or | | | | | | Disinfectant | |
| | | \sim | | Concentration | (T) at C | at First | | | Minimum | | Minimum | Concentration | 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 2013년 1월 201 1월 2013년 1월 2 |
| Day of | Hours | Net Quantity of Finished | | (C) Before or at First Customer | Point During | Customer | Temp. of | pH of | CT Required, | Operating | UV Dose Required, | at Remote Point in | Emergency or Abnormal Operating Conditions; Repair |
| the | Plant in | Water | Peak Flow | During Peak | Peak Flow, | Peak Flow, | | Water, 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 ¹ | sec/cm ² | System, mg/L | System Components Out of Operation |
| | 24 | 275,000 | | ļ | | | | | | | | | |
| 2 | 24 24 | 270,000 275,000 | | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> | | | | 1.00 | |
| 4 | 24 | 275,000 | | | | | | | | | | 1.60 1.80 | |
| 5 | 24 | 275,000 | | | | | | f | | | | 1.80 | |
| .6 | 24 | 275,000 | ····· | · · · · · · · · · · · · · · · · · · · | | | | | | | | 1.90 | |
| 7 | 24 | 275,000 | | | | | | | | | | 1.60 | |
| 8 | 24 | 275,000 | | <u> </u> | | | | | | | | | |
| 9 | 24 | 275,000 | | <u> </u> | | | | | | | | 1.40 | |
| 10 | 24 24 | 275,000 275,000 | | | | ļ | ļ | | | | ļ | 1.50 | |
| 12 | 24 | 275,000 | | 1 | } | | } | | <u> </u> | | <u> </u> | 1.50 1.40 | |
| 13 | 24 | 275,000 | | | | | | | | | | 1.40 | |
| 14 | 24 | 275,000 | | | | | | | | | <u> </u> | 1.30 | |
| 15 | 24 | 275,000 | | | | | | 1 | T | | | | |
| 16 | 24 | 275,000 | | | | | | 1 | | | | 1.40 | |
| 17 | 24 | 275,000 | | | ļ | | | | | | | 1.80 | |
| 18 | 24 24 | 275,000 275,000 | | | ļ | | | <u></u> | | | <u> </u> | 1.80 | |
| 20 | 24 | 275,000 | | | | | | | <u> </u> | <u> </u> | | <u>1.50</u> 1.60 | |
| 21 | 24 | 275,000 | | | + | <u> </u> | <u>}</u> ─── | <u> </u> | | ┣╼ | 1 | 1.60 | |
| 22 | 24 | 275,000 | | | | <u> </u> | | 1 | | | <u>+</u> | 1.00 | |
| 23 | 24 | 275,000 | | | | | | | | | | 1.60 | |
| 24 | 24 | 275,000 | | | | | | | | | | 1.50 | |
| 25 | 24 | 275,000 | | | <u> </u> | | | <u> </u> | | | <u> </u> | 1.20 | |
| 26 | 24 | 275,000 275,000 | <u> </u> | | | | <u> </u> | ╂──── | <u> </u> | ļ | ļ | 1.40 | |
| 28 | 24 | 275,000 | <u> </u> | | | <u>├</u> ─── | + | + | + | | + | 1.10 1.40 | |
| 29 | 24 | 275,000 | <u> </u> | | <u> </u> | | | · ····· | + | <u> </u> | <u> </u> | 1.40 | |
| 30 | 24 | 275,000 | | 1 | 1 | | <u> </u> | | 1 | 1 | | 1.60 | · |
| 31 | 24 | 275,000 | | | | | | | | | | 1.50 | |
| Total | | 8,520,000 | | | | | | | | | | | |
| Avera | | 274,838 | 4 | | | | | | | | | | |

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

PWS Identification Number: 3591451

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: * May/2005

| A. | Is any polymer containing the monomer <u>acrylamide</u> used at the water treatment plant? | No Yes, and the polymer dose and the acrylamide level in the polymer are as | | | | | | |
|----|--|---|--|--|--|--|--|--|
| | llows: | | | | | | | |
| | 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: | | | | | | | |
| | | Epichlorohydrin Level, % [†] = | | | | | | |
| C. | | Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: | | | | | | |
| | Type of Sequestrant (polyphosphate or sodium silicate): | | | | | | | |
| | Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as $SiO_2 =$ | | | | | | | |
| | If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg | V/L as SiO ₂ = | | | | | | |

Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.
 Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.





FILE COPY

See page 4 for instructions.

| l. | General Information | for the Month/Year of: June/2005 | | | | | | | |
|----|-------------------------|--|------------------|---|-----------------|-----------------------------|-------------------|--|--|
| Α. | Public Water System (F | WS) Information | | | | | | | |
| | PWS Name: Weathers | field | | | | PWS Identification N | umber: 3591451 | | |
| | PWS Type: 🛛 🔿 C | Community Non-Transient Non-Community | Transien | t Non-Community | | secutive | | | |
| | Number of Service Co | nnections at End of Month: 1206 | | Total Population S | erved at En | d of Month: 4221 | | | |
| | PWS Owner: Utilities, | Inc. of Florida | | | | | | | |
| | Contact Person: Patricl | k Flynn | | Contact Person's T | itle: Regior | nal Director | | | |
| i | Contact Person's Maili | ing Address: 200 Weathersfield Ave. | | City: Altamonte Sp | orings | State: Fl | Zip Code: 32714 | | |
| | Contact Person's Telep | bhone Number: 407-869-1919 | | Contact Person's Fax Number: 407-869-6961 | | | | | |
| | | 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 | Zip Code: 32714 | | | | |
| | Type of Water Treated | | nased Finished V | Vater | | | | | |
| | | Day Operating Capacity of Plant, gallons per day: 86 | 64,000 | | | ······ | | | |
| | | 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: | Kathy Sillitoe | С | 13094 | | MonFr | i. Days | | |
| | Other Operators: | Alexander Lorenzo | С | 13756 | | MonTh | ur. Days | | |
| | | Terry Sillitoe | В | 12749 | | Thur. Fri & | Sat. Days | | |
| | | | | | | · | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
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| | | 1 | L | | | | | | |

II. Certification by Lead/Chief Operator

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

00. 10

7-28-05

Kathy Sillitoe

C - 13094

Signature and Date

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Printed or Typed Name

License Number

Dama 1

PWS Identification Number: 3591451

- - - -

Plant Name: Utilites, Inc. of Florida

| | H. Daily Data for the Month/Year of: June/2005 | | | | | | | | | | | | |
|-----------------|--|----------------------|-----------|---------------------------------|--------------------------|------------------------|---|-------------------------|--------------------------|----------------------------|----------------------------|-------------------------------|--|
| Means | Aeans of Achieving Four-Log Virus Inactivation/Removal: * 🗌 Free Chlorine 🗌 Chlorine Dioxide 🗌 Ozone 🗌 Combined Chlorine (Chloramines) | | | | | | | | | | | | |
| | _ | Radiation | | (Describe): | | | | | | | | | |
| Туре | of Disinf | ectant Residu | | ned in Distribut | | ⊠ F | ree Ch | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | C | T Calculations, or l | | | our-Log | Virus Inactiv | ation, if Ap | | | | |
| | | | | | CT Calcul | | in de la secola de la secola de la secola de la secola de la secola de la secola de la secola de la secola de l La secola de la secol | | | UΥ | Dose | | |
| | | | | Lowest Residual Disinfectant | Disinfectant | Lowest CT Provided | | | | | | Lowest Residual | |
| | 1 at 1 | | | Concentration | Contact Time (T) at C | Before or at First | | | Minimum | Lowest | Minimum | Disinfectant Concentration | |
| | | Net Quantity | | (C) Before or at | Measurement | Customer | Temp. | | СТ | Operating | UV Dose | at Remote | |
| Day of the | Hours Plant in | of Finished Water | Peak Flow | First Customer | Point During | During | of | pH of | | UV Dose, | | Point in | Emergency or Abnormal Operating Conditions; Repair |
| | Operation | | Rate, gpd | During Peak Flow, mg/L | Peak Flow, minutes | Peak Flow, mg-min/L | Water, °C | Water, if Applicable | mg . min/L | mW- sec/cm ² | mW- sec/cm ² | Distribution System, mg/L | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1 | 24 | 275,000 | | | | ing miles | | · ippilouoio | | 300/0111 | secrem | 0.60 | est. flow |
| 2 | 24 | 275,000 | | | | | | | | | | 1.40 | est.flow |
| 3 | 24 | 255,000 | | | | | | | | | | 1.70 | |
| 4 | 24 | 234,000 | | | | | | | | | | 1.60 | |
| 5 | 24 | 340,500 | | | | | <u> </u> | | | | | | |
| <u>6</u> 7 | 24 24 | 340,500 · 278,000 | | | | | ļ | | <u> </u> | | | 1.40 | |
| 8 | 24 | 278,000 | | | | | | | | | | 1.20 | |
| 9 | 24 | 272,000 | | + | | | | | <u> </u> | | | 1.00 | Collected bacts |
| 10 | 24 | 236,000 | | ł | | | | | <u>├</u> | | | 1.20 | |
| 11 | 24 | 292,000 | | + | | | l | <u> </u> | ┠──── | | <u> </u> | 1.40 | |
| 12 | 24 | 304,500 | | | | | | l | | | | | |
| 13 | 24 | 304,500 | | | | | | | | | | 1.00 | |
| 14 | 24 | 176,000 | | | | | | | | | | 1.00 | |
| 15 | 24 | 290,000 | | | | | | | | | | 1.40 | |
| 16 | 24 | 270,000 | | | | - <u></u> | | ļ | | | | 1.20 | |
| 17 | 24 | 284,000 | l | | | | | | ļ | Ļ | ļ | 1.30 | |
| <u>18</u> 19 | 24 24 | 280,000 366,500 | | | | | | | ļ | | | 1.30 | |
| 20 | 24 | 366,500 | | | | | | <u> </u> | <u> </u> | <u> </u> | | 1.00 | ······ |
| 21 | 24 | 258,000 | | + | <u> </u> | | | <u> </u> | | | | 0.80 | |
| 22 | 24 | 250,000 | | 1 | 1 | | 1 | | | 1 | 1 | 0.80 | • · · · · · · · · · · · · · · · · · · · |
| 23 | 24 | 204,000 | | | 1 | 1 | 1 | | 1 | † | 1 | 0.80 | |
| 24 | 24 | 270,000 | | | | | | | | | | 0.90 | |
| 25 | 24 | 196,000 | | | | | | | | | | 1.10 | |
| 26 | 24 | 355,000 | | <u> </u> | ļ | | <u> </u> | ļ | ļ | ļ | ļ | | |
| 27 | 24 24 | 355,000 | | | | | | l | Ļ | | <u> </u> | 1.00 | |
| 28 29 | 24 | 202,000 | | | l | | | | | | | 0.80 | |
| 30 | 24 | 180,000 | <u> </u> | | <u> </u> | <u> </u> | | <u> </u> | | | | 0.60 | |
| 31 | 24 | 180,000 | + | + | <u> </u> | | + | <u>├</u> ─── | + | + | + | 1.30 | |
| Total | L~`` | 8,214,000 | | | | L | I | | .L | J | .L | I | I |
| Averag | e | 273,800 | 1 | | | | | | | | | | |
| Maxim | um | 366,500 | 1 | | | | | | | | | | |

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



See page 4 for instructions.

General Information for the Month/Year of: Inly/2005

FILE GOPY

| Α. | Public Water System (P | PWS) Information | | | | ······································ | | | |
|----|-------------------------|--|------------------|---|-------------|--|-----------------|--|--|
| [| PWS Name: Weatherst | field | | | | PWS Identification Nu | mber: 3591451 | | |
| | PWS Type: 🛛 🔿 C | Community Non-Transient Non-Community | Transier | nt Non-Community | Cor | nsecutive | | | |
| | | nnections at End of Month: 1206 | | Total Population S | | | | | |
| | PWS Owner: Utilities, | Inc. of Florida | | | | | | | |
| | Contact Person: Patric | k Flynn | | Contact Person's T | itle: Regio | nal 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 Fax Number: 407-869-6961 | | | | | |
| | | il Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | |
| В. | Water Treatment Plant | | | | | | | | |
| | Plant Name: Utilites, I | | | | | Plant Telephone Num | | | |
| | Plant Address: 200 We | | | City: Altamonte S | prings | State: Fl | Zip Code: 32714 | | |
| | Type of Water Treated | | nased Finished V | Vater | | | | | |
| | | Day Operating Capacity of Plant, gallons per day: 86 | 54,000 | | | | | | |
| | | 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: | | С | 13094 | | Mon Fr | i. Days | | |
| | Other Operators: | Alexander Lorenzo | С | 13756 | | Mon Th | ur. Days | | |
| | | Terry Sillitoe | В | 12749 | | Thur Sa | nt. Days | | |
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| | | | 1 | | | | | | |

11. 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.

00. toe

Kathy Sillitoe
Printed or Typed Name

8-3-05

C-13094 License Number

Signature and Date

Daga 1

| PWS | PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida | | | | | | | | | | | | |
|--------------|--|---------------------------|------------------------|---------------------------------|------------------------------|------------------------|-------------------------------------|---|--------------|---------------------|------------------|--------------------------|--|
| III. D | III. Daily Data for the Month/Year of: July/2005 | | | | | | | | | | | | |
| Means | of Achie | eving Four-L Radiation | og Virus In | activation/Rem Describe): | ioval: * [| Free Cl | lorine | | hlorine D | lioxide | Oz | one 🗌 (| Combined Chlorine (Chloramines) |
| | | | ual Maintain | ed in Distribut | ion System: | F | ree Chl | orine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | С | Calculations, or U | JV Dose, to De | monstrate Fo | ur-Log ' | virus Inactiv | ation, if Ap | plicable* | | | |
| | | | | | CT Calcul | ations | | | | UV | Dose | | |
| | | | | | Disint | Lowest CT Provided | 2001년 1993년 1997년 1997년 1997년 | | | | | Lowest Residual | |
| | | | | Lowest Residual Disinfectant | Disinfectant Contact Time | Before or | | | | | | Disinfectant | |
| | | | | Concentration | (T) at C | at First | | | Minimum | Lowest | Minimum | Concentration | |
| | | Net Quantity | | (C) Before or at | Measurement | | Temp. | | CT | Operating | UV Dose | at Remote | and the second second second second second second second second second second second second second second second |
| Day of | Hours | of Finished | n ., n | First Customer | Point During | During Date Flow | of | pH of Water, if | | UV Dose, mW- | Required, mW- | Point in Distribution | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water |
| 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 | Applicable | mg- min/L | sec/cm ² | | System, mg/L | System Components Out of Operation |
| 1 | 24 | 258,000 | ivate, gpu | 1100, 1100 | | ing initial | <u> </u> | 1.pp | | | | 1.0 | |
| 2 | 24 | 282,000 | l | 1 | 1 | | | | | | | 1.2 | |
| 3 | 24 | 366,000 | | | | | | | | | | | |
| 4 | 24 | 366,000 | | | | | | | | | | 1.4 | |
| 5 | 24 | 358,000 | | L | | [| _ | | ļ | | | 1.2 | Hickory Ct boil water bacts |
| 6 | 24 | 326,000 | | | | | ļ | | <u>}</u> | | | <u>1.0</u> 1.0 | Hickory Ct boil water bacts Bacts |
| 7 | 24 24 | 260,000 295,000 | | <u> </u> | | <u> </u> | <u> </u> | | <u> </u> | | <u>}</u> | 0.8 | |
| 8 | 24 | 293,000 | | | 1 | | | <u> </u> | | <u> </u> | <u> </u> | 1.1 | |
| 10 | 24 | 277,000 | <u> </u> | + | | | <u> </u> | | | | | | |
| 1 ii | 24 | 277,000 | | 1 | 1 | | | | | 1 | | 0.6 | |
| 12 | 24 | 286,000 | 1 | | | | | | | | | 0.6 | |
| 13 | 24 | 269,000 | | | 1 | | | | | | | 0.8 | |
| 14 | 24 | 340,000 | | | ļ | <u> </u> | | | | | | 1.6 | |
| 15 | 24 | 190,000 | ļ | l | ļ | | ┣─── | <u> </u> | | ļ | <u> </u> | 1.2 | Plant Equipment Malfuction Bacts |
| 16 | 24 | 214,000 | ļ | | | ╆──── | ╂──── | ┼─── | + | <u> </u> | | 1.3 | Plant Equipment Malfuction Bacts |
| 17 | 24 24 | 328,000 328,000 | | | | <u> </u> | ╆──── | | + | | | 1.4 | |
| 19 | 24 | 158,000 | <u> </u> | | <u> </u> | | 1 | | + | <u> </u> | + | 0.8 | |
| 20 | 24 | 284,000 | | | + | <u> </u> | 1 | | | <u> </u> | | 1.0 | |
| 21 | 24 | 267,000 | | 1 | 1 | 1 | | | | | | 0.9 | |
| 22 | 24 | 246,000 | | | | | | | | | | 0.8 | |
| 23 | 24 | 265,000 | | | | | | | | | <u> </u> | 1.1 | |
| 24 | 24 | 309,000 | | 1 | | | <u> </u> | ļ | | Į | <u> </u> | I | |
| 25 | 24 | 309,000 | <u> </u> | <u> </u> | | <u> </u> | | ļ | | | -{ | 0.8 | |
| 26 | 24 | 272,000 | | | | + | ┼ | ╂ | + | | + | 2.00 | |
| 27 | 24 24 | 362,000 302,000 | .] | + | -} | + | + | | + | | + | 1.00 | |
| 29 | 24 | 314,000 | | | + | + | + | 1 | | | 1 | 0.90 | |
| 30 | 24 | 298,000 | | | 1 | + | + | 1 | 1 | 1 | 1 | 0.90 | |
| 31 | 24 | 1 | 1 | 1 | | 1 | 1 | İ. | 1 | | | | |
| Total | | 8,684,000 | | | | | | | | | | | |
| Avera | | | | | | | | | | | | | |
| Maxir | | 366,000 | | | | | | | | | | | |
| * Refe | er to the | instructions j | for this repo | rt to determine | which plant | s must pro | wide th | is informa | ation. | | | | |

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See page 4 for instructions.

| | | for the Month/Year of: August/2005 | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
|------|--------------------------|--|------------------|---|-------------|---------------------------------------|-----------------|--|--|--|--|
| A.] | Public Water System (P | PWS) Information | | | | | | | | | |
| | PWS Name: Weathers | field | | | | PWS Identification N | lumber: 3591451 | | | | |
| ļ | PWS Type: 🛛 🛛 C | Community Non-Transient Non-Community | Transier | nt Non-Community | Cor | secutive | | | | | |
| | Number of Service Co | nnections at End of Month: 1206 | | Total Population S | erved at Er | nd of Month: 4221 | | | | | |
| ļ | PWS Owner: Utilities, | Inc. of Florida | | | | | | | | | |
| | Contact Person: Patricl | | | Contact Person's T | | nal Director | | | | | |
| | | ng Address: 200 Weathersfield Ave. | | City: Altamonte Springs State: Fl Zip Code: 32714 | | | | | | | |
| | | bhone Number: 407-869-1919 | | Contact Person's F | ax Number | r: 407-869-6961 | | | | | |
| [| | nil Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | | | |
| В. | Water Treatment Plant | | | | | | | | | | |
| | Plant Name: Utilites, In | | | | | Plant Telephone Nur | | | | | |
| | Plant Address: 200 We | | | City: Altamonte S | prings | State: Fl | Zip Code: 32714 | | | | |
| | Type of Water Treated | | hased Finished V | Water | | | · | | | | |
| | | Day Operating Capacity of Plant, gallons per day: 86 | 54,000 | | | | | | | | |
| | | bsection 62-699.310(4), F.A.C.): IV | | Plant Class (per su | | | | | | | |
| | Licensed Operators | Name | License Class | License Number | | Day(s)/Shif | t(s) Worked | | | | |
| | Lead/Chief Operator: | Kathy Sillitoe | С | | | Mon | Fri. Days | | | | |
| | Other Operators: | Alexander Lorenzo | С | 13756 | | Mon T | hur. Days | | | | |
| | | Terry Sillitoe | B | 12749 | | Thur S | Sat. Days | | | | |
| | | Allan Finch | С | 7806 | | Mon | Fri. Days | | | | |
| | · · · · · · | | | | | | | | | | |
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II. Certification by Lead/Chief Operator

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

00. tol 9-2-05

Kathy Sillitoe

C13094

Signature and Date

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Printed or Typed Name

License Number

Dana 1

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| 111. D | III. Daily Data for the Month/Year of: August/2005 | | | | | | | | | | | | |
|---------------|--|--------------------|-------------|---------------------------------|------------------------------|-----------------------|----------|---------------|----------------|---------------------|---|---|--|
| | Means of Achieving Four-Log Virus Inactivation/Removal: * 🛛 Free Chlorine 🗌 Chlorine Dioxide 📋 Ozone 🗌 Combined Chlorine (Chloramines) | | | | | | | | | | | | |
| | | Radiation | | (Describe): | • | | | | | | | | |
| | | | al Maintair | ned in Distribut | ion System: | F | ree Chl | orine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | C | T Calculations, or | JV Dose, to De | | w-Log | Virus Inactiv | ation, if Ap | plicable* | | $\mathcal{H}^{\mathcal{O}}_{\mathcal{A}}$ | |
| | | | | | CT Calcul | | | | | UV | Dose | | |
| | | | | | | Lowest CT | | | | | | Lowest | |
| | | | | Lowest Residual Disinfectant | Disinfectant Contact Time | Provided Before or | | | and the second | | | Residual Disinfectant | |
| | | | | Concentration | (T) at C | at First | | | Minimum | Lowest | Minimum | Concentration | |
| | | Net Quantity | | (C) Before or at | | Customer | Temp. | | СГ | Operating | UV Dose | at Remote | |
| Day of | Hours | of Finished | | First Customer | Point During | During | of | pHof | Required, | UV Dose, | Required, | Point in | Emergency or Abnormal Operating Conditions; Repair |
| the | Plant in | Water | Peak Flow | During Peak | Peak Flow, | Pcak Flow, | Water, | Water, if | mg≁ | mW- | mW- | Distribution | or Maintenance Work that Involves Taking Water |
| Month | | Produced, gal | Rate. gpd | Flow, mg/L | minutes | mg-min/L | °C | Applicable | min/L | sec/cm ² | sec/cm ² | System, mg/L | System Components Out of Operation |
| $\frac{1}{2}$ | <u>24</u> 24 | 582,000 306,000 | | <u></u> | | | | | <u> </u> | | | 0.80 | Bacts collected |
| $\frac{2}{3}$ | 24 | 292,000 | | | | | | | | | | 0.40 | |
| 4 | 24 | 249,000 | | | | | | h | <u> </u> | | | 0.60 | |
| 5 | 24 | 232,000 | | | | | | | | | | 0.80 | |
| 6 | 24 | 238,000 | ···· | 1 | | | | | | | <u> </u> | 1.20 | |
| 7 | 24 | 373,500 | | | | | 1 | | | | | | |
| 8 | 24 | 373,500 | | 1 | | | | | | | | 0.80 | |
| 9 | 24 | 284,000 | | | | | | | | | | 0.80 | |
| 10 | 24 | 180,000 | | | | | | | | | | 0.90 | |
| 11 | 24 | 277,000 | | | | | | | | | | 0.90 | |
| 12 | 24 | 266,000 | | | | | L | | | | | 1.00 | |
| 13 | 24 | 326,000 | | | ļ | | ļ | ļ | | | | 1.4 | |
| 14 | 24 | 314,500 | | | | | ļ | ļ | | | ļ | | |
| 15 | <u>24</u> 24 | 314,500 294,000 | | | | | | ļ | <u></u> | | Į | 1.0 | |
| 17 | 24 | 302,000 | | + | <u> </u> | | <u> </u> | <u> </u> | | ļ | | 0.8 | |
| 18 | 24 | 302,000 | · | + | | | ┨ | ╂──── | | | <u> </u> | 0.8 | |
| 19 | 24 | 327,000 | | · | <u> </u> | | <u></u> | 1 | <u> </u> | | | 0.50 | |
| 20 | 24 | 298,000 | | | | | 1 | | <u> </u> | | 1 | 0.4 | |
| 21 | 24 | 325,500 | | 1 | 1 | 1 | 1 | 1 | 1 | · | | 1 | |
| 22 | 24 | 325,500 | | | | | | 1 | | t | <u> </u> | 0.50 | |
| 23_ | 24 | 253,000 | | | | | | | | | | 0.5 | |
| 24 | 24 | 374,000 | | | | | | | | | | 1.6 | |
| 25 | 24 | 340,000 | | | ļ | | L | | | | | 1.40 | |
| 26 | 24 | 215,000 | | | <u> </u> | ļ | <u> </u> | | <u> </u> | | <u> </u> | 1.0 | |
| 27 | 24 | 226,000 | ļ | + | ł | | ── | | <u> </u> | ļ | | 1.2 | |
| 28 | 24 24 | 361,000 | | | | ├ ─── | | <u> </u> | | <u> </u> | <u> </u> | | |
| 30 | 24 | 247,000 | | | ł | + | | <u> </u> | + | | | 0.70.60 | ······································ |
| 31 | 24 | 305,000 | <u> </u> | + | 1 | | + | + | + | | <u> </u> | 0.60 | |
| Total | · | 9,489,000 | <u> </u> | | . I | Ł | 4 | | . L | J | <u> </u> | 0.0 | L |
| Averag | je | 306,096 | 1 | | | | | | | | | | |
| Maxim | | 582,000 | 1 | | | | | | | | | | |

* 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: SEPTEMBER /2005

| А. _. | Public Water System (F | PWS) Information | | | | | | | | |
|-----------------|--|--|------------------|---|-------------|-----------------------|-------------------|--|--|--|
| | PWS Name: Weathers | field | | | | PWS Identification Nu | mber: 3591451 | | | |
| | PWS Type: 🕅 🔿 | Community Non-Transient Non-Community | / Transier | <u>nt Non-Community</u> | <u> </u> | nsecutive | | | | |
| | Number of Service Co | nnections at End of Month: 1206 | | Total Population S | Served at E | End of Month: 4221 | | | | |
| | PWS Owner: Utilities, | Inc. of Florida | | | | | | | | |
| | Contact Person: Patric | 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 Teler | phone 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 | Information | | | | | | | | |
| | Plant Name: Utilites, I | nc. of Florida | | | | Plant Telephone Numb | per: 407-869-1919 | | | |
| | Plant Address: 200 We | eathersfield Ave. | | City: Altamonte Springs State: Fl Zip Code: 32714 | | | | | | |
| | Type of Water Treated | by Plant: 🛛 Raw Ground Water 🗌 Purcl | hased Finished V | Vater | | | | | | |
| | Permitted Maximum D | Day Operating Capacity of Plant, gallons per day: 86 | 54,000 | | | | | | | |
| | Plant Category (per su | 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: | ALLAN FINCH | С | 7806 | | Mon Fri | . Days | | | |
| | Other Operators; | Terry Sillitoe | В | 12749 | | Thur Sat | t. Days | | | |
| | | Roger Holsapple | C | 7436 | | Weekend (| Checks | | | |
| | | Domenic Gentillucci | C | 12562 | | Weekend (| Checks | | | |
| Î | an an an an an an an an an an an an an a | | | | | | | | | |
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II. Certification by Lead/Chief Operator

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

Allan Finch

0-3-05

<u>C-7808</u>

Signature and Date

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Printed or Typed Name

License Number

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| 111. 6 | I. Daily Data for the Month/Year of: SEPTEMBER /2005 | | | | | | | | | | | | |
|-----------------|--|------------------------|------------------------|--|------------------------------|------------------------|--------------|----------------------|---------------|----------------------------|----------------------------|-------------------------------|--|
| Means | of Achi | eving Four-I | .og Virus In | activation/Rem | oval: * [| X Free Cl | lorine | ПС | hlorine D | Dioxide | 07 | one (| Combined Chlorine (Chloramines) |
| | | Radiation | ÷ | (Describe): FC | | | | | | | | | , , , , , , |
| Type | of Disinf | ectant Residu | | ed in Distribut | | F | ree Ch | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| - 7 | | | С | r Calculations, or U | V Dose, to De | monstrate Fo | | | | | | | |
| | | | | 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N. 1. N | CT Calcul | | | | | UV | Dose | | |
| | | | | | | Lowest CT | | | | | | Lowest | |
| | | | | Lowest Residual Disinfectant | Disinfectant Contact Time | Provided Before or | | | | | | Residual Disinfectant | |
| | | | | Concentration | (T) at C | at First | | | Minimum | Lowest | Minimum | Concentration | |
| | | Net Quantity | | (C) Before or at | Measurement | Customer | Temp. | | СТ | Operating | UV Dose | at Remote | |
| Day of | | ofFinished | a. | First Customer | Point During | During | of | pH of | | UV Dose, | | 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- min/L. | mW- sec/cm ² | mW- sec/cm ² | Distribution System, mg/L. | or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1 | 24 | 229,000 | Itale, Epd | 110 <i>m</i> ; mg/13 | initiates | mg-man L | a sa Qina a | Applicable | 2. IGHUL4 (2) | seach | scoon | | System Components Out or Operation |
| 2 | 24 | 267,000 | | | | | | | | | | 0.6 | |
| 3 | 24 | 263.000 | | | | | | | | | | 0.6 | |
| 4 | 24 | 317,000 | | | | | | | | | | | |
| 5 | 24 | 317,000 | | | | | | | | | | 0.7 | |
| 6 | 24 | 309,000 | | | | | | | | | | <u> </u> | |
| 7 | 24 24 | 243,000 | | | | | | | | ····· | | - [,] | |
| 8 | 24 | 303,000 | | | | | | | | | | 1.0 | |
| 10 | 24 | 196.000 | | | | | | | | | | 1.0 | |
| 11 | 24 | 317,500 | | | | | | | | | | | ······································ |
| 12 | 24 | 371,500 | | | | | | | | | | 1.1 | |
| 13 | 24 | 266,000 | | <u> </u> | | | | | | | | 0.8 | |
| 14 | 24 | 326,000 | | | | | | | | | | <u> </u> | |
| 15 | 24 | 288,000 | | | | | | | | | | 0.7 | |
| <u>16</u> 17 | <u>24</u> 24 | 339,000 | | | | | | | | | | 0,7 | |
| 17 | 24 | 424,500 | | | | | | | | | | 1.3 | |
| 19 | 24 | 424,500 | | | | | · | | | | | 0,8 | |
| 20 | 24 | 291 000 | | | | | | | | | | 0.8 | |
| 21 | 24 | 279.000 | | | | | | | | | | 0.9 | |
| 22 | 24 | 253,000 | | | | | | | | | | L. I | |
| 23 | 24 | 279,000 | | | | | | | | | | 0,8 | |
| 24 | 24 | 213,000 | | ļ | | | | | | | | 6.6 | |
| 25 26 | 24 24 | 341,000 | | <u> </u> | | | | | | | | 0.8 | · · · · · · · · · · · · · · · · · · · |
| 27 | 24 | 341,000 | | | | | | | | | | 0.8 | |
| 28 | 24 | 357.000 | | | | | | | | | | 0.7 | and a second second second second second second second second second second second second second second second |
| 29 | 24 | 232.000 | | | | | | | | | | 0,7 | |
| 30 | 24 | 310,000 | | | | | | | | | | 0.7 | |
| 31 | 24 | | | | | | | | | | | | |
| Total | | -4 | 8,851,00 | Q | | | | | | | | | |
| Averag Maxim | | 4 | 273,00 | 8 424.200 | | | | | | | | | |

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



See page 4 for instructions.

| ١. | General Information | for the Month/Year of: October /2005 | | | | | | | | | |
|----|---|--|-----------------|---|--|--|-----------------|--|--|--|--|
| Α. | Public Water System (P | WS) Information | | | | | | | | | |
| | PWS Name: Weatherst | field | | | | PWS Identification Nu | umber: 3591451 | | | | |
| | | Community Non-Transient Non-Community | Transier | t Non-Community | Cor | nsecutive | | | | | |
| | | nnections at End of Month: 1206 | | Total Population S | erved at Er | nd of Month: 4221 | | | | | |
| | PWS Owner: Utilities, | | | | | | | | | | |
| | Contact Person: Patric | | | Contact Person's T | | | | | | | |
| | | ng Address: 200 Weathersfield Ave. | | City: Altamonte Sp | the second second second second second second second second second second second second second second second s | 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 | | | | | Plant Telephone Num | | | | | |
| | Plant Address: 200 We | | E | City: Altamonte S | prings | State: Fl | Zip Code: 32714 | | | | |
| | Type of Water Treated | | ased Finished V | Vater | | | | | | | |
| | | Day Operating Capacity of Plant, gallons per day: 86 | 4,000 | | | | | | | | |
| | | 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 | | | Day(s)/Shift | | | | | |
| | Lead/Chief Operator: | | С | 7806 | | Mon Fr | | | | | |
| | Other Operators: | Terry Sillitoe | В | 12749 | | Thur Sa | | | | | |
| | | Roger Holsapple | С | 7436 | | Weekend | | | | | |
| | | Domenic Gentillucci | С | 12562 | | Weekend | Checks | | | | |
| | | | | | <u> </u> | | | | | | |
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II. Certification by Lead/Chief Operator

1, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. 1 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.

11-1-05

Allan Finch

Signature and Date

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Printed or Typed Name

C-7808

License Number

Dena 1

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| 111. D | aily Dat | a for the Mo | onth/Year o | f: October /2 | 005 | | | | | | | | |
|--------|--|---------------|-------------|--|----------------|--|--------------|---------------|---------------|---------------------|---------------------|--|--|
| Means | leans of Achieving Four-Log Virus Inactivation/Removal: * 🛛 Free Chlorine 🗌 Chlorine Dioxide 🗌 Ozone 🗌 Combined Chlorine (Chloramines) | | | | | | | | | | | | |
| 🗌 ບາ | raviolet | Radiation | | (Describe): FC | | | | | | | | | , |
| Туре | of Disinf | ectant Residu | al Maintain | ed in Distribut | ion System: | F | ree Ch | lorine | Com | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | | C | r Calculations, or l | JV Dose, to De | monstrate Fo | ur-Log | Virus Inactiv | ation, if Ap | plicable* | | | |
| | | | | | CT Calcul | ations | s provincia. | and a second | 1.1.1.1.1.1.1 | UV | Dose | | |
| | | Net Quantity | | Lowest Residual Disinfectant Concentration (C) Before or at | | Lowest CT Provided Before or at First Customer | Temp. | | Minimum CT | Operating | | Lowest Residual Disinfectant Concentration at Remote | |
| Day of | | of Finished | | First Customer | Point During | During | of | pH of | | UV Dose, | | | Emergency or Abnormal Operating Conditions; Repair |
| the | Plant in | Water | Peak Flow | During Peak | Peak Flow, | Peak Flow, | Water, | Water, if | mg- | mW- | mW- | Distribution | or Maintenance Work that Involves Taking Water |
| Month | | Produced, gal | Rate, gpd | Flow, mg/L | minutes | mg-min/L | °C | Applicable | min/L | sec/cm ² | sec/cm ² | System, mg/L | System Components Out of Operation |
| 2 | 24 24 24 | 232,000 | | ł | | | | <u> </u> | } | | <u> </u> | 1.0 | |
| 3 | 24 | 282,000 | | | | | | | | | | 0.9 | |
| 4 | 24 | 311,000 | | ł · · · · · · · · · · · · · · · · · · · | | | <u> </u> | | | | | 0.7 | |
| 5 | 24 | 242,000 | | | | | 1 | <u> </u> | <u> </u> | <u> </u> | · | 1,2 | |
| 6 | 24 | 265.000 | | | | | t | | <u> </u> | <u> </u> | | 0.9 | |
| 7 | 24 | 260,000 | | | | | | <u> </u> | | t | | 0,7 | |
| 8 | 24 | 218,000 | | 1 | | | 1 | 1 | | 1 | 1 | 1,0 | |
| 9 | 24 24 | 295.000 | | 1 | 1 | | 1 | <u> </u> | | | <u> </u> | | |
| 10 | 24 | 295,000 | | 1 | | | | <u> </u> | | 1 | 1 | 0.8 | |
| 11 | 24 | 277,000 | | 1 | | | 1 | | | | 1 | 0.8 | |
| 12 | 24 | 293.000 | | | | | | | | | | 0.8 | collected 7 Boot's |
| 13 | 24 | 277.000 | | | | | | | | | | 0.7 | |
| 14 | 24 | 266:000 | | | | | | | | | | 0.6 | |
| 15 | 24 | 251 000 | | | | | | | | | | 017 | |
| 16 | 24 24 | 368.000 | | | | | | L | ļ | | L | | |
| 17 | 24 | 369,000 | | | ļ | | | | | | . <u> </u> | 6.7 | |
| 18 | 24 | 262000 | | | | | | ļ | | | <u> </u> | 0.6 | |
| 19 | 24 | 294,000 | | | | | _ | <u> </u> | <u> </u> | | | 0.6 | |
| 20 | 24 | 265,000 | l | | <u> </u> | <u> </u> | | <u> </u> | ╂ | | · | 0,9 | |
| 21 | 24 | 272000 | | | <u> </u> | | + | | | + | ┿──── | 0.8 | |
| 22 | 24 | 276,000 | | | | <u> </u> | ╂─── | | <u> </u> | ↓ | + | 0.8 | |
| 23 | 24 24 | 306,000 | + | | | | | + | | + | + | 0.7 | |
| 25 | 24 | 306,000 | l | | + | | + | + | ╂ | | | 0.5 | |
| 25 | 24 | 219,000 | l | | + | | + | | | | + | 0.6 | |
| 20 | 24 | 230,000 | | | + | <u> </u> | + | | | + | + | 0.6 | |
| 28 | 24 | 272.000 | 1 | | | | + | 1 | 1 | 1 | 1 | 0.6 | |
| 29 | 24 | 247.000 | 1 | | + | t | 1 | | 1 | + | 1 | A.6 | |
| 30 | 2424 | 300,000 | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | | |
| 31 | 24 | 300,000 | 1 | | | | | | | | | 6.6 | |
| Total | | 8632000 | 1 | | | | | | | | | | |
| Avera | ge | 219451 |] | | | | | | | | | | |

Maximum 36,000 * Refer to the instructions for this report to determine which plants must provide this information.



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

See page 4 for instructions.

| | | for the Month/Year of: November /2005 | | | | | | | |
|----------------|------------------------|---|------------------|---|--|--|--|--|--|
| | lic Water System (P | | | | | | | | |
| PW | /S Name: Weatherst | | | | PWS Identification | Number: 3591451 | | | |
| | | Community Non-Transient Non-Community | Transie | nt Non-Community | Consecutive | | | | |
| | | nnections at End of Month: 1,203 | | Total Population Se | rved at End of Month: 4,211 | | | | |
| PW | /S Owner: Utilities, | Inc. of Florida | | | | | | | |
| | ntact Person: Patrick | | | Contact Person's Tit | le: Regional Director | | | | |
| Co | ntact Person's Mailin | ng Address: 200 Weathersfield Ave. | | City: Altamonte Spr | | Zip Code: 32714 | | | |
| | | hone Number: 407-869-1919 | | Contact Person's Fa | x Number: 407-869-6961 | ····································· | | | |
| Co | ntact Person's E-Ma | il Address: p.c.flynn@utilitiesinc-usa.com | | | | | | | |
| B. <u>Wa</u> t | ter Treatment Plant l | Information | | | | | | | |
| | int Name: Utilites, Ir | | | | Plant Telephone N | umber: 407-869-1919 | | | |
| Pla | int Address: 196 We | athersfield Ave. | | City: Altamonte Spi | | Zip Code: 32714 | | | |
| | pe of Water Treated | | hased Finished V | | | | | | |
| Per | mitted Maximum D | ay Operating Capacity of Plant, gallons per day: 86 | 4,000 | | ······································ | | | | |
| Pla | int Category (per sul | bsection 62-699.310(4), F.A.C.): IV | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | | | | |
| | icensed Operators | Name | License Class | License Number | | ift(s) Worked | | | |
| Le | ad/Chief Operator: | ALLAN FINCH | С | 7806 | | - Fri. Days | | | |
| Ot | her Operators: | Terry Sillitoe | В | 12749 | | · Sat. Days | | | |
| | | Alex Lorenzo | С | 13756 | Mon. | - Fri. Days | | | |
| | | Kathy Sillitoe | С | 13094 | Mon. | - Fri. Days | | | |
| | | | | | | | | | |
| · | | | | | | | | | |
| | | | | | ······································ | | | | |
| | | | 1 | | | | | | |
| | | | 1 | † | | | | | |
| | | | | <u> </u> | | ······································ | | | |

II. Certification by Lead/Chief Operator

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

00. tre 12-1-05

Kathy Sillitoe Printed or Typed Name C-13094

Signature and Date

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

| Identifica | | |
|------------|--|--|
| | | |

Plant Name: Utilites, Inc. of Florida

| III. D | aily Dat | a for the M | onth/Year o | of: November | /2005 | | | | - <u> </u> | | | | |
|--------------|-----------------------|------------------------|--------------|--|--|--|---------------|---------------|---------------|---------------------|---------------------|---|---|
| Means | of Achi | eving Four-L | .og Virus In | activation/Rem | oval: * | Free C | hlorine | | Chlorine I | Dioxide | 0 | one | Combined Chlorine (Chloramines) |
| | | Radiation | Other (De | escribe): # FO | RMTEXT Г | 1 | | | | | | | comonied emornie (emorannies) |
| Type of | of Disinf | ectant Residu | ual Maintain | ed in Distribut | ion System: | ØF | ree Ch | lorine | Com | hined Cl | lorine (C | hloramines) | Chlorine Dioxide |
| | | | C | T Calculations, or | UV Dose, to De | monstrate F | our-Log | Virus Inactiv | vation, if Ar | onlicable* | | inorannines) | |
| | | | | | CT Calcu | lations | | | | | Dose | | |
| | | | | Lowest Residual Disinfectant Concentration | Disinfectant Contact Time (T) at C | Lowest CT Provided Before or at First | | | | | | Lowest Residual Disinfectant Concentration | |
| | | Net Quantity | | (C) Before or at | Measurement | Customer | Temp. | | Minimum | | Minimum | at Remote | |
| Day of | Hours | of Finished | | First Customer | Point During | During | of | pH of | СТ | UV Dose, | Required, | Point in | Emergency or Abnormal Operating Conditions; Repair |
| the Month | Plant in Operation | Water Produced, gal | Pcak Flow | During Peak | Peak Flow, | Peak Flow, | Water, | Water, if | Required, | mW- | mW- | Distribution | or Maintenance Work that Involves Taking Water |
| 1 | 24 | 240,000 | Rate, gpd | Flow, mg/L | minutes | mg-min/L | <u>°C</u> | Applicable | mg-min/L | sec/cm ² | sec/cm ² | System, mg/L. | System Components Out of Operation |
| 2 | 24 | 265,000 | | <u> </u> | <u> </u> | <u> </u> | | ļ | <u> </u> | | | 0.50 | |
| 3 | 24 | 205,000 | | | | } | <u> </u> | | | | | 0.60 | #2 HSP check valve replaced |
| 4 | 24 | 264,000 | | t | | | · | | | | | 0.60 | Collected 7 bacts |
| 5 | 24 | 199,000 | | 1 | | | <u> </u> | <u> </u> | | <u> </u> | <u>}</u> | 0.50 | |
| 6 | 24 | 321,500 | | | | | · | | | | ┨────── | 0.80 | |
| 7 | 24 | 321,500 | | | | | t | t | | | | 0.70 | Air compressor maint. completed |
| 8 | 24 | 233,000 | | | | | [| † | | | | 0.60 | An compressor maint. completed |
| 9 | 24 | 288,000 | | | | | | 1 | 1 | t | | 0.70 | |
| 10 | 24 | 267,000 | | | | | | | 1 | | | 0.70 | |
| 11 | 24 | 293,000 | | | l | | | | | | | 0.60 | |
| 13 | 24 | 193,000 350,000 | | f | ļ | | | | | | | 0.80 | |
| 14 | 24 | 350,000 | | | <u> </u> | | | | ļ | | | | |
| 15 | 24 | 225,000 | } | <u> </u> | | | | | | | | 0.70 | |
| 16 | 24 | 296,000 | <u>}</u> | | | | | | ļ | | | 0.60 | |
| 17 | 24 | 287,000 | | | } | | | [| <u> </u> | | | 0.70 | |
| 18 | 24 | 198,000 | | † | | | <u> </u> | | | | Į | 0.70 | Repairing line break est of 200,000g flush and leak |
| 19 | 24 | 240,000 | | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | | | | 0.60 | |
| 20 | 24 | 319,000 | | 1 | · · · · · · · · · · · · · · · · · · · | | <u>├──</u> | † | 1 | <u>├</u> | } | 0.80 | |
| 21 | 24 | 319,000 | | | | | | <u>├──</u> ── | 1 | | | 0.70 | |
| 22 | 24 | 177,000 | | | | | | 1 | | <u> </u> | | 0.70 | |
| 23 | 24 | 301,000 | | | | | | [| t | t | t | 0.80 | |
| 24 | 24 | 296,000 | | | | | | [| | | t | 1.00 | |
| 25 26 | 24 24 | 220,000 | | | ļ | | | | | | 1 | 1.40 | |
| 20 | 24 | 268,000 276,000 | | | | | | | | | | 1.00 | |
| 28 | 24 | 276,000 | | <u> </u> | | | } | | | | | | |
| 29 | 24 | 264,000 | | <u> </u> | | | | | | | | 0.80 | |
| 30 | 24 | 268,000 | | t | | | ļ | <u> </u> | | | | 1.20 | |
| 31 | 24 | | | <u> </u> | | | <u>├</u> ──── | | | | | 1.20 | |
| Total | | 8,020,000 | | | | L | I | I | L | l | I | | |
| Average | | 267 333 | | | | | | | | | | | |

Maximum 350,000

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



GENERATION POPERATION POSTAN DUIDAD WAR DUITAERT & 2000 TROPPORTION MONTARED FINISHED

AJTAW



See page 4 for instructions.

| Chect (11) | | | | | |
|---|-------------------------|---|---------------------------------------|---|---|
| Mon - Fri Days | ¢60£1 | Э. | | 2011/10 (1999) | |
| Mon - Fri Days | 95251 | С | | Kathy Sillitoe | 이 같은 것이 있는 것이 가장에서 가지 않는다. 이 같은 것이 같은 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있 같은 것이 같은 것이 같은 것이 같은 것이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 없는 것이 같은 것이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것 |
| Thur Sat. Days | 67/21 | B | | Alex Lorenzo | an an an an an an an an an an an an an a |
| Mon Fri. Days | 908L | Э | | Terry Sillitoe | Other Operators: |
| Day(s)/Shift(s) Worked | License Number | License Class | | ALLAN FINCH | Lead/Chief Operator: |
| tion 62-699.310(4), F.A.C.): C | Plant Class (per subsec | | | All States and and | Licensed Operators |
| | | | 10(d) E V C) IN | psection 62-69. | Plant Category (per su |
| t1/76 ano dra | Vater | V bənzini 7 bənzin 7 bənzin 7 bənzin 7 bənzin 7 bənzin 7 bənzin 7 bənzin 7 bənzin 7 bə | pacity of Plant, gallons per day: 864 | ay Operating Car | Permitted Maximum D |
| State: Fl Zip Code: 32714 | City: Altamonte Spring | <u> </u> | | | Type of Water Treated |
| Plant Telephone Number: 407-869-1919 | | | | sathersfield Ave. | Plant Address: 196 Wo |
| | | | | nc. of Florida | Plant Name: Utilites, I |
| | | | Illoo:pen automatication | nomanon | MELT HOURS I LOW |
| 1969-698-207 :anop digit | Contact Person's Fax h | | ynn@utilitiesinc-usa.com | ft.o.g :ssərbbA lis | Contact Person's E-Ma |
| State: FI State: State: State: FI State: State: State: FI State: | City. Augmonte Spring | | 0101-698-20 | ah mada na sa sa sa sa sa sa sa sa sa sa sa sa sa | CONRCT PERSON'S 1 ELE |
| Regional Director | Contact Person's Title: | | Weathersfield Ave | ing Address: 200 | Contact Person's Mail |
| | | | | k Elynn | Contact Person: Patric |
| ed at End of Month: 4,211 | Total Population Serve | | C07(1 11110 | , Inc. of Florida | PWS Owner: Utilities |
| | nt Non-Community | Transie | of Month' 1 203 | hnections at End | Number of Service Co |
| PWS Identification Number: 3591451 | | · <u> </u> | Von-Transient Non-Community | Community | |
| | | | | bləña | PWS Name: Weathers |
| | | | U | oiterriofnl (2W9 | Public Water System (|
| the state where the second second second second second second second second second second second second second | | | Cear of: December/2005 | for the Month/ | General Information |

II. Certification by Lead/Chief Operator

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 plant were prepared each day that a licensed operator statted or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to 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

Signature and Dafe nт

Allan Finch

License Number

908L-D

Printed or Typed Name

90-7-1

l age l

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| III. L | Daily Dat | a for the Mo | onth/Year o | of: December/ | 2005 | | | | | | ····· | | |
|-----------------|---|-----------------------------|-------------|---|-----------------------|---------------|-----------------|---------------|--|--|---------------------|--------------------|--|
| Mean | Agains of Achieving Four Les Vinn the stirut (D) 1 the Street and C | | | | | | | | | | | | |
| 🗆 ហ | traviolet | Radiation | Other (De | escribe): # FOI | RMTEYT | | morne | | morme I | Joxide | | ione | Combined Chlorine (Chloramines) |
| | | | al Maintain | ed in Distributi | on Sustame | | | | | | | | |
| <u>- 795</u> | | | | Calculations of | ion System. | | ree Ch | lorine | | bined Ch | lorine (C | hloramines) | Chlorine Dioxide |
| | | 10.1 | | T Calculations, or | CT Calcul | ations ations | our-Log | Virus Inactiv | ation, if Ar | plicable* | | | |
| | | | | | CICACU | Lowest CT | | | and the second sec | UV. | Dose | | |
| | | | 5. SP. 2462 | Lowest Residual | Disinfectant | Provided | | | | | | Lowest Residual | |
| | | | | Disinfectant | Contact Time | Before or | | | | | NG NG K | Disinfectant | |
| | | | | Concentration | (T) at C | at First | an an tradition | | | Lowest | Minimum | Concentration | |
| Day of | Hours | Net Quantity of Finished | | (C) Before or at | Measurement | | Temp. | | Minimum | Operating | UV Dose | at Remote | |
| the | Plant in | Water | Peak Flow | First Customer | Point During | During | of | pHof | СТ | UV Dose, | Required, | Point in | Emergency or Abnormal Operating Conditions; Repair |
| | 54 C C C C C C C C C C C C C C C C C C C | Produced, gal | Rate, gpd | During Peak Flow, mg/L | Peak Flow, minutes | Peak Flow, | | Water, if | | mW- | m₩- | Distribution | or Maintenance Work that Involves Taking Water |
| 1 | 24 | 202,000 | ruic, gpu | 1. 1. 10W, 11E/12 | minutes | mg-min/L | °C | Applicable | mg-min/L, | sec/cm ² | sec/cm ² | System, mg/L | System Components Out of Operation |
| 2 | 24 | 194,000 | | | | | · | | | | | 1.3 | |
| 3 | 24 | 223 000 | | | | | | | | · | | 1.4 | |
| 4 | 24 | 284,500 | | | | | | | | | | 1,0 | |
| 5 | 24 | 284,500 | | | | | | | | | | 10 | |
| 6 | 24 | 270,000 | | | | | | | | | | 1.0 | |
| 7 | 24 | 223 000 | | | | | | | | | | 0.8 | |
| 8 | 24 | 218,000 | | | | | | | | | | 1,0 | |
| 9 | 24 | 232,000 | | ····· | | | | | | | | 0.8 | |
| <u>10</u> 11 | <u>24</u> 24 | 172,000 | | | | | | | | | | 0.9 | |
| 11 | 24 | 291,000 | | | | | | | | | | | |
| 12 | 24 | 209,000 | | | | | | | | | | 0.7 | |
| 14 | 24 | 255,000 | | | | | | | | | | 0.7 | |
| 15 | 24 | 234,000 | | | | | | | | | | 6.8 | |
| 16 | 24 | 184,000 | | | | | | | | ······································ | | 0.9 | |
| 17 | 24 | 204,000 | | | | | | | ···· | | | 0.8 | |
| 18 | 24 | 277,000 | | | | | | | | | | | |
| 19 | 24 | 277,000 | | | | | | | | | | 0,8 | |
| 20 | 24 | 175,000 | | | | | | | | | | 0.8 | BACT Samples pulled |
| 21 | 24 | 272,000 | | | | | | | | | | 0,9 | BACT Samples Pulled |
| 22 | 24 | 220,000 | | | | | _ | | | | | 0.7 | |
| 23 | 24 | 209,000 | | | | | | | | | | 0.7 | |
| 24 25 | | 280,000 | | | | | | | | | | 0.9 | |
| 25 26 | | 253,500 253.500 | | | | | | | | | | | |
| 20 | | 231.000 | | | | | | | | | | 0,8 | |
| 28 | 24 | 260,000 | | | | | | | | | | 0.8 | |
| 29 | 24 | 208,000 | | | | | | | | | | 0,9 | |
| 30 | | 244,000 | | <u> </u> | | | | | | | | 0,9 | |
| 31 | 24 | 261,000 | | | | - | | | | | | 0,8 | |
| Total | | 7,392000 | | • | _ | | | | | | 1 | | |

Average 238,450

Maximum 2845000 2410 * Refer to the instructions for this report to determine which plants must provide this information.

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

| A. | | hlorohydrin, and Iron or Manganese Sequestrant for the Year: * December/2005 |
|----|--|--|
| | Polymer Dose, ppm = | Acrylamide Level, % [†] = |
| | Is any polymer containing the monomer <u>epichlorohydrin</u> used at the water treatment pl polymer are as follows: | ant? 🔀 No 📋 Yes, and the polymer dose and the epichlorohydrin level in the |
| | Polymer Dose, ppm = | Epichlorohydrin Level, % [†] = |
| C. | Is any iron or manganese sequestrant used at the water treatment plant? 🔯 No 🔲 | Yes, and the type of sequestrant, sequestrant dose, etc., are as follows: |
| | Type of Sequestrant (polyphosphate or sodium silicate): | |
| | Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as $SiO_2 =$ | |
| | If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg | $L \text{ as } \text{SiO}_2 =$ |

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

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

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (5) Inspection Reports

Test Year Ended December 31, 2005

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

| Plant Name | WEATHERSFIELD | County | Seminole | PWS ID # _ | 3591451 |
|------------------|---|----------------|--------------|---------------------|-------------------------|
| | 200 Weathersfield Avenue, Altamonte Spri | | | | |
| | Utilities, Inc. of Florida | - | | Phone | 407.869.1919 |
| Owner Address | 200 Weathersfield Avenue, Altamonte Spr | rings, FL 3271 | 4 | | |
| Contact Person | Patrick Flynn/Kathy Sillitoe Title Reg. Di | rector/Mgr. | Phone 40 | 7.869.1919/407 | .869.8588 x229 |
| This Survey Dat | te <u>10/27/05</u> Last Survey Date _ | 10/29/0 | <u>5</u> La | st C.I. Date | 4/3/03 |
| • | | | | | |
| PWS TYPE & C | | | FER SOUR | | • |
| Community (| (4C) | | | er of Wells | |
| Non-transier | nt Non-community | | | Source <u>City</u> | |
| Non-Commu | unity | Emerg | ency Water | r Capacity 8" m | anual interconnect |
| PWS STATUS | | AUXILIAR | Y POWER | SOURCE | |
| | stem with approval number & date | | | Not Req | uired |
| | dated 5/7/59, Serial #3330C 12/21/61 | | | iesel generator | |
| | E 2/29/68, WC59-2001 12/16/76, WC59 | Capacity o | of Standby (| kW) | 125 |
| | 78 clrd 8/11/98, WC59-2001B 8/6/80 | Switchove | r: 🖾 Autor | natic 🔲 Man | ual |
| Unapproved | | | lan: 🛛 Ye | | |
| | | | | _oad | *4 hrs/mo. |
| | A CHARACTERISTICS | | | s it operate? | |
| Single family he | ome subdivisions and business | 🛛 Well | pumps # | 1 | |
| offices | | 🛛 High | Service Pu | ımps <u>1&2</u> | |
| Food Service: | 🗌 Yes 🔲 No 🖾 N/A | 🖾 Trea | tment Equi | oment_all | |
| | | Satisfy 1/2 | max-day d | lemand? 🛛 Ye | s 🗌 No 🗌 Unk |
| | | Comments | s | | |
| Certified Operat | tor: Yes No Not required | | | | |
| | ertification Class-Number | <u> </u> | | | |
| | 7806, Terry Sillitoe B-12749 | | | | _ |
| Alexander Lore | | | | ESSES IN USI | |
| | Yes No Not required | Disinfecti | ion-hypochlo | orination; Aerati | on |
| | ion Frequency iredActual | | | | <u> </u> |
| Douglask: Requi | uiredActual | | | | |
| Non concouti | ive Days? Yes No XN/A | | | nent is needed | 17 |
| MOPa submitta | d regularly? 🖾 Yes 🗋 No 🛄 N/A | | his time | | |
| Data missing fro | om MORs? \square No \boxtimes Yes \square N/A | | l of what de | ficiencies? | |
| | tified operator information. | N/A | | | |
| | & max flows sometimes incorrect. | DISTRIBU | TION SYS | TEM | |
| | n capacity reported on MORs. | | suring Devic | | Meter |
| | ice Connections 1206 (MOR) | | | " Water Specialti | |
| | red 4221 Basis 3.5/svc. cx. | | | Devices: XY | |
| Average Day (fr | | | | None observed | |
| | MORs) 0.582 MGD 08/05 | | | tion Control Pr | ogram: *Yes |
| | Capacity0.864 MGD | | | an: 🛛 Yes 🗌 | |
| • • | | | , , | | • • • • • • • • • • • • |
| | | | | | |
| | | <u></u> | | | |

GROUND WATER SOURCE

| Weil Number 1 2 Year Drilled 1958 1976 Depth Drilled 412' 500' Drilling Method Cable tool Cable tool Type of Grout Neat cement Unknown Static Water Level 37'(1958)/35'(1987) 42' Pumping Water Level Unknown 52' Design Well Yield Unknown 1600 gpm Test Yield Unknown 1600 gpm Actual Yield (r different than rated capeoly) Unknown Open hole Length (outside casing) 105'/220' 174' 8'' Diameter (outside casing) 12''/8'' 12'' Material (outside casing) 12''/8'' 12'' Material (outside casing) Steel Black steel Well Contamination History None Noe 6' X & 4'' Concrete Pad Yes Yes SET Reuse Water N/A >200' Other Sanitary Hazard * * * PUMP Model Number Unknown 100' <t< th=""><th></th><th>WATER SOURCE</th><th>1</th><th>^</th><th>1</th><th></th></t<> | | WATER SOURCE | 1 | ^ | 1 | |
|--|---------------------------------|--------------------------------------|----------------------|------------------|-----|--|
| Depth Drilled 412' 500' Drilling Method Cable tool Cable tool Type of Grout Neat cement Unknown Static Water Level 37'(1958)35' (1987) 42' Pumping Water Level Unknown 52' Design Well Yield Unknown 1000 gpm Test Yield Unknown 1600 gpm Actual Yield (if different than rated capacity) Unknown Open hole Length (outside casing) 105'/220' 174' 8'' Diameter (outside casing) 105'/220' 174' 8'' Diameter (outside casing) 105'/220' 174' 8'' Diameter (outside casing) 12''/8'' 12'' Material (outside casing) 12''/8'' 12'' Material (outside casing) Steel Black steel Vell Contamination History None None Is inundation of well possible? No No 6' X 6' X 4'' Concrete Pad Yes Yes Septic Tank N/A N/A PUMP Manufacturer Name Deming <td></td> <td></td> <td>1</td> <td>2</td> <td></td> <td></td> | | | 1 | 2 | | |
| Drilling Method Cable tool Cable tool Type of Grout Neat cement Unknown Static Water Level 37'(1958)35'(1987) 42' Pumping Water Level Unknown 52' Design Well Yield Unknown 1000 gpm Test Yield Unknown 1600 gpm Actual Yield (if different than rated capacity) Unknown Unknown Strainer Unknown Open hole Length (outside casing) 105'/220' 174' 8" Diameter (outside casing) 12"/8" 12" Material (outside casing) Steel Black steel Well Contamination History None None Is inundation of well possible? No No 6' X 6' X 4" Concrete Pad Yes Yes Septic Tank N/A >200' SET Reuse Water N/A PUMP Model Number Unknown Model Number Unknown 17628-12CS Rated Capacity (gpm) 550 1000 Motor Horsepower 15 40 Well Casing Sanitary Seal See Comments Yes Well Casing Sanitary Seal See Comments Yes Well Casing Sanitary Seal See Comments Yes </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | |
| Type of GroutNeat cementUnknownStatic Water Level37'(1958)/35' (1987)42'Pumping Water LevelUnknown52'Design Well YieldUnknown1000 gpmTest YieldUnknown1600 gpmActual Yield (if different than rated capacity)UnknownUnknownStrainerUnknownOpen holeLength (outside casing)105'/220'174' 8"Diameter (outside casing)105'/220'174' 8"Diameter (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSETReuse WaterN/ANAN/A>200'Other Sanitary Hazard***Murfacturer NameDemingJohnston17628-12CSRated Capacity (gpm)550Model NumberUnknownMotor Horsepower15Well Casing Sanitary SealSee CommentsYesYesYesWell Casing Sanitary SealSee CommentsRaw Water Sampling Tap**Yes< | Depth Drilled | | | | | |
| Static Water Level37'(1958)/35'(1987)42'Pumping Water LevelUnknown52'Design Well YieldUnknown1000 gpmTest YieldUnknown1600 gpmActual Yield (if different than rated capacity)UnknownUnknownStrainerUnknownOpen holeLength (outside casing)105'/220'174' 8''Diameter (outside casing)105'/220'174' 8''Diameter (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4'' Concrete PadYesYesSETReuse WaterN/AN/ABACKSWW Plumbingw/in 100' (homes)>100'Other Sanitary Hazard**TypeSubmersibleVertical turbineModel NumberUnknown17628-12CSReuse Qacity (gpm)5501000Motor Horsepower1540Well Casing 12'' above grade?YesYesYesYesYesRaw Water Sampling Tap**YesYesFence/HousingYesYesFence/HousingYesYesYesYesYes | Drilling Me | thod | Cable tool | | | |
| Pumping Water LevelUnknown52'Design Well YieldUnknown1000 gpmTest YieldUnknown1600 gpmActual Yield (if different than rated capacity)UnknownUnknownStrainerUnknownOpen holeLength (outside casing)105'/220'174' 8"Diameter (outside casing)12"/8"12"Material (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSETReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)Other Sanitary Hazard**PUMPModel NumberUnknownModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well Casing Sanitary SealSee CommentsRaw Water Sampling Tap**YesYesYesYesYesFence/HousingYesYesFence/HousingYesYesFence/HousingYesYesFence/HousingYesYesFence/HousingYesYesYesYesYes | Type of Gr | rout | | Unknown | | |
| Design Well YieldUnknown1000 gpmTest YieldUnknown1600 gpmActual Yield (if different than rated capacity)UnknownUnknownStrainerUnknownOpen holeLength (outside casing)105'/220'174' 8"Diameter (outside casing)105'/220'174' 8"Diameter (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSETReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)Other Sanitary Hazard**PUMPModel NumberUnknownModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesWell Casing Sanitary SealSee CommentsRaw Water Sampling Tap**YesAbove Ground Check ValveYesYesYesFence/HousingYesYesYesFence/HousingYes <td>Static Wat</td> <td>er Level</td> <td>37'(1958)/35' (1987)</td> <td>42'</td> <td></td> <td></td> | Static Wat | er Level | 37'(1958)/35' (1987) | 42' | | |
| Test YieldUnknown1600 gpmActual Yield (if different than rated capacity)UnknownUnknownStrainerUnknownOpen holeLength (outside casing)105'/220'174' 8"Diameter (outside casing)12''/8"12"Material (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSETTReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)VUMP Pumbingw/in 100' (homes)Other Sanitary Hazard*YpeSubmersibleVertical turbineManufacturer NameDemingModel NumberUnknownModel Number15Well casing 12" above grade?YesWell casing 12" above grade?YesWell Casing Sanitary SealSee CommentsRaw Water Sampling Tap**YesAbove Ground Check ValveYesYesYesFence/HousingYesYesYesFence/HousingYesYesYes | Pumping V | Vater Level | Unknown | 52' | | |
| Actual Yield (if different than rated capacity) Unknown Unknown Strainer Unknown Open hole Length (outside casing) 105'/220' 174' 8'' Diameter (outside casing) 12"/8" 12" Material (outside casing) Steel Black 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 >200' SET Reuse Water N/A >200' Other Sanitary Hazard * * Ype Submersible Vertical turbine Manufacturer Name Deming Johnston PUMP Model Number Unknown 17628-12CS Rated Capacity (gpm) 550 1000 1000 Motor Horsepower 15 40 40 Well casing 12" above grade? Yes Yes Yes Raw Water Sampling Tap **Yes Yes Above Ground Check Valve Yes Yes Above Ground Check Valve Yes | Design We | ell Yield | Unknown | 1000 gpm | | |
| StrainerUnknownOpen holeLength (outside casing)105'/220'174' 8''Diameter (outside casing)12"/%"12"'Material (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSETReuse WaterN/AN/ABACKSWW Plumbingw/in 100' (homes)>100'Other Sanitary Hazard**PUMPModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well Casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYesYesYesYes | Test Yield | | Unknown | 1600 gpm | | |
| Length (outside casing)105'/20'174' 8''Diameter (outside casing)12''/8''12''Material (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSETSeptic TankN/ABACKSWW Plumbingw/in 100' (homes)0ther Sanitary Hazard**PUMPModel NumberUnknownModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well Casing 12" above grade?YesWell Casing Sanitary SealSee CommentsRaw Water Sampling Tap*YesYesYesYesYesYesYesFence/HousingYesYesYesYesYes | Actual Yiel | d (if different than rated capacity) | Unknown | Unknown | | |
| Diameter (outside casing)12"/8"12"Material (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSeptic TankN/A>200'SETReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonMoter Horsepower1540Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesYesYesYesFence/HousingYesYes | Strainer | | Unknown | Open hole | | |
| Material (outside casing)SteelBlack steelWell Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSeptic TankN/A>200'SETReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesYesYesYesFence/HousingYesYesYesYesYes | Length (ou | itside casing) | 105'/220' | 174' 8" | | |
| Well Contamination HistoryNoneNoneIs inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSeptic TankN/A>200'SETReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonMotel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesYesYesYes | Diameter (| outside casing) | 12"/8" | 12" | | |
| Is inundation of well possible?NoNo6' X 6' X 4" Concrete PadYesYesSeptic TankN/A>200'SETReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYesYesYesYes | Material (o | outside casing) | Steel | Black steel | | |
| 6' X 6' X 4" Concrete PadYesYesSeptic TankN/A>200'SETReuse WaterN/ABACKSWW Plumbingw/in 100' (homes)Other Sanitary Hazard*TypeSubmersibleVUMPManufacturer NameModel NumberUnknownI7628-12CSRated Capacity (gpm)550Motor Horsepower1540Well casing 12" above grade?YesYesYesRaw Water Sampling Tap**YesAbove Ground Check ValveYes </td <td colspan="2">Well Contamination History</td> <td>None</td> <td>None</td> <td></td> <td></td> | Well Contamination History | | None | None | | |
| SET BACKSSeptic TankN/A>200'BACKSReuse WaterN/AN/AWW Plumbingw/in 100' (homes)>100'Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesYesYesYes | Is inundation of well possible? | | No | No | | |
| SET BACKSReuse WaterN/AN/ABACKSWW Plumbingw/in 100' (homes)>100'Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesYesYesYesFence/HousingYesYes | 6' X 6' X 4" Concrete Pad | | Yes | Yes | | |
| BACKSWW Plumbingw/in 100' (homes)>100'Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYesYesYesYes | | Septic Tank | N/A | >200' | | |
| Other Sanitary Hazard**Other Sanitary Hazard**TypeSubmersibleVertical turbineManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesWell Casing Sanitary SealSee CommentsRaw Water Sampling Tap**YesAbove Ground Check ValveYesYesYesYesYesYesYesYesYesYesYesYesYes | SET | Reuse Water | N/A | N/A | | |
| PUMPTypeSubmersibleVertical turbineManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesYesRaw Water Sampling Tap**YesAbove Ground Check ValveYesYesYesYesYesYesYesYesYesYesYesYesYes | BACKS | WW Plumbing | w/in 100' (homes) | >100' | | |
| PUMPManufacturer NameDemingJohnstonModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesYesWell Casing Sanitary SealSee CommentsRaw Water Sampling Tap**YesAbove Ground Check ValveYesYesYesFence/HousingYesYesYes | | Other Sanitary Hazard | * | * | | |
| PUMPModel NumberUnknown17628-12CSRated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYes | | Туре | Submersible | Vertical turbine | | |
| Rated Capacity (gpm)5501000Motor Horsepower1540Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYes | | Manufacturer Name | Deming | Johnston | · · | |
| Motor Horsepower1540Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYes | PUMP | Model Number | Unknown | 17628-12CS | | |
| Well casing 12" above grade?YesYesWell Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYes | | Rated Capacity (gpm) | 550 | 1000 | | |
| Well Casing Sanitary SealSee CommentsYesRaw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYes | | Motor Horsepower | 15 | 40 | | |
| Raw Water Sampling Tap**YesYesAbove Ground Check ValveYesYesFence/HousingYesYes | Well casing 12" above grade? | | Yes | Yes | | |
| Above Ground Check Valve Yes Yes Fence/Housing Yes Yes | | | See Comments | Yes | | |
| Fence/Housing Yes Yes | Raw Water Sampling Tap | | **Yes | Yes | | |
| 5 | Above Gro | und Check Valve | Yes | Yes | | |
| Well Vent Protection Yes N/A | Fence/Hou | using | Yes | Yes | | |
| | Well Vent I | Protection | Yes | N/A | | |

COMMENTS *Previously accepted by the Department. *Vehicles stored on private property w/in 100'. **Raw water sampling tap is down stream of check valve, but prior to aeration & chlorination - previously accepted by the Department. Inspect and repair the well seal. Note: wells alternate automatically. Well 1 AAH2581, Well 2 AAH2582

| PWS ID # | 3591451 |
|----------|----------|
| Date | 10/27/05 |

| CHLORINATION (Disinfection) |
|--|
| Type: 🔲 Gas 🛛 Hypo |
| Make <u>Stenner</u> Capacity <u>85x2 gpd</u> |
| Chlorine Feed Rate 7.5 |
| Avg. Amount of Cl ₂ gas usedN/A |
| Chlorine Residuals: Plant <u>1.5</u> Remote <u>1.2</u> |
| Remote tap location516 Northwestern |
| DPD Test Kit: 🔲 On-site 🛛 With operator |
| 🗌 None 📃 Not Used Daily |
| Injection Points Into aerator basin |
| Booster Pump Info N/A |
| Comments Bleach tank outflow line partially |
| submerged in the secondary containment vessel. |
| Have chlorine ORP meter also. |

| Chlorine Gas Use Requirements | YES | NO | Comments |
|---|--------|----------|----------|
| Dual System | | | |
| Auto-switchover | | | |
| Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection | | | |
| Scale | | | |
| Chained Cylinders | \Box | | |
| Reserve Supply | Q | | |
| Adequate Air-pak | | | |
| Sign of Leaks | | ∇ | |
| Fresh Ammonia | | Ď | |
| Ventilation | | | |
| Room Lighting | | | |
| Warning Signs | | | |
| Repair Kits | | | |
| Fitted Wrench | | | |
| Housing/Protection | | | |

| AERATION (Gases, Fe, & Mn Removal) | | | | | |
|---|--|--|--|--|--|
| Type <u>Cascade</u> Capacity <u>1500 gpm</u> | | | | | |
| Aerator Condition Unknown | | | | | |
| Bloodworm Presence Unknown | | | | | |
| Visible Algae Growth Yes | | | | | |
| Protective Screen Condition <u>Good</u> | | | | | |
| Comments Per operator, inspected weekly & cleaned | | | | | |
| 2x/month. | | | | | |

STORAGE FACILITIES

| (G) Ground (H) Hydropneumatic (E) Elevated(B) Bladder (C) Clearwell | | | | | | |
|--|---------|--------|---|--|--|--|
| Tank Type/Number | G | Н | | | | |
| Capacity (gal) | 100,000 | 10,000 | | | | |
| Material | Steel | Steel | | | | |
| Gravity Drain | Yes | Yes | | | | |
| By-pass Piping | Yes | Yes | | | | |
| Pressure Gauge | N/A | Yes | 、 | | | |
| Sight Glass or Level Indicator | Yes | Yes | | | | |
| Fittings for Sight Glass | N/A | N/A | | | | |
| Protected Openings | Yes | Yes | | | | |
| PRV/ARV | N/A | PRV | | | | |
| On/Off Pressure | | 65/75 | | | | |
| Access Padlocked | Yes | Yes | | | | |
| Height to Bottom of Elevated Tank | | | | | | |
| Height to Max. Water Level | | **** | | | | |
| Comments <u>GST level alarm malfunctioning. Replace.</u> | | | | | | |

Exterior of H tank is turbercular. Sand and paint.

HIGH SERVICE PUMPS

| THOM SERVICE | | | |
|----------------|-------------|-------------|--|
| Pump Number | 1 | . 2 | |
| Туре | Centrifugal | Centrifugal | |
| Make | Pacific | Peerless | |
| Model | H30M-KPG | AOP-3 | |
| Capacity (gpm) | 500 | 700 | |
| Motor HP | 40 | 30 | |
| Date Installed | 1961 | 1968 | |
| Maintenance | Weekly | Weekly | |
| | | 0.11 J. D | |

Comments <u>HSP#2 check valve failed. Replace.</u> Unused gasoline powered HSP should be removed.

| PWS ID # | 3591451 | _ |
|----------|----------|---|
| Date | 10/27/05 | _ |

DEFICIENCIES:

- 1. Monthly Operation Reports (MORs) not entirely and/or correctly filled out. The "Days Plant Staffed or Visited" column is regularly not indicated. The MORs are frequently messy and difficult to read. A new form should be used whenever a mistake is made in data entry. No entries should be scratched out. The indicated max day flow is frequently incorrect based on the data provided in the daily flow.
- 2. Provide information, if available, for spaces throughout the report marked "Unknown".
- 3. The Interconnect was found to be full of stagnant and discolored water. Please provide an Interconnect flushing schedule.
- 4. The well seal on well number 1 must be inspected and replaced.
- 5. The bleach tank outflow line is partially submerged in the secondary containment vessel.
- 6. The level alarm on the ground storage tank is malfunctioning and must be repaired/replaced.
- 7. The exterior of the hydropneumatic tank is turburcular in spots and should be scraped, sanded, and painted.
- 8. The unused, auxiliary gasoline high service pump should be removed form the plant.
- 9. The check valve on high service pump number two is not holding and must be replaced.

MONITORING AND REPORTING:

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2008
- Lead and Copper Tap Sampling due 06/2008-09/2008
- SOCs (Two quarters) due 2008
- Radiologicals due 2008
- VOCs due 2008
- Secondaries due 2008
- 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.

| PWS ID # _ | 3591061 |
|------------|----------|
| Date | 10/27/05 |

MONITORING AND REPORTING (Continued...)

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 audiovisual alarm system that is activated in the event any power source fails must be provided. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water.

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

RESPONSE:

Please indicate changes to the following:

| PWS ID Number: <u>3591451</u> | Business Name: | | |
|--|------------------------|-----------------------------|--|
| | | | |
| PWS Name: Weathersfield | Owner(s) Name: | | |
| Attn: Patrick Flynn, Utilities, Inc. of Florida | | | |
| Mailing Address: | Mailing Address: | | |
| Date: | Phone Number(s): | | |
| Florida Department of Environmental Protection Drinking Water Compliance/Enforcement Program 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803 Attention: Reggie Phillips, Environmental Specialist | | | |
| In response to the Department's Sanitary Survey Report the following actions were done to correct the listed deficie | | i <u>October 27, 2005</u> , | |
| Deficiency Item No. Corrective Action | on Done | Date Done | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | ····· | |
| | | | |
| | | | |
| (Attach additional sheet if necessary) | | | |
| I hereby certify to the correctness of the above information | : | | |
| PWS Owner/Representative Signature: | | | |
| Name of PWS Owner/Representative: | (Please Type or Print) | | |

UTILITIES, INC. OF FLORIDA AN AFFILIATE OF UTILITIES, NC. 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 abovereferenced facilities on October 18 and October 27, 2005.

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

Sincerely,

S Cl. tal

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

RESPONSE:

Please indicate changes to the following:

| PWS ID Number: <u>3591451</u> | Business Name: <u>Utilities, Inc. of Florida</u> |
|---|--|
| PWS Name: Weathersfield | Owner(s) Name: Utilities, Inc. of Florida |
| Attn: Patrick Flynn, Utilities, Inc. of Florida | |
| Mailing Address: 200 Weathersfield Avenue | Mailing Address: 200 Weathersfield Avenue |
| Altamonte Springs, FL 32714 | Altamonte Springs, FL 32714 |
| Date:December 13, 2005 | Phone Number(s): 407-869-1919 |
| | |

Florida Department of Environmental Protection Drinking Water Compliance/Enforcement Program 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803

Attention: Reggie Phillips, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated <u>October 27, 2005</u>, the following actions were done to correct the listed deficiencies:

| Deficient Item No. | cy <u>Corrective Action Done</u> | Date Done |
|-----------------------|---|------------------|
| | The monthly operations report contained corrections for the month of November | December 2005 |
| | 2005. All future MORs will be legible and completed accurately. | |
| _2 | Unable to locate any additional information for the spaces marked "unknown." | |
| | The interconnect with the City of Altamonte Springs was added to a bi-weekly flushing rotation. | |
| 4 | The well #1 casing was inspected and sealed on December 1, 2005. | December 1, 2005 |
| 5 | The chlorine tank will be inspected on a daily basis and secondary containment to be drained | • |
| | as necessary to maintain the level of rain water below the outfall pipe. | |
| 6 | Our electrician is diagnosing the problem so corrections can be made. | |
| _7 | A tank inspection is scheduled for the first quarter of 2006. This will be helpful in identifying | · |
| | tank integrity and any necessary interior and exterior maintenance needed. | |
| | ****Continued on next page**** | |
| (Attach add | litional sheet if necessary) | |
| | rtify to the correctness of the above information: | |

PWS Owner/Representative Signature:

Pagional Director

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

(Please Type or Print)

2**3**

Weathersfield PWS #3591451

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| <u>Deficiency</u> <u>Item No.</u> | Corrective Action Done | Date Done |
|--------------------------------------|---|------------------|
| 8 | The auxiliary gasoline motor was removed from site on November 2, 2005. | November 2, 2005 |
| 9 | The check valve on High Service Pump #2 was replaced on November 2, 2005. | November 2, 2005 |

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (6) Permits

Test Year Ended December 31, 2005



| | | John H. V | venie, Assistant Executive Director |
|---|---|---|--|
| POST OFFICE | TELEPHONE 904-329-4 | 500 SUNCOM 904-860 | |
| FAX (Executive) 329-41 | TDD 904-329-4 25 (Legal) 329-4485 SERVICE | (Permitting) 329-43 | Actinist (Finance) 329-4508 |
| 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: 305 East Drive Melbourne, Florida 32904 407-984-4940 TDD 407-722-5368 | OPERATIONS: 9433 N. Wickham Road Melbourne: Florida 32935-8109 407-752-3100 TDD 407-752-3102 |
| | TO | D0 | -UIF |
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November 22, 2000

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

SUBJECT: Consumptive Use Permit Number 8346 Weathersfield 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 (V Permit Data Services Division

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

cc: District Permit File

FEI

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

| | /illiam Kerr, _{Chairman} Melbourne beach | ONG, VICE CHAIRMAN J | eff K. Jennings, SECRET. MAITLAND | | Htenstroer, treasurer switzerland |
|-----------|--|----------------------------|--------------------------------------|---------------|--------------------------------------|
| Dan Roach | William M. MAITLAN | Otis Masor st. Augustin | | Clay Albright | Reid Hughes Daytona beach |

A PERMIT AUTHORIZING:

District authorizes, as limited by the attached permit conditions, the use of 135.18 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 2237 in 5 years

LOCATION:

Site: Weathersfield Seminole County Section(s): 15

Township(s): 21S

Range(s): 29E

ISSUED TO:

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

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

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

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

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 22, 2000

AUTHORIZED BY: St. Johns River Water Management District Department of Resource Management By:

> Dwight T Jenkins Division Director

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8346 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.

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- 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.

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- 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 8346 plainly labeled on the submittlals.

- 13. This permit will expire on November 22, 2005.
- 14. Maximum annual ground water withdrawals must not exceed 135.18 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.
- Wells no. 1 and 2 must continue to be monitored with totalizing flowmeters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 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.

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Notice Of Rights

- 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.
- 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 54 December

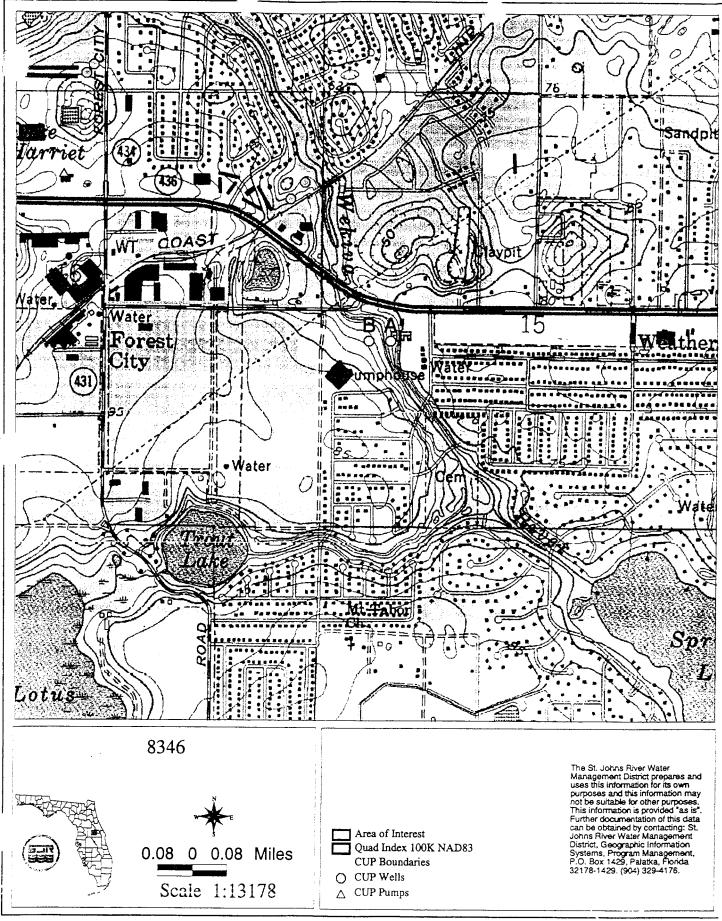
at 4:00 p.m. this East day of November, 2000.

Division of Pérmit Data Services Gloria Lewis, Director

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

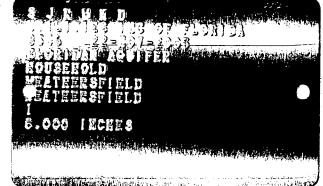
Permit Number: 8346

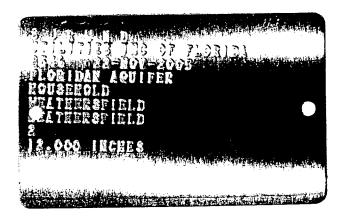
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FLOW METER WATER CALIBRATION RECORD - EN51

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

| Consumptive Use Permit Number: 8346 - WEATHING FIELD | | |
|---|---|--|
| Permittee Name: Utilities Inc of Florida | | |
| Date of Permit Issuance: November 22, 2000 Station Name: 1 | | |
| Pump Capacity: 550 GPM | | |
| Serial Number on Meter: | | |
| Meter Model: | | |
| Discharge Pipe Diameter: | | |
| Date of Last Meter Calibration:// | | |
| Date of This Calibration:// | | |
| Name of Person Performing Calibration: | | |
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| Final Meter Reading at End of Calibration: | | |
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| FLOW METER WATER CALIBRATION RECORD - EN51 ST. JOHNS RIVER WATER MANAGEMENT DISTRICT Post Office Box 1429 Palatka, Florida 32178-1429 |
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| Consumptive Use Permit Number: 8346 - WinterFiteD Permittee Name: Utilities Inc of Florida Date of Permit Issuance: November 22, 2000 Station Name: 2 Pump Capacity: 1000 GPM Serial Number on Meter: |
| Meter Model: |
| Discharge Pipe Diameter: |
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| Please Retain a Copy for Your Records |

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Docket No. 060253-WS

Seminole County

25.30.440 (7) Notices

NOTICES

None

Docket No. 060253-WS

Seminole County

25.30.440 (8) Field Employees

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

Pasco and Pinelles Counties:

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

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

Seminole and Orange Counties: Allan Finch, Operator ("C" Water License) Chris Phillips, Meter Reader Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

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

Facilities:

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

Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- 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.

Docket No. 060253-WS

Seminole County

25.30.440 (9) Vehicles

FL Vehicles as of 5-5-06

Veh. # Yr/Make/Model VIN 9934 99 DODGE DAKOTA 9932 99 DODGE DAKOTA 636 06 CHEV COLORADO 221 02 CHEVY S-10 19 00 CHEV CS10803 610 06 CHEV C15 V-8 311 03 CHEV C15 FULL 308 03 CHEV C15 FULL 431 04 CHEV C25 24.00 CHEV S-10 638 D6 CHEV C15 8691 86 INTERNATIONAL 223 02 CHEVY S-10 608 06 CHEV C15 V-8 16 00 CHEV CS10803 9808 98 DODGE DAKOTA 427 04 CHEV C15 FULL 508 05 CHEV C25 4X4 103 01 CHEV S10 9833 98 CHEV S-10 111 01 CHEV 1500 461 04 CHEV C15 9928 99 DODGE DAKOTA 426 04 CHEV C15 FULL 9935 99 DODGE DAKOTA 9933 99 DODGE DAKOTA 9931 99 DODGE DAKOTA 9927 99 DODGE DAKOTA 9602 96 FORD RANGER REGULAR 516 05 CHEV COLORADO 101 01 CHEV S10 220 02 CHEVY S-10 14 00 CHEV CS10803 102 01 CHEV S10 9835 98 CHEV S-10 9834 98 CHEV S-10 110 01 CHEV 1500 109 01 CHEV 1500 217 02 CHEVY C15 FULL 18 00 CHEV 1500 108 01 CHEV 1500 113 01 CHEV 1500 107 01 CHEV 1500 112 01 CHV 1500 312 03 CHEV C15 FULL 305 03 CHEV C15 FULL 433 04 FORD F-750 304 03 CHEV C15 FULL 8926 89 FORD F-350 9765 97 PONTIAC GRAND AM 35 00 CHEV C25 BOOM 503 05 CHEV COLORADO 612 06 CHEV COLORADO 637 06 CHEV C15 222 02 CHEVY C15 FULL 424 03 CHEV C15 FULL 436 04 CHEV C15 FULL 301 03 CHEV C15 FULL 422 04 CHEV C15 EXT CAB 509 05 CHEV C15 4X4 EXT 639 06 CHEV C15 4X4 EXT 428 04 CHEV S10 TRAILBLAZER 512 05 CHEV TAHOE 650 06 CHEV TAHOE 4X4 9250 92 DODGE 242 02 CHEVY IMPALA 9925 99 CHEV LUMINA 453 04 CHEV C15 EXT CAB 609 06 CHEV C25 129 01 CHEV FULL 1500 4WD 33 00 DODGE DAKOTA

Driver Assigned 1B7FL26X6XS261957 1B7FL26XXXS277898 1GCCS146568234592 1GCCS14W428209130 1GCCS14W9YK196208 1GCEC14V86Z103857 1GCEC14X23Z114639 1GCEC14X83Z115665 1GCHK24U04E296751 1GCCS14W9YK229577 1GCEC14V86E197990 1HTLDTVN2GHA45725 1GCCS14W628209453 1GCEC14V26Z102011 1GCCS14W2YK195806 1B7FL26X6WS604943 1GCEC14X94Z275720 1GBHK24UX5E233792 VARIOUS 1GCCS14W01K129325 1GCCS14X2WK245013 1GCEC14W81Z185977 SPARE 1GCEC14X24Z336714 1B7FL26X4XS261955 1GCEC14X44Z274751 1B7FL26X1XS277899 1B7EL26X4XS277900 1B7FL26X6XS261956 1B7FL26XXXS261958 1FTCR10X1TUB67972 SPARE 1GCCS146358238591 1GCCS14W01K129261 1GCCS14W128209201 1GCCS14W1YK195845 1GCCS14W71K129239 1GCCS14X0WK247116 SPARE 1GCCS14X6WK246309 1GCEC14V11E249162 1GCEC14V31E249471 1GCEC14V32Z313941 1GCEC14V6YE249071 1GCEC14V91E265755 1GCEC14W21Z187837 1GCEC14W71Z185310 1GCEC14W81Z183727 1GCEC14X03Z114378 1GCEC14X63Z115177 3FRXF75424V600407 1GCEC14X23Z115810 1FDKF37G5KNA56982 1G2WP5216WF270000 1GBGK24R5YF484662 1GCCS146658179178 1GCCS146768129150 1GCEC14V96E197609 1GCEC14W12Z314210 1GCEC14X04Z274231 1GCEC14X24Z201474 1GCEC14X63Z115146 1GCEC19\/X47270758 1GCEK19T35E230984 1GCEK19Z26Z225726 1GNDT13S442340667 1GNEC13T85R199267 1GNEK13TX6R148941 JOHN HOY 2B7GB11X5NK163811 2G1WF55E329381533 2G1WL52M1X9177423 2GCEC19T341374628 2GCEC19VX61115736 2GCEK19T111381348 1B7GG22X7YS753556

CORY SUDOL NO DRIVER YET JEROME HAMPTON ROGER GRAY CARL ZUBEK MICHAEL OVERTON EDWARD ROBERTS SCOTT LEARNED DON TAYLOR ALVIN BISHOP ALVIN BISHOP VACUUM TRUCK WILLIAM NEAL DAVID SHOFFSTALL HARRY HOFF JAMES ESKEW SHANTAVIOUS RAINEY MATTHEW GUNTHER STEVEN SZCZEPKOWSKI ROBERT BUONO LENNY GODWIN MIKE MONAT HAROLD EBERT NO DRIVER YET RAY HOGUE JIM SWEGHEIMER DOUG GOODWIN ROBERTO REMIGIO ROY MERICLE ALEXANDER LORENZO ELISA STEGER THOMAS KEYS KEVIN COOPER JEFF PINDER DALE WHITE THOMAS ABENDROTH MATTHEW MORRELL JIMMIE HOLI ISTER JAMES PENDARVIS SHAWN FBERT MICK SHUE FRED QUINLAN SANLANDO DUMP TRUCK JERRY HAHN DUMP TRUCK NO DRIVER YET CENTRAL FL BOOM TRUCK CHRIS PHILLIPS CHRIS ALDAY JEFF FINEHIRSH CHARLES SCHWADES ALLEN FINCH JACK ADKINS STEVE HABERY RICHARD RETZ JOHN MARINELLI BILL COATES BRYAN GONGRE PATRICK FLYNN SEWER VIDEO EQUIP VAN SCOTTY HAWS KATHY SILLITOE TONY WIERZBICK SCOTT STEWART WILLIAM NEAL SPARE

Cost **Company Name** \$15,678.58 Alafaya Utilities, Inc. \$15,467.19 Alafaya Utilities, Inc. \$16,622.26 Alafaya Utilities, Inc. \$13,356.21 Alafaya Utilities, Inc. \$15,363.17 Alafaya Utilities, Inc. \$18,681.44 Alafaya Utilities, Inc. \$19,053.10 Alafaya Utilities, Inc. \$19,053.10 Alafaya Utilities, Inc. \$25,036.88 Alafava Utilities. Inc. \$15,099 10 Bayside Utility Services Inc. \$18,923.65 Bayside Utility Services, Inc. \$11,026.85 Bayside Utility Services, Inc. \$13,356.21 Cypress Lakes, Utilities, Inc. \$18,681.44 Cypress Lakes, Utilities, Inc. \$15,363.17 Eastlake Water Service, Inc. \$15,312.81 Labrador Utilities, Inc. \$17,763.05 Labrador Utilities, Inc. \$24,607.70 Mid-County \$15.053.85 Mid-County \$16,047.78 Mid-County \$16,965.92 Mid-County \$16,588.04 Mid-County \$15,493,25 Sandalhaven \$17,763.05 Sandalhaven \$16.056.16 Sanlando Utilities, Inc. \$15,659,79 Sanlando Utilities, Inc. \$15,493,25 Sanlando Utilities, Inc. \$15,792.00 Sanlando Utilities, Inc. \$16,085,99 Sanlando Utilities, Inc. \$18,484.14 Sanlando Utilities, Inc. \$15,053.85 Sanlando Utilities, Inc. \$13,356.21 Sanlando Utilities, Inc. \$15,363.17 Sanlando Utilities, Inc. \$15,516.86 Sanlando Utilities, Inc. \$16,290.61 Sanlando Utilities, Inc. \$16,143.89 Sanlando Utilities, Inc. \$18,690.29 Sanlando Utilities, Inc. \$19,066.93 Sanlando Utilities, Inc. \$17,238.08 Sanlando Utilities, Inc. \$19.049.81 Sanlando Utilities, Inc. \$18,735.55 Sanlando Utilities, Inc. \$17,472.60 Sanlando Utilities, Inc. \$17,227,78 Sanlando Utilities, Inc. \$16,965.92 Sanlando Utilities, Inc. \$19,053.10 Sanlando Utilities, Inc. \$22,478.87 Sanlando Utilities, Inc. \$63,896.30 Sanlando Utilities, Inc. \$19,372.92 Tierre Verde \$31,061.22 Utilities, Inc, of Florida \$15,000.00 Utilities, Inc, of Florida \$35,922.85 Utilities, Inc. of Florida \$16,750,47 Utilities, Inc. of Florida \$16,471.74 Utilities, Inc, of Florida \$18,923.65 Utilities, Inc. of Florida \$16,461.98 Utilities, Inc, of Florida \$17,763.05 Utilities, Inc. of Florida \$17,503,53 Utilities, Inc. of Florida \$19,053.10 Utilities, Inc, of Florida \$21,654,48 Utilities, Inc. of Florida \$28,037,52 Utilities, Inc. of Florida \$24,891.62 Utilities, Inc. of Florida \$27,109,73 Utilities, Inc, of Florida \$37,478.51 Utilities, Inc, of Florida \$32,505.83 Utilities, Inc. of Florida \$0.00 Utilities, Inc, of Florida \$19,351.00 Utilities, Inc, of Florida \$17,132.82 Utilities, Inc, of Florida \$22,987.16 Utilities, Inc, of Florida \$22,387.19 Utilities, Inc, of Florida \$24,967.07 Utilities, Inc, of Florida \$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

 1GCEC14X432114271
 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

Docket No. 060253-WS

Seminole County

25.30.440 (10) Customer Complaints

CUSTOMER COMPLAINTS

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