090462-WS

CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

UTILITIES, INC. OF FLORIDA

Exact Legal Name of Utility
Docket No.: 090462-WS

SEMINOLE COUNTY VOLUME III (a)

FOR THE
Test Year Ended: December 31, 2008

Volumes III (a) and III (b)

DOCUMENT NUMBER-DATE
00709 FEB-1 0
FPSC-COMMISSION CLERK

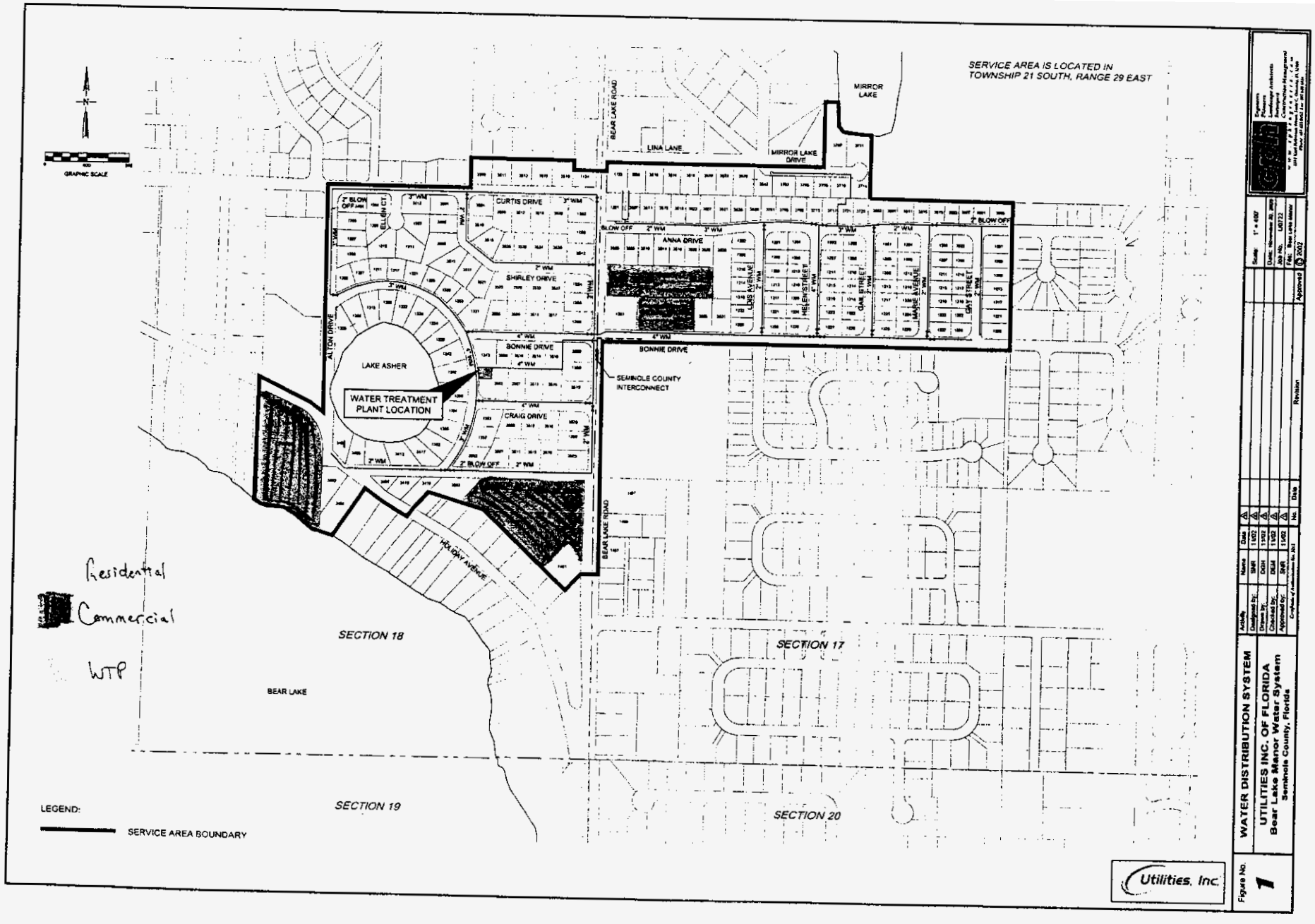
Utilities, Inc. of Florida

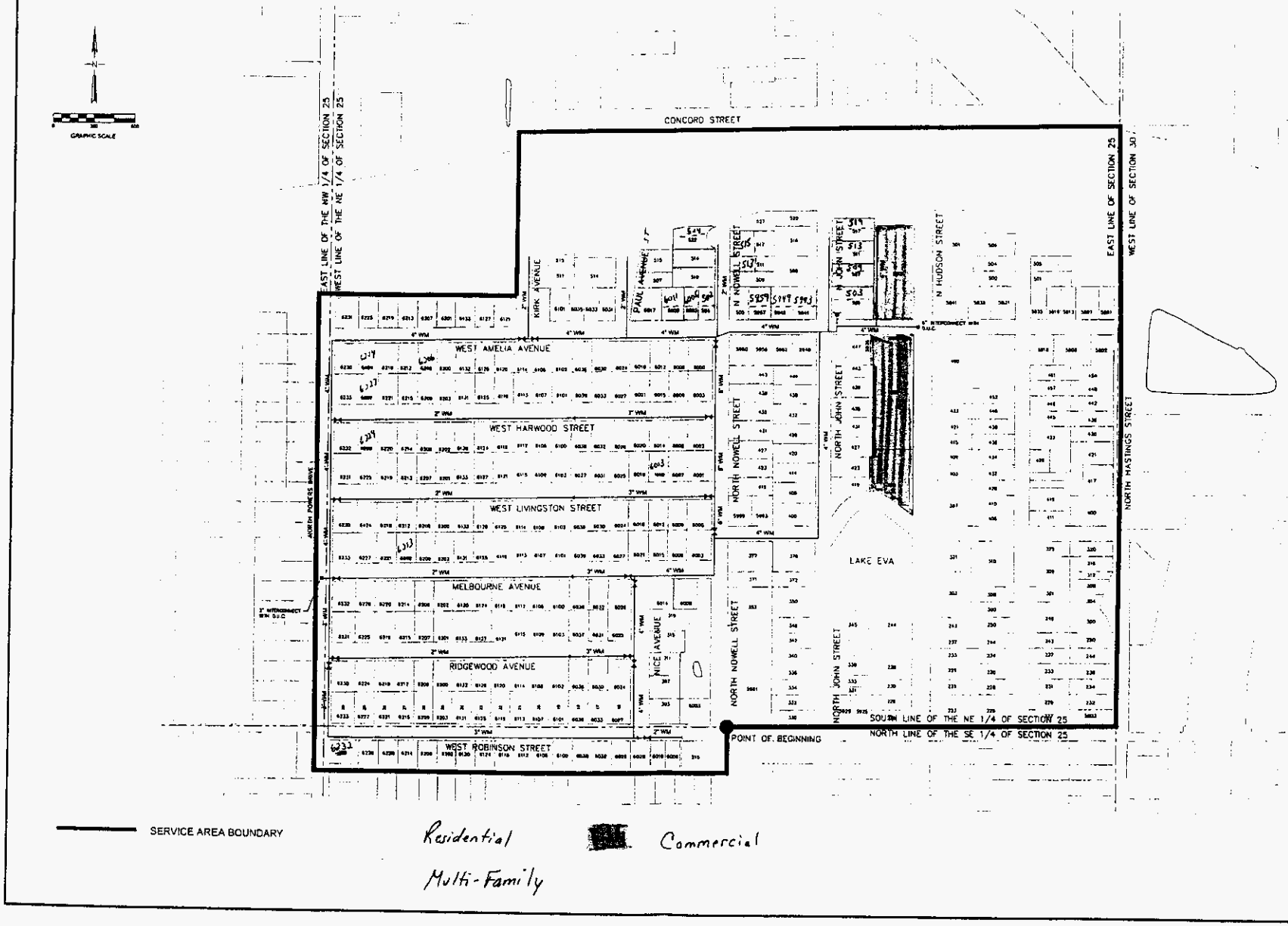
Docket No.: 090462-WS

Seminole County

25-30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2008


SERVICE AREA IS LOCATED IN
TOWNSHIP 21 SOUTH, RANGE 29 EAST
N
GRAPHIC SCALE
MIRROR LAKE
BEAR LAKE ROAD
LINA LANE
MIRROR LAKE DRIVE
CURTIS DRIVE
ELLEN CT.
SHIRLEY DRIVE
ANNA DRIVE
LISA AVENUE
HELEN STREET
OAK STREET
JANE AVENUE
GAY STREET
ALTON DRIVE
LAKE ASHER
WATER TREATMENT PLANT LOCATION
BONNIE DRIVE
CRAIG DRIVE
SEMINOLE COUNTY INTERCONNECT
HOLLOW AVENUE
BEAR LAKE
SECTION 18
SECTION 17
SECTION 19
SECTION 20
Residential
Commercial
WTP
LEGEND:
SERVICE AREA BOUNDARY
Utilities, Inc.
WATER DISTRIBUTION SYSTEM
UTILITIES INC. OF FLORIDA
Bear Lake Manor Water System
Seminole County, Florida
Figure No. 1



Activity	Name	Date
Designed by:	SHR	11/02
Drawn by:	TJB	11/02
Checked by:	DEM	11/02
Approved by:	SHR	11/02

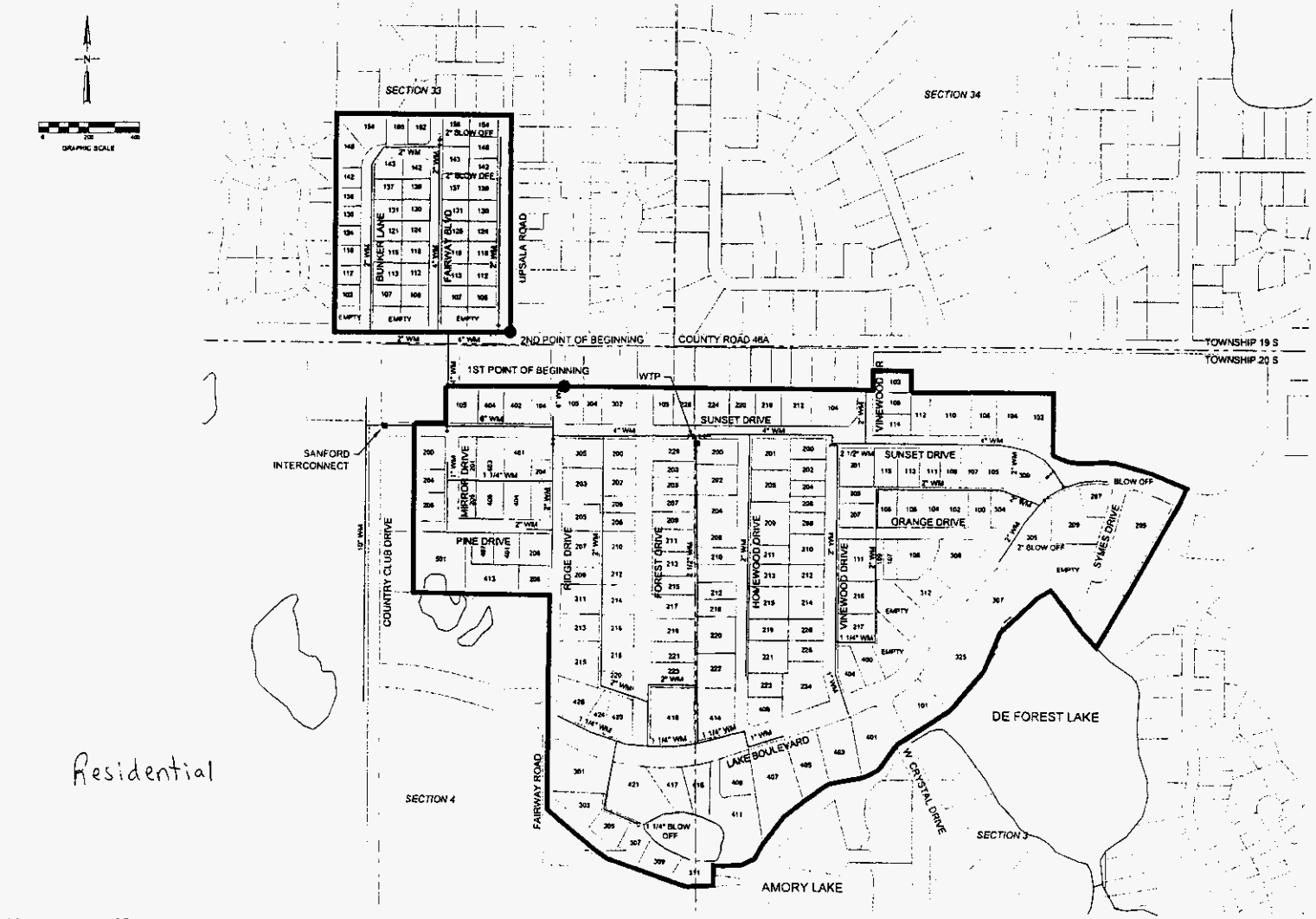
No.	Date	Revision
1	4/23/07	REVISED SERVICE AREA BOUNDARY

Scale: 1" = 300'
Date: NOV 2002
Job No.: 0272
File: Crescent Heights Sewer
Approved: © 2002

Engineers
Planners
Landscape Architects
Surveyors
Construction Management
Orlando, Florida

Sheet No. 1

WATER DISTRIBUTION SYSTEM
UTILITIES INC. OF FLORIDA
Crescent Heights Service Area
Seminole County / Orange County, Florida



NEW SERVICE AREA BOUNDARY

UTILITIES INC. OF FLORIDA
Crystal Lake System
Seminole County, Florida

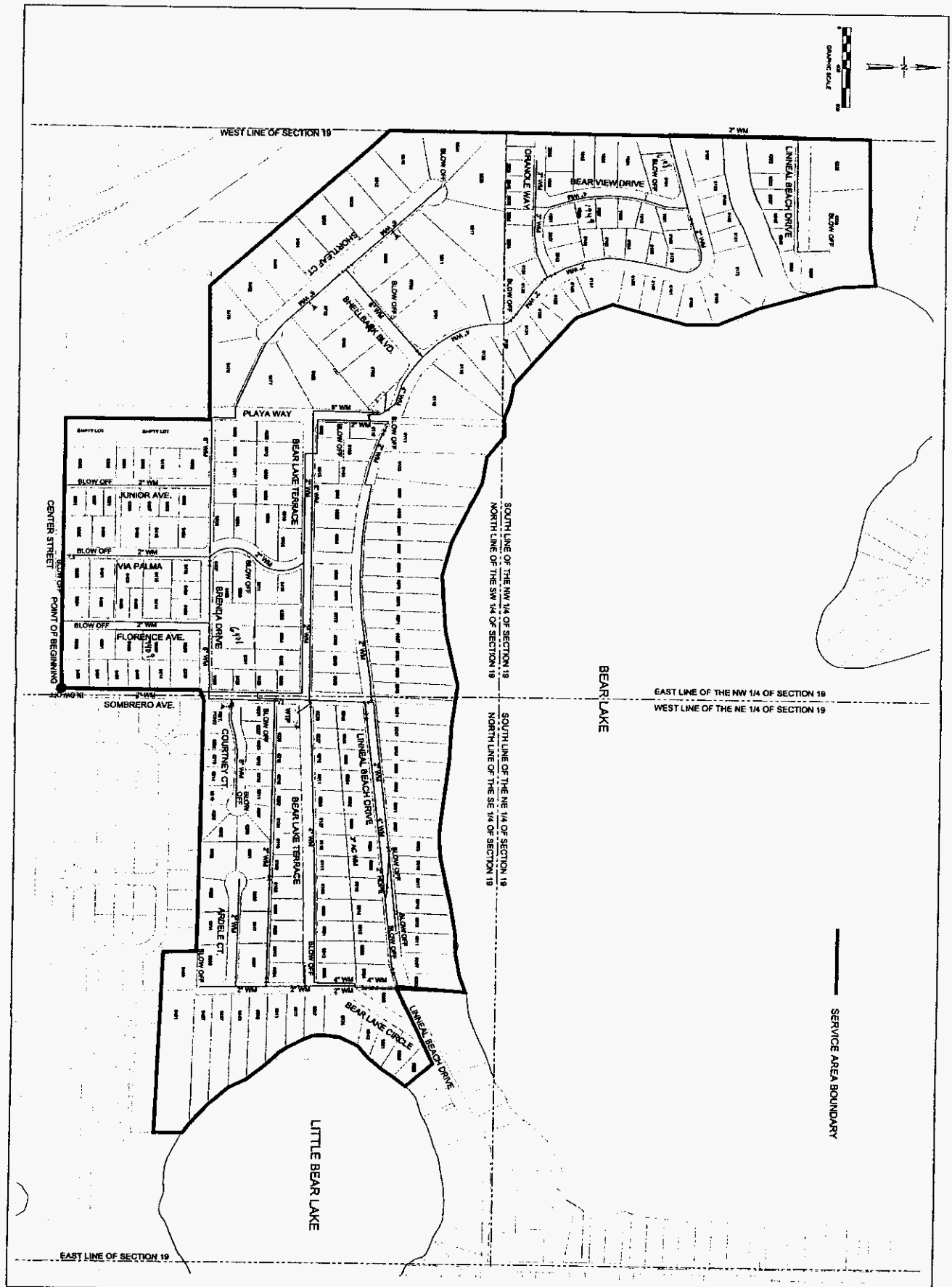
Figure No. 1

Activity | Designed by: | Drawn by: | Checked by: | Approved by:
Name | SJR | DGH | DEM | SJR
Date | 11/02 | 11/02 | 11/02 | 1/02

No.	Date	Revision
1	4/2007	REVISED SERVICE AREA BOUNDARY

Scale: 1" = 400'
Date: NOV. 2002
Job No.: U0722
File: Crystal Lake System
Approved: © 2002

Engineers
Planners
Landscape Architects
Surveyors
Construction Management



Sheet No.	WATER DISTRIBUTION SYSTEM								
1	UTILITIES INC. OF FLORIDA Jansen System Seminole County, Florida	Activity	Name	Date	No.	Date	Revision	Approved	Scale: 1" = 400' Date: NOV. 2002 Job No. U6722 File: Bear Loss Estates © 2002 System
		Designed by:	BNR	11/02					
		Drawn by:	OGH	11/02					
		Checked by:	DEM	11/02					
		Approved by:	BNR	11/02	1	4/2007	REVISED SERVICE AREA MAP		

cph Engineers, Inc. | Landscape Architects | Surveyors | Construction Management
www.cphengineers.com

Residential ✱ Irrigation

WPP

WATER DISTRIBUTION SYSTEM

UTILITIES INC. OF FLORIDA

Little Wekiva System

Seminole County, Florida

Sheet No. 1

REVISED SERVICE AREA BOUNDARY

Scale: 1" = 200'

Date: NOV. 2002

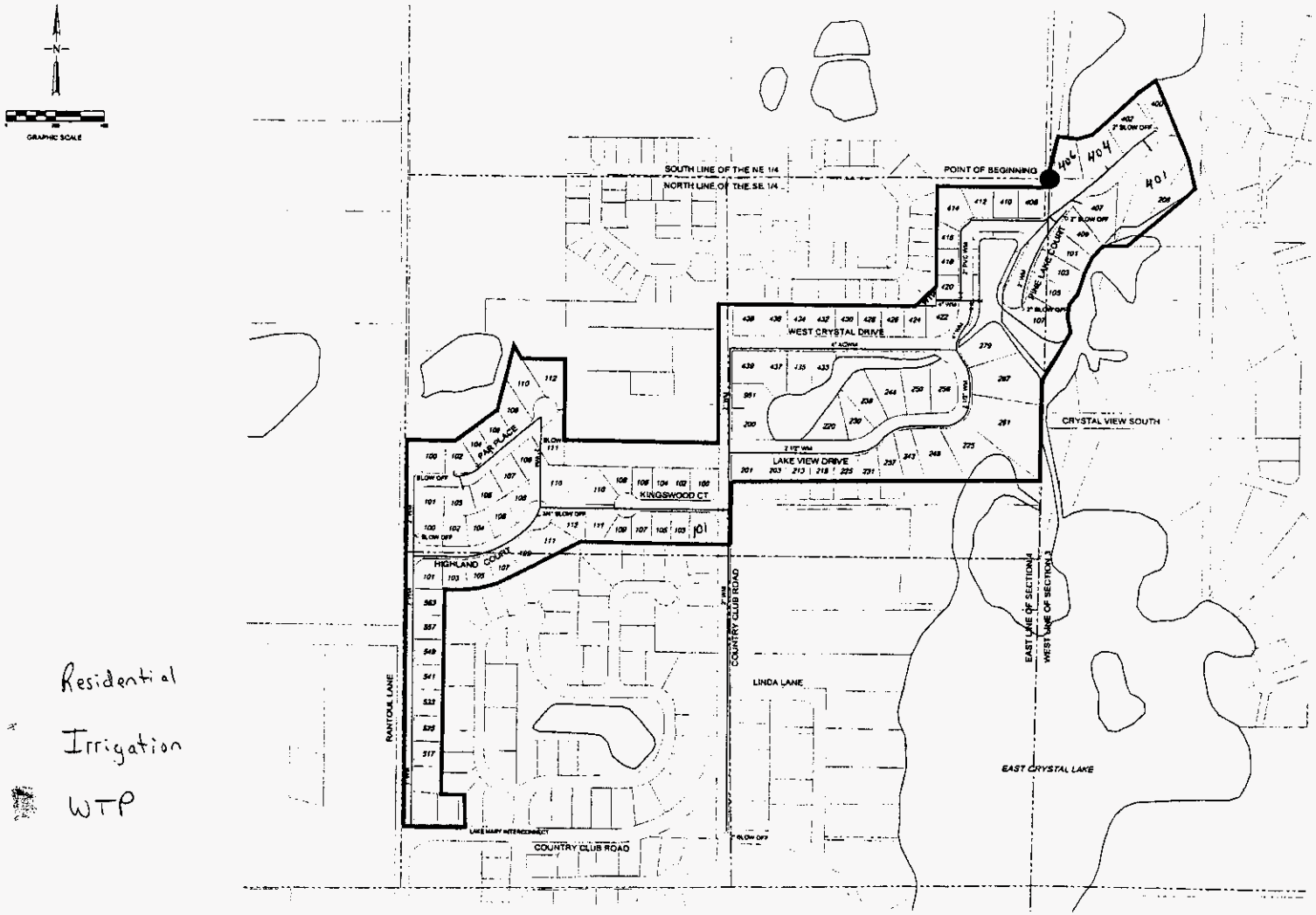
Job No. 1.0732

File: Little Wekiva System

© 2002

Approved

LAKE MINNIE
LAKESIDE DRIVE
LAKE MINNIE DRIVE
CANAL STREET
DRIFTWOOD LANE
RIDGE DRIVE
WEST RIDGE DRIVE
LAKEVIEW AVENUE
FAIRLANE CIRCLE
WEST LAKE MARY BOULEVARD
SOUTH LINE OF SECTION 11
NORTH LINE OF SECTION 14
WEST LINE OF SECTION 14
EAST LINE OF SECTION 15
Irrigation
Commercial
LOTS ADDED MARCH 07
SERVICE AREA BOUNDARY
WATER DISTRIBUTION SYSTEM
UTILITIES INC. OF FLORIDA
Park Ridge System
Seminole County, Florida
Sheet No. 1
REVISED SERVICE AREA BOUNDARY
Revision
Scale: 1" = 200'
Date: NOV. 2002
Job No. U5722
File: Park Ridge Service
Approved
© 2002



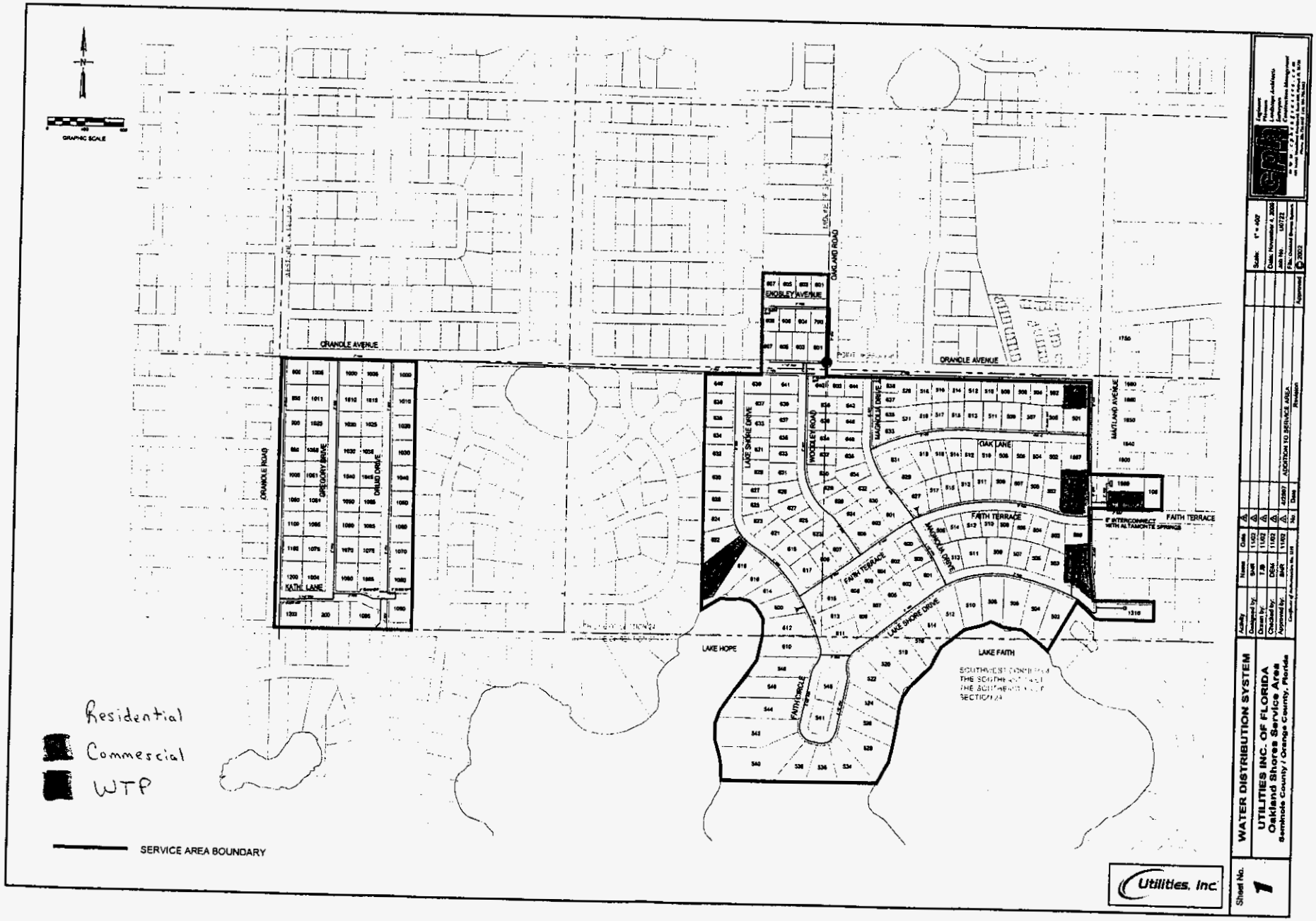
Sheet No.	WATER DISTRIBUTION SYSTEM	Scale: 1" = 200'
1	UTILITIES INC. OF FLORIDA Phillips Service Area Seminole County, Florida	Date: NOV. 2002 Job No. U0722 File: Phillips Master System Approved: © 2002

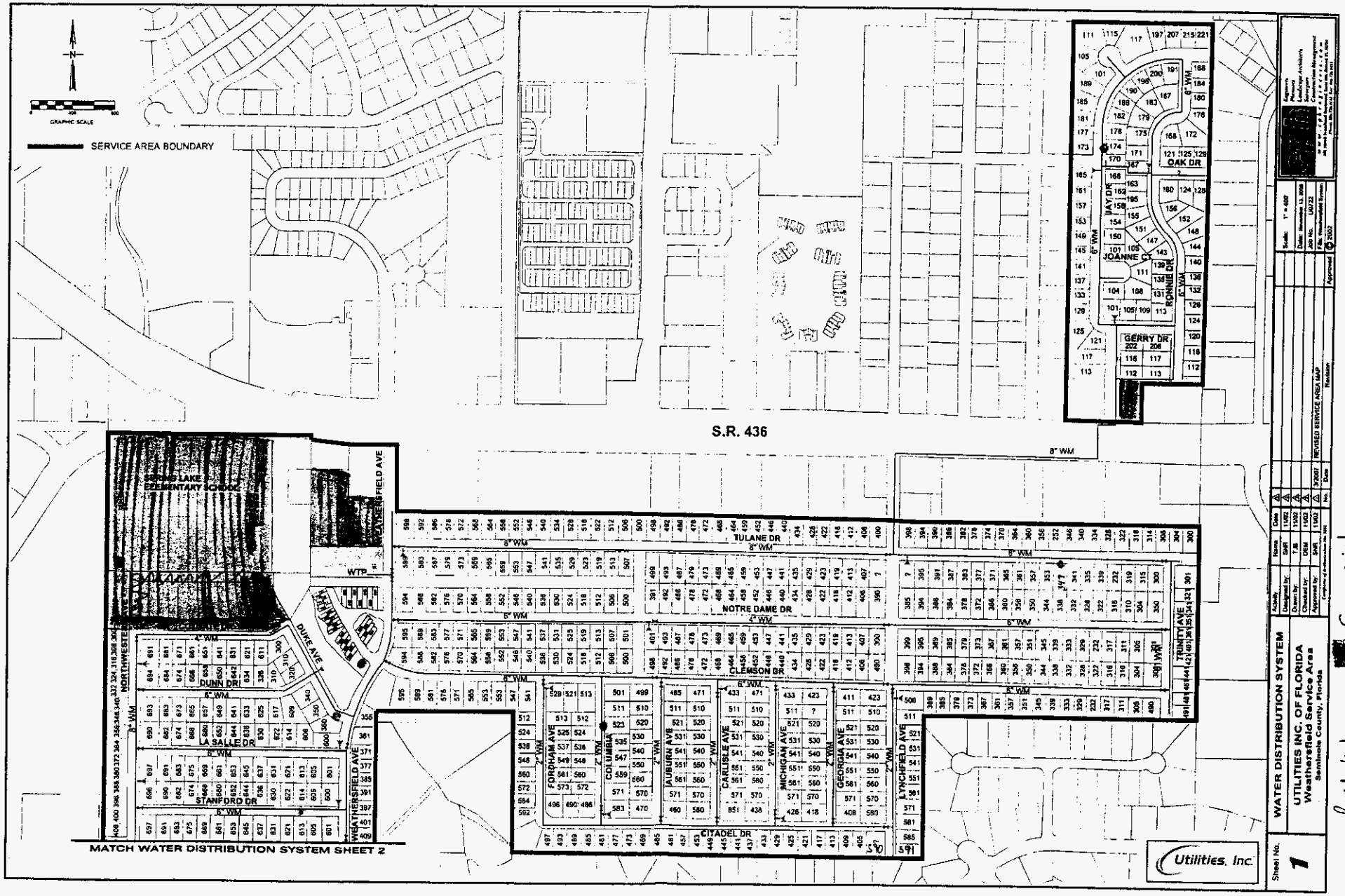
Revised Service Area Map

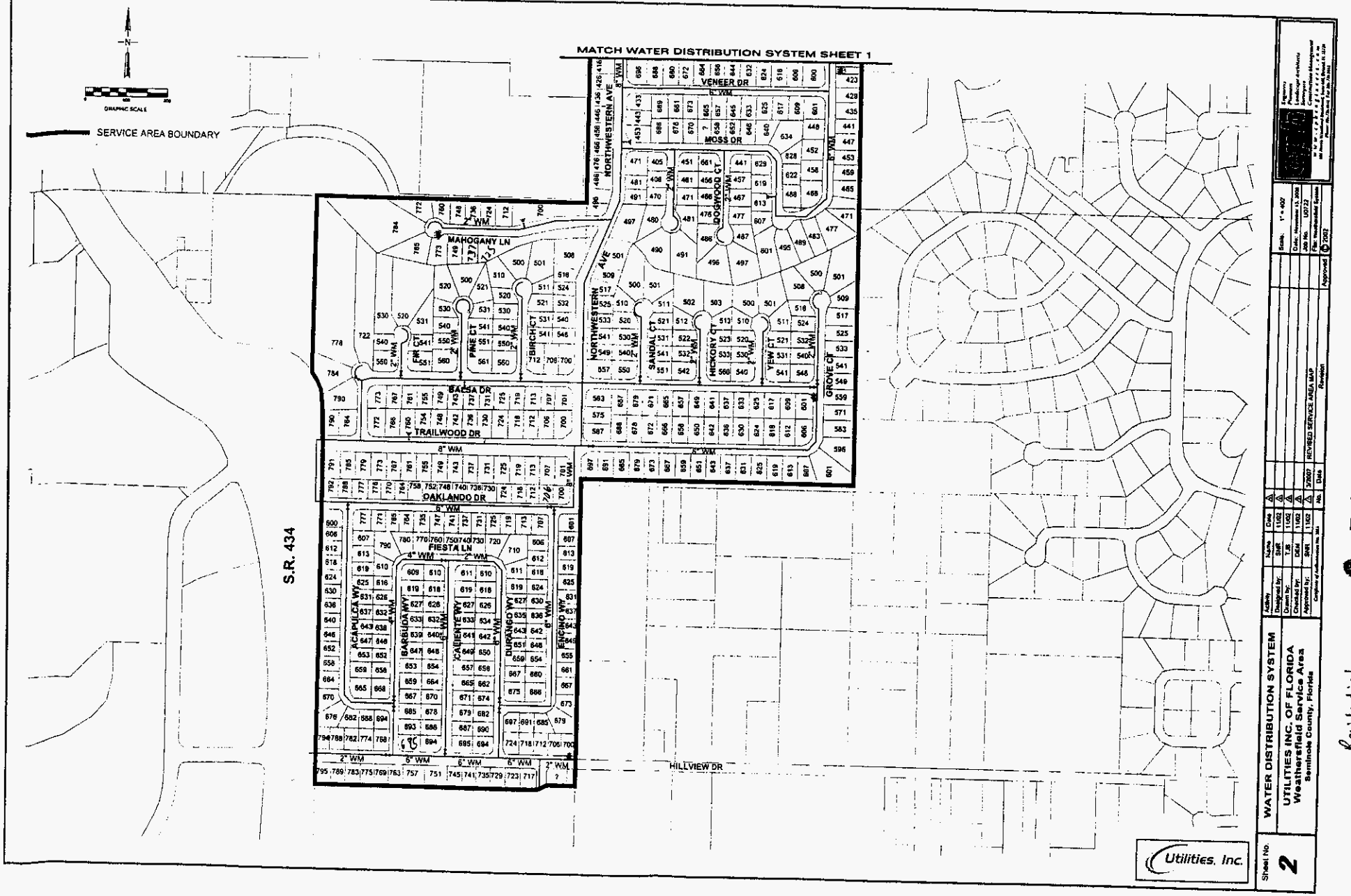
No.	Date	Revision
1	6/26/07	

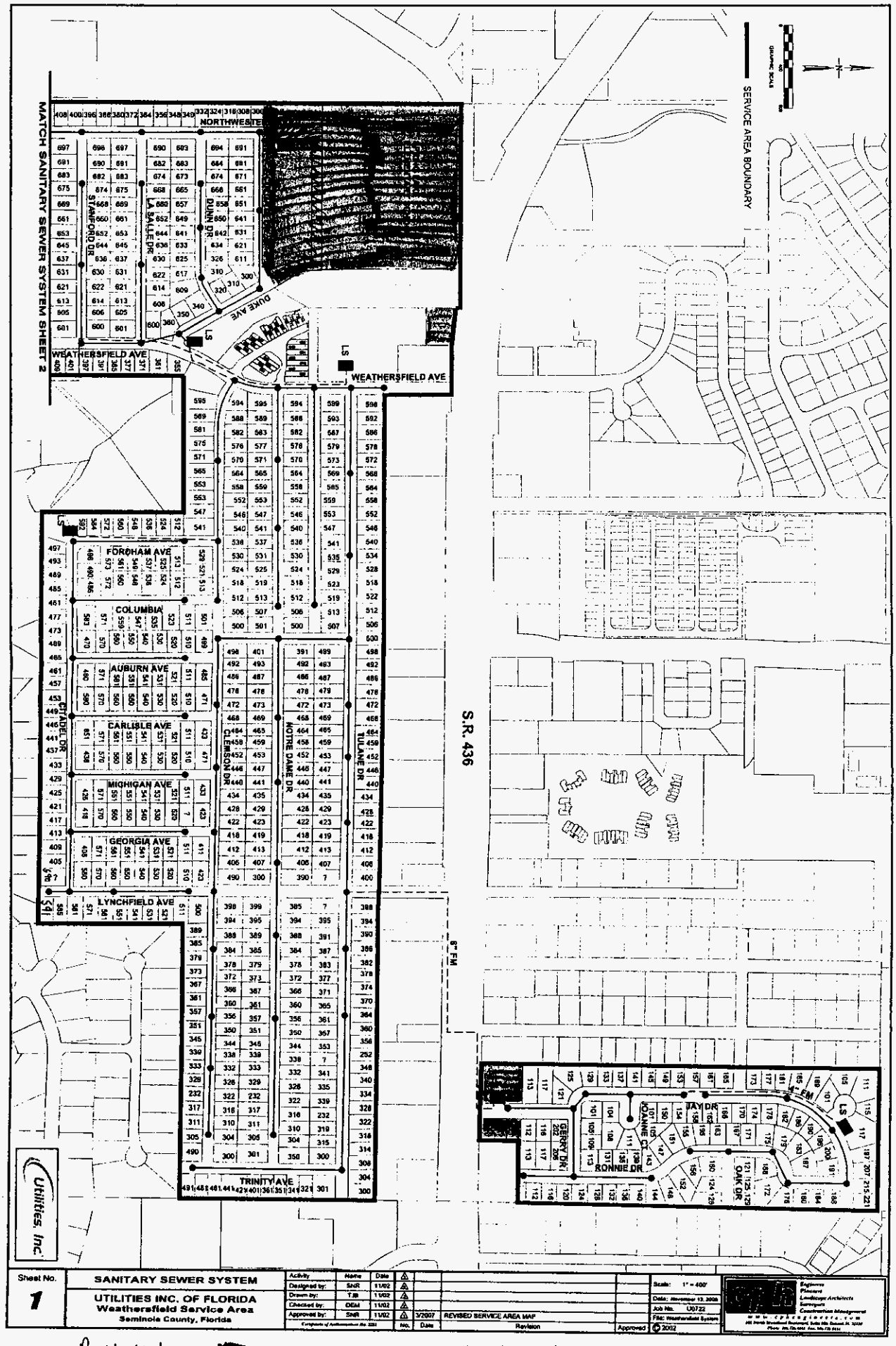
	Name	Date
Acad'd by		
Designed by:	BMR	11/02
Drawn by:	TJB	11/02
Checked by:	DEM	11/02
Approved by:	BMR	11/02

Engineers
Planners
Landscape Architects
Surveyors
Construction Management


GRAPHIC SCALE
ORANGE AVENUE
KATHI LANE
GREGORY DRIVE
DRUID DRIVE
ORANGE ROAD
ENGLEY AVENUE
OAKLAND ROAD
WOODLEY ROAD
LAKE SHORE DRIVE
MAGNOLIA DRIVE
OAK LANE
MAITLAND AVENUE
FAITH TERRACE
6" INTERCONNECT WITH ALTAMONTE SPRINGS
LAKE HOPE
LAKE FAITH
FAITH CIRCLE
Residential
Commercial
WTP
SERVICE AREA BOUNDARY
WATER DISTRIBUTION SYSTEM
UTILITIES INC. OF FLORIDA
Oakland Shores Service Area
Seminole County / Orange County, Florida
Utilities, Inc.
Sheet No. 1

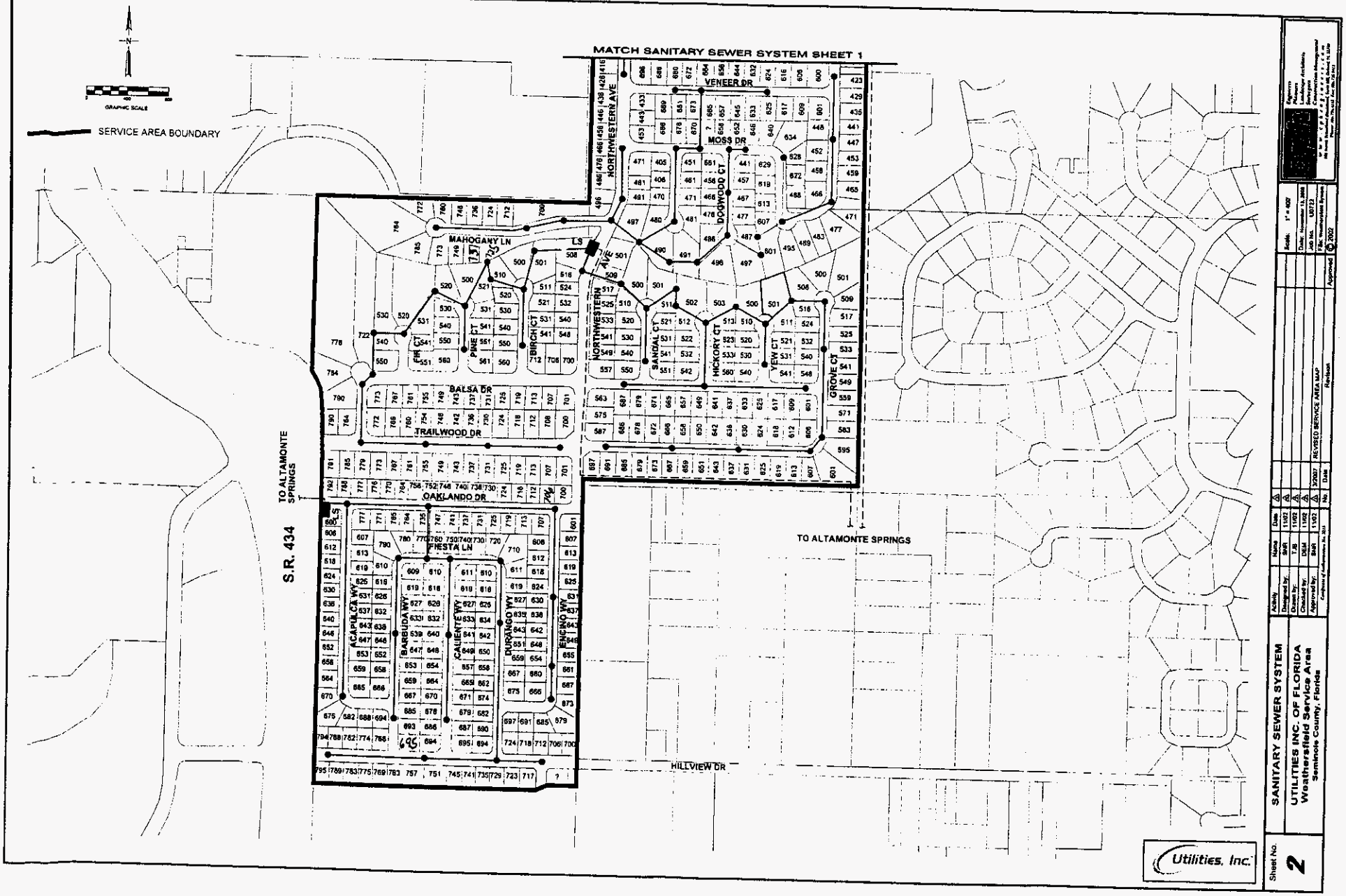

SERVICE AREA BOUNDARY
GRAPHIC SCALE
S.R. 436
SPRING LAKE ELEMENTARY SCHOOL
WTP
DUKE AVE
NORTHWESTERN AVE
DUNN DR
LA SALLE DR
STANFORD DR
WEATHERSFIELD AVE
TULANE DR
NOTRE DAME DR
CLEMSON DR
CITADEL DR
FORDHAM AVE
COLUMBIA AVE
AUBURN AVE
CARLISLE AVE
MICHIGAN AVE
GEORGIA AVE
LYNCHFIELD AVE
TRINITY AVE
OAK DR
JAY DR
JOANNE CT
RONNIE DR
GERRY DR
8" WM
6" WM
4" WM
2" WM
MATCH WATER DISTRIBUTION SYSTEM SHEET 2
WATER DISTRIBUTION SYSTEM
UTILITIES INC. OF FLORIDA
Weathersfield Service Area
Seminole County, Florida
Sheet No. 1
Utilities, Inc.
REVISED SERVICE AREA MAP
Scale: 1" = 400'
Date: November 13, 2006
Job No. 06723
File: Weathersfield Sewer
Approved
Residential
Commercial
WTP


MATCH WATER DISTRIBUTION SYSTEM SHEET 1
SERVICE AREA BOUNDARY
GRAPHIC SCALE
S.R. 434
HILLVIEW DR
VENEER DR
MOSS DR
NORTHWESTERN AVE
DOGWOOD CT
MAHOGANY LN
PINE CT
BIRCH CT
NORTHWESTERN AVE
SANDAL CT
HICKORY CT
YEW CT
GROVE CT
BALSA DR
TRAILWOOD DR
OAKLANDO DR
FIESTA LN
ACAPULCA WY
BARBUDA WY
CALIENTE WY
DURANGO WY
FLORIDO WY
2" WM
4" WM
6" WM
8" WM
Utilities, Inc.
WATER DISTRIBUTION SYSTEM
UTILITIES INC. OF FLORIDA
Weathersfield Service Area
Seminole County, Florida
Sheet No. 2
REVISED SERVICE AREA MAP
Rawson
Residential
Irrigation



Sheet No.	SANITARY SEWER SYSTEM	Activity	Name	Date				Scale: 1" = 400'	
1	UTILITIES INC. OF FLORIDA Weathersfield Service Area Seminole County, Florida	Designed by:	SNR	11/02				Date: November 13, 2002	
		Drawn by:	TJB	11/02				Job No. U0722	
		Checked by:	DEM	11/02				File: Weathersfield System	
		Approved by:	SNR	11/02	1	3/2007	REVISED SERVICE AREA MAP	Approved	© 2002
		Certificate of Authorization No. 3281			No.	Date	Revision		

Residential Commercial Multi-Family


MATCH SANITARY SEWER SYSTEM SHEET 1
SERVICE AREA BOUNDARY
GRAPHIC SCALE
S.R. 434
TO ALTAMONTE SPRINGS
TO ALTAMONTE SPRINGS
VENEER DR
MOSS DR
DOGWOOD CT
NORTHWESTERN AVE
MAHOGANY LN
LS
BIRCH CT
PINE CT
FIR CT
SANDAL CT
HICKORY CT
YEW CT
GROVE CT
BALSA DR
TRAILWOOD DR
OAKLANDO DR
FIESTA LN
ACAPULCA WY
BARBUDA WY
CALIENTE WY
DURANGO WY
ENCINO WY
HILLVIEW DR
Utilities, Inc.
SANITARY SEWER SYSTEM
UTILITIES INC. OF FLORIDA
Weathersfield Service Area
Seminole County, Florida
Sheet No. 2
REVISED SERVICE AREA MAP
Revision
Scale: 1" = 400'
Date: November 13, 2006
Job No.: U3723
File: Weathersfield System
Approved
© 2002
Residential

Utilities, Inc. of Florida

Docket No.: 090462-WS

Seminole County

25-30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2008

Utilities, Inc. of Florida; Seminole County
Docket No. 090462-WS
Schedule of Chemicals
Test Year Ended December 31, 2008

		Sodium Hypochlorite 12% solution		Polyphosphate Aquadene		Stenner #2,5,7 Tube Assying w/Washer - 3/8 OD w/Ends ACC530MCCP2		Squashield Grease (8 oz ACC54067115		ACC530MAGCS		Main Shaft - EA ACC530UCF5		Main Shaft for Stenner Pump ACC530MCFC5		TOTAL AMOUNT
Date of Invoice	Location	Gal	Price	Gal	Price	Units	Price	Units	Price	Units	Price	Units	Price	Units	Price	
1/8/2008	Little Wekiva	25	1.25													31.25
1/8/2008	Bear Lake	150	1.25													187.50
1/8/2008	Jansen	275	1.25													343.75
1/8/2008	Weathersfield	350	1.25													437.50
1/8/2008	Oakland Shores	150	1.25													187.50
1/21/2008	Park Ridge	75	1.25													93.75
1/21/2008	Crystal Lake	30	1.25													37.50
1/21/2008	Phillips	65	1.25													81.25
1/21/2008	Ravenna Park	220	1.25													275.00
1/22/2008	Weathersfield	300	1.25													375.00
1/22/2008	Oakland Shores	150	1.25													187.50
2/5/2008	Bear Lake	110	1.25													137.50
2/5/2008	Weathersfield	325	1.25													406.25
2/5/2008	Oakland Shores	150	1.25													187.50
2/5/2008	Little Wekiva	25	1.25													31.25
2/5/2008	Jansen	225	1.25													281.25
2/18/2008	Ravenna Park	150	1.25													187.50
2/18/2008	Park Ridge	60	1.25													75.00
2/18/2008	Phillips	35	1.25													43.75
2/18/2008	Crystal Lake	45	1.25													56.25
2/19/2008	Oakland Shores	100	1.25													125.00
2/19/2008	Weathersfield	275	1.25													343.75
3/4/2008	Oakland Shores	200	1.25													250.00
3/4/2008	Weathersfield	300	1.25													375.00
3/4/2008	Jansen	220	1.25													275.00
3/17/2008	Crystal Lake	45	1.25													56.25
3/17/2008	Park Ridge	60	1.25													75.00
3/17/2008	Ravenna Park	80	1.25													100.00
3/17/2008	Phillips	25	1.25													31.25
3/18/2008	Oakland Shores	125	1.25													156.25
3/18/2008	Weathersfield	400	1.25													500.00
4/1/2008	Oakland Shores	165	1.25													206.25
4/1/2008	Bear Lake	150	1.25													187.50
4/1/2008	Little Wekiva	20	1.25													25.00
4/14/2008	Ravenna Park	140	1.25													175.00
4/14/2008	Park Ridge	60	1.25													75.00
4/14/2008	Phillips	30	1.25													37.50
4/14/2008	Crystal Lake	55	1.25													68.75
4/15/2008	Weathersfield	440	1.25													550.00
4/24/2008	CR-JA-PR-PH			20	37.5											750.00
4/29/2008	Weathersfield	450	1.25													562.50
4/29/2008	Bear Lake	200	1.25													250.00
4/29/2008	Little Wekiva	25	1.25													31.25
4/29/2008	Oakland Shores	200	1.25													250.00
5/12/2008	Phillips	35	1.25													43.75
5/12/2008	Park Ridge	90	1.25													112.50
5/12/2008	Ravenna Park	150	1.25													187.50
5/12/2008	Crystal Lake	70	1.25													87.50
5/13/2008	Oakland Shores	225	1.25													281.25
5/13/2008	Weathersfield	550	1.25													687.50
5/22/2008	Bear Lake	200	1.25													250.00
5/22/2008	Jansen	300	1.25													375.00

Utilities, Inc. of Florida; Seminole County
Docket No. 090462-WS
Schedule of Chemicals
Test Year Ended December 31, 2008

		Sodium Hypochlorite 12% solution		Polyphosphate Aquadene		Stenner #2,5,7 Tube Assying w/Washer - 3/8 OD w/Ends ACC530MCCP2		\quashield Grease (8 oz ACC54067115		ACC530MAGCS		Main Shaft - EA ACC530UCF5		Main Shaft for Stenner Pump ACC530MCFC5		TOTAL AMOUNT
Date of Invoice	Location	Gal	Price	Gal	Price	Units	Price	Units	Price	Units	Price	Units	Price	Units	Price	
5/27/2008	Oakland Shores	225	1.25													281.25
5/27/2008	Weathersfield	475	1.25													593.75
5/27/2008	Bear Lake	20	1.25													25.00
5/27/2008	Little Wekiva	35	1.25													43.75
6/2/2008	Jansen	425	1.25													531.25
6/9/2008	Phillips	70	1.25													87.50
6/9/2008	Crystal Lake	40	1.25													50.00
6/9/2008	Park Ridge	115	1.25													143.75
6/9/2008	Ravenna Park	210	1.25													262.50
6/10/2008	Oakland Shores	225	1.25													281.25
6/10/2008	Weathersfield	465	1.25													581.25
6/19/2008	Ravenna Park					3	57									171.00
6/19/2008	Crystal Lake									2	14	1	27.5	2	45.15	145.80
6/19/2008	Phillips					3	57									171.00
6/23/2008	Ravenna Park	135	1.25													168.75
6/23/2008	Phillips	15	1.25													18.75
6/23/2008	Crystal Lake	35	1.25													43.75
6/23/2008	Park Ridge	55	1.25													68.75
6/24/2008	Bear Lake	200	1.25													250.00
6/24/2008	Jansen	300	1.25													375.00
6/24/2008	Oakland Shores	150	1.25													187.50
6/24/2008	Little Wekiva	30	1.25													37.50
7/1/2008	Phillips	35	1.25													43.75
7/7/2008	Crystal Lake	15	1.25													18.75
7/7/2008	Park Ridge	40	1.25													50.00
7/8/2008	Weathersfield	550	1.25													687.50
7/8/2008	Oakland Shores	150	1.25													187.50
7/8/2008	Bear Lake	100	1.25													125.00
7/8/2008	Jansen	165	1.25													206.25
7/8/2008	Little Wekiva	15	1.25													18.75
7/14/2008	Little Wekiva					15	11.5									172.50
7/14/2008	Jansen					15	11.5									172.50
7/21/2008	Phillips	23	1.25													28.75
7/21/2008	Crystal Lake	12	1.25													15.00
7/21/2008	Park Ridge	40	1.25													50.00
7/22/2008	Little Wekiva	15	1.25													18.75
7/22/2008	Jansen	110	1.25													137.50
7/22/2008	Bear Lake	150	1.25													187.50
7/22/2008	Weathersfield	400	1.25													500.00
7/30/2008	Weathersfield					15	11.5									172.50
8/4/2008	Phillips	20	1.25													25.00
8/4/2008	Crystal Lake	10	1.25													12.50
8/4/2008	Park Ridge	40	1.25													50.00
8/5/2008	Oakland Shores	150	1.25													187.50
8/5/2008	Little Wekiva	15	1.25													18.75
8/5/2008	Weathersfield	400	1.25													500.00
8/5/2008	Jansen	160	1.25													200.00
8/5/2008	Bear Lake	75	1.25													93.75

Utilities, Inc. of Florida; Seminole County
Docket No. 090462-WS
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Location	Sodium Hypochlorite 12% solution Gal	Price	Polyphosphate Aquadene Gal	Price	Stenner #2,5,7 Tube Assying w/Ends ACC530MCCP2 Units	Price	w/Washer - 3/8 OD ACC54067115 Units	Price	\quashield Grease (8 oz ACC530MAGCS Units	Price	Main Shaft - EA ACC530UCF5 Units	Price	Main Shaft for Stenner Pump ACC530MCFC5 Units	Price	TOTAL AMOUNT
8/26/2008	Park Ridge	95	1.25													118.75
8/26/2008	Weathersfield	550	1.25													687.50
9/2/2008	Ravenna Park	210	1.25													262.50
9/2/2008	Phillips	50	1.25													62.50
9/2/2008	Crystal Lake	20	1.25													25.00
9/2/2008	Park Ridge	30	1.25													37.50
9/3/2008	Jansen	225	1.25													281.25
9/3/2008	Oakland Shores	325	1.25													406.25
9/3/2008	Little Wekiva	25	1.25													31.25
9/3/2008	Weathersfield	175	1.25													218.75
9/3/2008	Bear Lake	200	1.25													250.00
9/23/2008	Weathersfield	620	1.25													775.00
9/23/2008	Weathersfield	5	1.25													6.25
9/29/2008	Crystal Lake	20	1.25													25.00
9/29/2008	Ravenna Park	165	1.25													206.25
9/29/2008	Phillips	45	1.25													56.25
9/29/2008	Park Ridge	70	1.25													87.50
9/29/2008	Park Ridge	15	1.25													18.75
9/30/2008	Bear Lake	55	1.25													68.75
9/30/2008	Little Wekiva	20	1.25													25.00
9/30/2008	Oakland Shores	300	1.25													375.00
9/30/2008	Jansen	150	1.25													187.50
9/30/2008	Bear Lake	120	1.25													150.00
10/14/2008	Weathersfield	450	1.25													562.50
10/27/2008	Crystal Lake	30	1.25													37.50
10/27/2008	Ravenna Park	240	1.25													300.00
10/27/2008	Phillips	50	1.25													62.50
10/27/2008	Park Ridge	95	1.25													118.75
10/28/2008	Little Wekiva	30	1.25													37.50
10/28/2008	Oakland Shores	350	1.25													437.50
10/28/2008	Weatjersfield	350	1.25													437.50
10/28/2008	Jansen	250	1.25													312.50
10/28/2008	Bear Lake	200	1.25													250.00
11/17/2008	Park Ridge	70	1.25													87.50
11/18/2008	Weathersfield	500	1.25													625.00
11/24/2008	Crystal Lake	25	1.25													31.25
11/24/2008	Park Ridge	20	1.25													25.00
11/24/2008	Phillips	60	1.25													75.00
11/24/2008	Ravenna Park	205	1.25													256.25
11/25/2008	Little Wekiva	30	1.25													37.50
11/25/2008	Bear Lake	150	1.25													187.50
11/25/2008	Oakland Shores	400	1.25													500.00
11/25/2008	Weathersfield	220	1.25													275.00
11/25/2008	Jansen	220	1.25													275.00
12/17/2008	Weathersfield	550	1.25													687.50
12/22/2008	Oakland Shores	300	1.25													375.00
12/23/2008	Little Wekiva	25	1.25													31.25

Utilities, Inc. of Florida; Seminole County
Docket No. 090462-WS
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Location	Sodium Hypochlorite 12% solution Gal	Price	Polyphosphate Aquadene Gal	Price	Stenner #2,5,7 Tube Assying w/Washer and Ends ACC530MCCP2 Units	Price	3/8 OD Quashield Grease (8 oz ACC54067115 Units	Price	Main Shaft - EA ACC530MAGCS Units	Price	Main Shaft for Stenner Pump ACC530UCF5 Units	Price	Main Shaft ACC530MCFC5 Units	Price	TOTAL AMOUNT
12/23/2008	Bear Lake	150	1.25													187.50
12/23/2008	Jansen	175	1.25													218.75
		22,850		20		51		-		2		1		2		30,317.80
															*Additional Charges	1,011.08
															Total Chemical Amount	31,328.88
Quantity Purchased		22,850		20		51		-		2		1		2		
Unit of Measure		Gallons		Gallons												
Average Cost/ Unit			1.25		37.50											
Where Used (Water/ Sewer)		Water		Water		Water		Water		Water		Water		Water		
Specify Dosage Rate		Disinfecting agent		Corrosion Inhibitor		Spare Parts		Spare Parts		Spare Parts		Spare Parts		Spare Parts		
Water, total item used, gallons		22,850		20												
Water, chemical feed rate, ppm		11		0.4		N/A		N/A		N/A		N/A		N/A		
Volume treated, million gal.		245.654		56.523												

*** Additional Charges include freight, sales tax, and miscellaneous charges incurred the chemical invoices.**

Utilities, Inc. of Florida

Docket No.: 090462-WS

Seminole County

25-30.440 (3)
CHEMICAL ANALYSIS

Test Year Ended December 31, 2008

SEMINOLE CO – BACTIS REPORT

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

09 12 231

Report Number: 09-12-234 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other:

Lab Receipt Date & Time: 12-9-09 0900
Analysis Date & Time: 12-9-09 1000
Sample Acceptance Criteria:
Sample Preservation: ☒ Cool ☐ Not Cool ☐ °C
Disinfectant Check: ☐ Not Detected
This sample does not meet the following NELAC requirements:

System Name: Weathersfield WTF PWS I.D. 3 5 9 1 4 5 1

System Address: 198 Weathersfield Ave City: Altamonte Springs
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other

Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-8-09

To be completed by collector of sample							To be completed by lab				
							Total Coliform Analysis Method: 9222B Fecal or E coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect. Resid. (mg/l)	pH		Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Well #1	0909	R	-				A			1
2	Well#2	0858	R	-				A			2
3	117 Jay Ct	0842	D	1.3				A			3
4	490 Trinity	0919	D	1.3				A			4
5	477 Dogwood	0929	D	1.2				A			5
6	706 Trailwoods	0938	D	1.0				A			6
7	789 Hillview	0	D	1.2				A			7

Average of disinfectant residuals for routine and repeat samples (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average): 1.2

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other

Person performing analysis is (Please see instructions on reverse):
☑ A certified Operator (# B14846) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#_____) ☐ Employed by DEP or DOH

[1]Defined in Florida Administrative Code Rule 62-550, Table 1

All tests are performed in accordance with NELAC standards

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:
Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

09 12 331

Report Number: 09-12-331 Sub Contract Lab ID.

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other:

Lab Report Date & Time: 12-10-09 0900
Analysis Date & Time: 12-10-09 1000
Sample Acceptance Criteria:
Sample Preservation: ☒ Chilled ☐ Not Chilled ☐ °C
Disinfectant Check: ☐ Not Detected
If a sample does not meet the following NELAC requirements

System Name: Oakland Shores WTF PWS I.D. 3 5 9 0 9 1 2

System Address: Lake Shore Drive City: Maitland
System Owner's Phone #: 407-869-1919 Fax: 407-682-5713
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other
Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other
Sample Collection Date: 12-9-09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Resid (mg/l)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Well	1017	R	—			A			1
2	508 Faith Terrace	1042	D	1.5			A			2
3	601 Lake Shore Drive	1030	D	1.8			A			3

Average of disinfectant residuals for routine and repeat samples. (Compliance for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. 1.65

[2]Defined in Florida Administrative Code Rule 62-160, Table I

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other
Person performing analysis is (Please see instructions on reverse):
☑ A certified Operator (# B14846) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#_____) ☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathersfield ave
Altamonte Springs
32714

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

09-12-232

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

Report Number: 09-12-232 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other: _____

Lab Receipt Date & Time: 12-9-09 0900
Analysis Date & Time: 12-9-09 1000
Sample Acceptance Criteria:
Sample Preservation: ☒ Cool ☐ Not Cool ☐ °C
Chlorinated Check: ☐ Not Checked
This sample does not meet the following NELAC requirements:

System Name: Little Wekiva WTF PWS I.D. 3 5 9 0 7 6 2

System Address: 805 Little Wekiva Drive City: Altamonte Springs
System Owner's Phone #: 407-869-1919 Fax: 407-682-5713
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Mast Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-8-09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect. Resid. (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E coli	Data Qualifier[2]	Lab Sample Number
1	Well	0750	R	—			A			1
2	801 Camelia	0810	D	1.4			A			2
3	794 Little Wekiva	0819	D	1.5			A			3

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.45

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified Operator (# B10846) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathersfield Ave
Altamonte Springs, Fl
32714

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

09 12 065

Report Number: 09-12-065 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other: _____

Lab Receipt Date & Time: 12-3-09 0830
Analysis Date & Time: 12-3-09 1515
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ °C
Disinfectant Check: ☐ Not Detected
This sample does not meet the following NELAC requirements:

System Name: Park Ridge PWS I.D. 3 5 9 0 9 9 3

System Address: 101 W. Ridge Drive City: Sanford
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other

Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-2-09

To be completed by collector of sample						To be completed by Lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Well #1	0720	R	-			A			1
2	104 Driftwood Lane	0748	D	1.2			A			2
3	158 Lakeside Drive	0730	D	0.7			A			3

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and Non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.95

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other

Person performing analysis is (Please see instructions on reverse):
☑ A certified Operator (#) 614016 ☐ Employed by a certified lab
☐ Supervised by a cert operator (#_____) ☐ Employee by DEP or DOH

[2]Defined in Florida Administrative Code Rule #62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

09 12 165

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463
Report Number: 09-12-165 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

[X] Standard Coliform test
[ ] HPC
[ ] Other _____

Lab Receipt Date & Time: 12-8-09 0900
Analysis Date & Time: 12-8-09 0915
Sample Acceptance Criteria:
Sample Preservation: [X] Cool [ ] Not Cooled [ ] °C
Chlorine Test Check: [ ] Not Detected
This sample does not meet the following NELAC requirements

System Name: Phillips PWS I.D. 3 5 9 1 0 0 8

System Address: Crystal Drive City: Sanford
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

[✓] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other _____

Reason For Sampling: (check only one) [✓] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 12-7-09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222d Fecal or E coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Resid (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E coli	Data Qualifier[2]	Lab Sample Number
1	Well #1	0800	R	—			A			1
2	103 Kingswood Ct	0740	D	1.0			A			2
3	408 W. Crystal Drive	0815	D	1.2			A			3

Average of disinfectant residuals for routine and repeat samples (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average): 1.1

[2]Defined in Florida Administrative Code Rule 62-160, Table I

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [✓] DPD Colorimetric [ ] Other _____

Person performing analysis is (Please see instructions on reverse):
[✓] A certified Operator (# B14846) [ ] Employed by a certified lab
[ ] Supervised by a cert operator (# _____) [ ] Employed by DEP or DOH

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only

[ ] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

09-12
064

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

Report Number 09-17-064 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other: _____

Lab Receipt Date & Time: 12-3-09 0830
Analysis Date & Time: 12-3-09 0915
Sample Acceptance Criteria:
Sample Preservation: ☒ On ice ☐ Not Iced ☐ °C
Chlorine Present Check: ☐ Not Detected
This sample does not meet the following NELAC requirements:

System Name: Crystal Lake **PWS I.D.** 3 5 9 0 2 5 8

System Address: Sunset Drive City: Sanford
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other

Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-2-09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'l (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Well #1	0950	R	—			A			1
2	206 Ridge Drive	0916	D	1.1			A			2
3	205 Mirror Drive	0928	D	1.2			A			3

Average of disinfectant residuals for routine and repeat samples (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average: 1.15

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified Operator (#) 81464 ☐ Employed by a certified lab
☐ Supervised by a certified operator (#_____) ☐ Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check, R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special (Clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

09 12 164

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

Report Number: 09-12-164 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other: _____

Lab Receipt Date & Time: 12-8-09 0900
Analysis Date & Time: 12-8-09 0915
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ ____ °C
Container Used: ☐ Not Designed
This sample does not meet the following NELAC requirements

System Name: Ravenna Park PWS I.D. 3 5 9 1 0 6 1

System Address: 111 Temple Drive City: Sanford
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-7-09

To be completed by collector of sample						To be completed by Lab				
						Total Coliform Analysis Method: 9222B Fecal or E coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Resid (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Well #1	0916	R	-			A			1
2	Well #2	0907	R	-			A			2
3	303 Tammy Drive	0932	D	1.0			A			3
4	108 Tangerine Drive	0920	D	1.3			A			4

Average of disinfectant residuals for routine and repeat samples (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average): 1.15

[1]Defined in Florida Administrative Code Rule 62-160 Table 1

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis: (Please see instructions on reverse)

☑ A certified Operator (#RN0246) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#_____) ☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORM

09-12-229

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463
Report Number: 09-12-229 Sub Contract Lab ID

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other:

Lab Receipt Date & Time: 12-9-09 0900
Analysis Date & Time: 12-9-09 1000
Sample Acceptance Criteria:
Sample Preservation: ☒ Cool ☐ Not Cool ☐ °C
Disinfectant Check: ☐ Not Detected
Did sample meet the following NELAC requirements:

System Name: Bear Lake PWS I.D. 3 5 9 0 0 6 9

System Address: Lake Asher Circle City: Apopka
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other

Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-8-09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method 9222B Fecal or E coli Analysis Method				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'l (mg/l)	pH	Non Coliform	Total Coliform	Fecal or E coli	Data Qualifier[2]	Lab Sample Number
1	Well	1144	R	-			A			1
2	3827 Anna	1215	D	1.1			A			2
3	1210 Gay	1202	D	1.1		TNTC	A			3

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.1

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other

Person performing analysis is (Please see instructions on reverse):
☑ A certified Operator (#B14846) ☐ Employed by a certified lab
☐ Supervised by a certified operator (#_____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

09 12 419

Report Number: 09-12419 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)

- [X] Standard Coliform test
- [ ] HPC
- [ ] Other:

Lab Receipt Date & Time: 12-14-09 1610
Analysis Date & Time: 12-14-09 1615
Sample Acceptance Criteria:
Sample Preservation: [X] Okay [ ] Not Okay [ ] °C
Duplicate Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

System Name: Bear Lake PWS I.D. 3 5 9 0 0 6 9

System Address: Lake Asher Circle City: Apopka
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

- [X] Community Water System
- [ ] Non-Transient Non-community Water System
- [ ] Transient Non-community Water System
- [ ] Limited Use System
- [ ] Bottled Water
- [ ] Private Well
- [ ] Swimming Pool
- [ ] Other:

Reason For Sampling: (check only one) [ ] Routine Compliance [ ] Repeat [X] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 12 - 14 - 09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method 9222B Fecal or E.coli Analysis Method				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Resid (mg/l)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	1210 Gay	1220	D	1.2			A			1

Average of disinfectant residuals for routine and repeat samples (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average): 1.2

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other:

Person performing analysis is (Please see instructions on reverse):

- [X] A certified Operator of: 614846
- [ ] Employed by a certified lab
- [ ] Supervised by a cert operator (#_____)
- [ ] Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160 Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

09 12 230

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

Report Number: 09-12-330 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other: _____

Lab Receipt Date & Time: 12-9-09 0900
Analysis Date & Time: 12-9-09 1000
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ °C
Disinfectant Check: ☐ Not Detected
This sample does not meet the following NELAC requirements:

System Name: Jansen PWS I.D. 3 5 9 0 6 1 5

System Address: Sombrero Ave City: Apopka
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason For Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-8-09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Resid (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E coli	Data Qualifier*	Lab Sample Number
1	Well #1	1025	R	—			A			1
2	Well #2	1010	R	—		TNTC				2
3	6012 Linneal Beach Road	0955	D	1.4			A			3
4	9437 Bear Lake Circle	1048	D	1.5			A			4

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.45

*Defined in Florida Administrative Code Rule 62-160, Table 1

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis at (Please see instructions on reverse):
☑ A certified Operator (# 81846) ☐ Employee of a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

09 12 418

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

Report Number: 09-12-418 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform test
☐ HPC
☐ Other: _____

Lab Receipt Date & Time: 12-14-09 1610
Analysis Date & Time: 12-14-09 1615
Sample Acceptance Criteria:
Sample Preservation: ☒ Iced ☐ Not Iced ☐ °C
Disinfectant Check: ☐ Not Detected
The sample does not meet the following NELAC requirements:

System Name: Jansen PWS I.D. 3 5 9 0 6 1 5

System Address: Sombrero Ave City: Apopka
System Owner's Phone #: 407-869-1919 Fax: 407-869-6961
Collector: Elisa Williams Collector's Phone #: 407-448-5347

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other

Reason For Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☒ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 12-14-09

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect. Resid. (mg/l)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Well # 2	1154	R	—			A			1

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) —

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is: (Please see instructions on reverse)
☒ A certified Operator (#: B14846) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#: _____) ☐ Employed by DEP or DOH

[1]Defined in Florida Administrative Code Rule 62-160, Table I

All tests are performed in accordance with NELAC standards

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
200 Weathesfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check, R=Raw, E=Entry to Distribution, P=Plant Tap, S=Special (clearance, etc.)

BEAR LAKE

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Bear Lake
PWS ID# 3590069

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 11, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Bear Lake PWS ID #: 3597069

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Westbrookfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-5555 Fax #: 407-869-6961

E-Mail Address: pcflynn@winstar.com

Sample Information (to be completed by sampler)

Sample Number: 87942DW1 Location Code (if known): POE

Sample Date: 4/16/07 Sample Time: 11:30 (AM) PM (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: John B Flynn Jr

Sampler's Phone #: 407-869-5555 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, John B. Flynn Jr, Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 4/16/07

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 87942DW1

Report Number: 87942
Date Sample Received: 02/11/09

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics
- ☐ All 17
- ☒ Partial
- ☐ Nitrate
- ☐ Nitrite
- ☐ Asbestos

Volatile Organics
- ☒ All 21 ☐ Partial

Synthetic Organics
- ☒ All 30 ☐ Partial

Radionuclides
- ☒ Single Sample
- ☐ Qtrly Composite**

Secondaries
- ☒ All 14 ☐ Partial

Disinfection Byproducts
- ☐ Trihalomethanes
- ☐ Haloacetic Acids
- ☐ Bromate
- ☐ Chlorite

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

FL Cert # E84025

Certification

I, Jefferson S. Flowers, Technical Director, 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:

Date: 03/09/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 87942DW1 PWS ID: 35900069 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	02/12/09
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/12/09
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09
1010	Barium	2	mg/L	0.00817		EPA200.8	0.00200	02/16/09
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09
1020	Chromium	0.1	mg/L	0.00337		EPA200.8	0.00100	02/16/09
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/12/09
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/12/09
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09
1036	Nickel	0.1	mg/L	0.00157		EPA200.8	0.00100	02/16/09
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	02/16/09
1052	Sodium	160	mg/L	12.9		EPA200.7	0.500	02/12/09
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 87942DW1 PWS ID: 35900069 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09		E83018
1017	Chloride	250	mg/L	29.2		EPA300.0	2.00	02/12/09		E83018
1022	Copper	1	mg/L	0.00284		EPA200.8	0.00100	02/16/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/12/09		E83018
1028	Iron	0.3	mg/L	0.0224		EPA200.7	0.0100	02/12/09		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	02/12/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09		E83018
1055	Sulfate	250	mg/L	5.90		EPA300.0	1.00	02/12/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	02/16/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/12/09	09:10 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/12/09	08:30 AM	E83018
1925	pH	6.5 -8.5	pH	7.73		EPA150.1	0.0100	02/11/09	03:30 PM	E83018
1930	Total Dissolved Solids	500	mg/L	182		SM2540 C	2.50	02/13/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 87942DW1 PWS ID: 35900069 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 87942DW1 PWS ID: 35900069 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/16/09	02/17/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/16/09	02/17/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/16/09	02/17/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/16/09	02/17/09		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/09		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/16/09	02/17/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/16/09	02/17/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/16/09	02/17/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/16/09	02/17/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/16/09	02/17/09		E83018

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: KNL Laboratory Services Florida Certification #: E84025

Address: P.O. Box 1833 Certification Expiration Date: June Renewal

Tampa, Florida 33601 Phone #: (813) 229-2879

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2-13-09

PWS ID (From Page 1): Sample Number (From Page 1): 87942 0001

Lab Assigned Report Number or Job ID: 09-1258

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☑ No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title),

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: James W. Hayes Date: 2-26-09

* 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 87942 DW1

KNL Report Number/Job ID: 09.1258
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.4		EPA 900.0	0.9	3	0.6	02-24-09	0800	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	02-25-09	1020	E84025

Reporting Format 62-550 730
Effective January 1995, Revised January 2004

*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5884
Fax: 407-260-6110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

☐ **Flowers Chemical Labs-North**
812 S.W. Harvey Greene
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

www.flowerslabs.com

Client: Utilities Inc. - Drinking Water

Address:

Phone:

Sampled By (Print): John B. Coffee Jr.

Sampler Signature:

Public Water System Name: Bear Lake

PWS ID#: 35900069

P.O. #:

FCL Lab Coordinator:

Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☒ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS:

Date Sampled: 2/11/09

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg.	Secondaries	VOCs	SOCs	NO_3/NO_2	TTHM	THAA	PAHs	Gr. / Ra228	Asbestos	Field pH	Field Cl_2 Res.
1	POE	2/11/09	11:30	87942	DW						X	X	X	X					X			
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
	2/11/09	15:00	M Powers	2/11/09	15:00					2/12/09	01:31

CRYSTAL LAKE

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Crystal Lake
PWS ID# 3590258

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 12, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Crystal Lake PWS ID #: 3590258

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 310 Weathersfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-8585 Fax #: 407-869-6961

E-Mail Address: pcflynn@utilities.com

Sample Information (to be completed by sampler)

Sample Number: 88071DW1 Location Code (if known): POE

Sample Date: 2/24/03 Sample Time: 11:35 (AM) PM (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: John B. Clifford Jr.

Sampler's Phone #: 407 869 1919 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, John B. Clifford Jr., Operator
(Print Name) (Print Title)

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

Signature: _____ Date: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 88071DW1

Report Number: 88071
Date Sample Received: 02/12/09

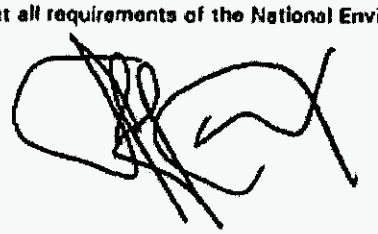
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☒ All 21 ☐ Partial	☒ Single Sample	☐ Trihalomethanes
☒ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☒ All 30 ☐ Partial	☒ All 14 ☐ Partial	

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

FL Cert# E84027 Certification

I, Jefferson S. Flowers, Technical Director, 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: 

Date: 03/07/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 88071DW1 PWS ID: 3590258 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1010	Barium	2	mg/L	0.0200		EPA200.8	0.00200	02/16/09		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1020	Chromium	0.1	mg/L	0.00580		EPA200.8	0.00100	02/16/09		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/18/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09		E83018
1036	Nickel	0.1	mg/L	0.00231		EPA200.8	0.00100	02/16/09		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	02/16/09		E83018
1052	Sodium	160	mg/L	9.98		EPA200.7	0.500	02/16/09		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 88071DW1 PWS ID: 3590258 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	A T
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09	
1017	Chloride	250	mg/L	23.6		EPA300.0	0.400	02/13/09	
1022	Copper	1	mg/L	0.00703		EPA200.8	0.00100	02/16/09	
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09	
1028	Iron	0.3	mg/L	0.309		EPA200.7	0.0100	02/16/09	
1032	Manganese	0.05	mg/L	0.0160		EPA200.7	0.0100	02/16/09	
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09	
1055	Sulfate	250	mg/L	6.79		EPA300.0	1.00	02/13/09	
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	02/16/09	
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/13/09	1
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/13/09	0
1925	pH	6.5 -8.5	pH	7.36		EPA150.1	0.0100	02/13/09	0
1930	Total Dissolved Solids	500	mg/L	266		SM2540 C	2.50	02/16/09	
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	0

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 88071DW1 PWS ID: 3590258 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 88071DW1 PWS ID: 3590258 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/19/09	02/19/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/19/09	02/19/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/19/09	02/19/09		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/09		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/19/09	02/19/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/19/09	02/19/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/19/09	02/19/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/19/09	02/19/09		E83018

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: KNI Laboratory Services Florida Certification #: E84025

Address: P.O. Box 1833 Certification Expiration Date: June Renewal

Tampa, Florida 33601 Phone #: (813) 229-2879

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received 2-17-09

PWS ID (From Page 1): Sample Number (From Page 1) 88071 DW1

Lab Assigned Report Number or Job ID: 09-1334

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☑ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title),

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: [signature] Date: 3-03-09

* 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 88071 DW1

KNL Report Number/Job ID: 09.1334
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	0.8	U	EPA 900.0	0.8	3	0.5	03-02-09	0800	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.8	02-26-09	1130	E84025

Reporting Format 62-550 730
Effective January 1995, Revised January 2004

*Qualifier Codes: U – indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

www.flowerslabs.com

Client: Utilities Inc.

Address: 20 Weathersfield

Altamonte Springs FL

Phone: 407-869-1919

Sampled By (PRINT): John B Coffee Jr

Sampler Signature: [signature]

Date Sampled: 2/12/09

Public Water System Name: Crystal Lake

PWS ID#: 3590258

P.O. #:

FCL Lab Coordinator:

KR #:

Public Water System Type: ☐ Limited Use Commercial / Pub
☒ Community ☐ Non-Community ☐ Non-transient / Non-Comm

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary / HAA5	Secondaries	VOCs	SOCs	NO3 / NO2	TTHM	THAA	PSOU	GA / RAD's
1	POE	2/12/09	1135	8807	DW	1					X	X	X	X					X
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Acc

• WHITE - Ship with Samples / To Be Returned with Results • YELLOW - Field Copy / Retain For Your Recor

JANSEN

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Jansen
PWS ID# 3590615

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 11, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Tarson PWS ID #: 3 5 9 0 6 1 5

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Weathersfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-8585 Fax #: 407-869-6961

E-Mail Address: pcflynn@viwater.com

Sample Information (to be completed by sampler)

Sample Number: 87943DW Location Code (if known): POE

Sample Date: 2/11/09 Sample Time: 10:30 (AM) PM (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: John B Clifton Jr

Sampler's Phone #: 407-862-1212 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, John B Clifton Jr, Operator
(Print Name) (Print Title)

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

Signature: [signature] Date: 2/11/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 87943DW1

Report Number: 87943
Date Sample Received: 02/11/09

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

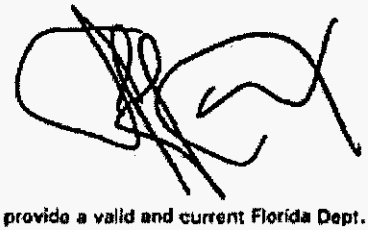
Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☒ All 21 ☐ Partial	☒ Single Sample	☐ Trihalomethanes
☒ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☒ All 30 ☐ Partial	☒ All 14 ☐ Partial	

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

FL Cert # E84025

Certification

I, Jefferson S. Flowers, Technical Director, 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: 

Date: 03/09/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 87943DW1 PWS ID: 3590615 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	02/12/09	12:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/12/09	12:00 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1010	Barium	2	mg/L	0.00577		EPA200.8	0.00200	02/16/09		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1020	Chromium	0.1	mg/L	0.00286		EPA200.8	0.00100	02/16/09		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/12/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/12/09		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09		E83018
1036	Nickel	0.1	mg/L	0.00175		EPA200.8	0.00100	02/16/09		E83018
1045	Selenium	0.05	mg/L	0.00200	U	EPA200.8	0.00200	02/16/09		E83018
1052	Sodium	160	mg/L	11.5		EPA200.7	0.500	02/12/09		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 87943DW1 PWS ID: 3590615 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09		E83018
1017	Chloride	250	mg/L	23.0		EPA300.0	2.00	02/12/09		E83018
1022	Copper	1	mg/L	0.00609		EPA200.8	0.00100	02/16/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/12/09		E83018
1028	Iron	0.3	mg/L	0.0375		EPA200.7	0.0100	02/12/09		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	02/12/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09		E83018
1055	Sulfate	250	mg/L	3.92		EPA300.0	1.00	02/12/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	02/16/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/12/09	09:10 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/12/09	08:30 AM	E83018
1925	pH	6.5 -8.5	pH	7.66		EPA150.1	0.0100	02/11/09	03:30 PM	E83018
1930	Total Dissolved Solids	500	mg/L	234		SM2540 C	2.50	02/11/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 87943DW1 PWS ID: 3590615 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 87943DW1 PWS ID: 3590615 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/16/09	02/17/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/16/09	02/17/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/16/09	02/17/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/16/09	02/17/09		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/09		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/16/09	02/17/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/16/09	02/17/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/16/09	02/17/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/16/09	02/17/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/16/09	02/17/09		E83018

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: KNL Laboratory Services Florida Certification #: E84025

Address: P.O. Box 1833 Certification Expiration Date: June Renewal

Tampa, Florida 33601 Phone #: (813) 229-2879

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2-13-09

PWS ID (From Page 1): Sample Number (From Page 1): 87943 DW1

Lab Assigned Report Number or Job ID: 09-1259

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☑ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title),

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: [signature] Date: 2-26-09

* 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 87943 DWI

KNL Report Number/Job ID: 09.1259
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha *(incl Uranium)*	15	pCi/L	1.4		EPA 900.0	0.8	3	0.6	02-24-09	0800	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	02-25-09	1020	E84025

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

*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
461 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5884
Fax: 407-260-6110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

☐ **Flowers Chemical Labs-North**
812 S.W. Harvey Greene I
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

www.flowerslabs.com

Client: Utilities Inc - Drinking Water
Address:
Phone:
Sampled By (PRINT): John B. Coffee Jr.
Sampler Signature:
Date Sampled: 2/11/09

Public Water System Name: Jausen WTP
PWS ID#: 3590615
P.O.#:
FCL Lab Coordinator:
Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☒ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS:

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg.	Secondaries	VOCs	SOCs	NO2 / NO3	TTHM	THAA	PWSs	Gr / RADS Photon	Asbestos	Field pH	Field Cl_2 Res.
1	POE	2/11/09	10:30	879435	DW						X	X	X	X					X			
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
	2/11/09	15:00	M Perkins	2/11/09	15:00						
										2/12/09	0643

*WHITE - Ship with Samples / To Be Returned with Results

LITTLE WEKIVA

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Little Wekiva
PWS ID# 3590762

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 12, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

a Utilities Inc. company Utilities, Inc. of Florida
200 Weathersfield Ave Altamonte Springs, FL 32714-4027 P 407-869-1919 F 407-869-6961 www.uiwater.com

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Little Wekiva PWS ID #: 3590762

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Weatherfield Ave.

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-8588 Fax #: 407-869-6961

E-Mail Address: pcflynn@uiwater.com

Sample Information (to be completed by sampler)

Sample Number: 88072DW1 Location Code (if known): POE

Sample Date: 2/12/09 Sample Time: 8:15 (AM) PM (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: John B. Clifford, Jr.

Sampler's Phone #: 407-862-1919 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, John B. Clifford, Jr. , Operations
(Print Name) (Print Title)

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

Signature: _____ Date: _____

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 88072DW1

Report Number: 88072
Date Sample Received: 02/12/09

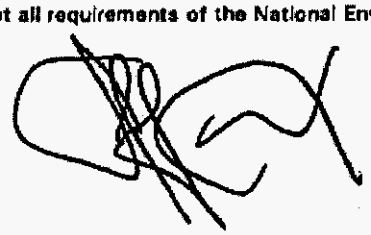
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☒ All 21 ☐ Partial	☒ Single Sample	☐ Trihalomethanes
☒ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☒ All 30 ☐ Partial	☒ All 14 ☐ Partial	

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

FL Cert #E84025 Certification

I, Jefferson S. Flowers, Technical Director, 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: 

Date: 03/07/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No
☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)
Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____
Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP,DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 88072DW1 PWS ID: 3590762 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.571		EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00455		EPA200.8	0.00100	02/16/09		E83018
1010	Barium	2	mg/L	0.0631		EPA200.8	0.00200	02/16/09		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1020	Chromium	0.1	mg/L	0.0325		EPA200.8	0.00100	02/16/09		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/18/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1030	Lead	0.015	mg/L	0.00239		EPA200.8	0.00100	02/16/09		E83018
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09		E83018
1036	Nickel	0.1	mg/L	0.0177		EPA200.8	0.00100	02/16/09		E83018
1045	Selenium	0.05	mg/L	0.0118		EPA200.8	0.00200	02/16/09		E83018
1052	Sodium	160	mg/L	9.74		EPA200.7	0.500	02/16/09		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1085	Thallium	0.002	mg/L	0.00271		EPA200.8	0.00100	02/16/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 88072DW1 PWS ID: 3590762 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09		E83018
1017	Chloride	250	mg/L	18.5		EPA300.0	0.400	02/13/09		E83018
1022	Copper	1	mg/L	0.00837		EPA200.8	0.00100	02/16/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1028	Iron	0.3	mg/L	0.0589		EPA200.7	0.0100	02/16/09		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	02/16/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09		E83018
1055	Sulfate	250	mg/L	5.46		EPA300.0	1.00	02/13/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	02/16/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/13/09	11:30 AM	E83018
1920	Odor	3	TON	2.00		SM2150 B	1.00	02/13/09	08:00 AM	E83018
1925	pH	6.5 -8.5	pH	7.54		EPA150.1	0.0100	02/13/09	08:15 AM	E83018
1930	Total Dissolved Solids	500	mg/L	160		SM2540 C	2.50	02/16/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 88072DW1 PWS ID: 3590762 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 88072DW1 PWS ID: 3590762 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/19/09	02/19/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/19/09	02/19/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/19/09	02/19/09		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/09		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/19/09	02/19/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/19/09	02/19/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/19/09	02/19/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/19/09	02/19/09		E83018

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 88072 DW1

KNL Report Number/Job ID: 09.1335
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.0		EPA 900.0	0.6	3	0.4	03-02-09	0800	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	02-26-09	1130	E84025

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

*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

■ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-6006
Fax: 772-343-6089

☐ **Flowers Chemical Labs-North**
612 S.W. Harvey Greene
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

www.flowerslabs.com

Client: UTILITIES INC.

Address: 809 LITTLE WEKIVA DR.
ALTAMONTE SPRINGS, FLA. 32714

Phone: 407-869-1919

Sampled By (PRINT): Jon B. Coffee JR

Sample Signature:

Date Sampled: 2/12/09

Public Water System Name: LITTLE WEKIVA

PWS ID#: 3590762

P.O. #:

FCL Lab Coordinator:

Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☒ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS:

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg	Secondary	VOCs	SOCs	NO_3 / NO_2	TTHM	THAA	PbCu	GA / RA226 RA228	Asbestos	Field pH	Field Cl_2 Res
1	POE	2/12/09	0815	88072	2	W					X	X	X	X					X			
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
									2/12/09	140	

OAKLAND

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Oakland Shores
PWS ID# 3590912

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 11, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

a subsidiary Utilities, Inc. of Florida
200 Weathersfield Ave. Altamonte Springs FL 32714-4027 P:407-869-1919 F:407-869-6961 www.uiwater.com

City: Alternate Springs State: FL ZIP Code: 32714
Phone #: 407-869-3555 Fax #: 407-869-6961
E-Mail Address: prflynn@uiwater.com

Sample Information (to be completed by sampler)

Sample Number: 87944DW1 Location Code (if known): POE
Sample Date: 2/11/03 Sample Time: 9:00 (AM) PM (circle one)
Sample Location (be specific): Point of Entry
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

* See 62-550.600(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: John F. Clifford, Jr.
Sampler's Phone #: 407-869-6119 Sampler's Fax #: _____
Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, John F. Clifford, Jr., Operator
(Print Name) (Print Title)

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

Signature: _____ Date: 2/11/03

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 87944DW1

Report Number: 87944
Date Sample Received: 02/11/09

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☒ All 21 ☐ Partial	☒ Single Sample	☐ Trihalomethanes
☒ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☒ All 30 ☐ Partial	☒ All 14 ☐ Partial	

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Fleet #E34625

Certification

I, Jefferson S. Flowers, Technical Director, 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:

Date: 03/09/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 87944DW1 PWS ID: 3590912 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	02/12/09	12:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/12/09	12:00 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1010	Barium	2	mg/L	0.00581		EPA200.8	0.00200	02/16/09		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1020	Chromium	0.1	mg/L	0.00395		EPA200.8	0.00100	02/16/09		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/12/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/12/09		E83018
1030	Lead	0.015	mg/L	0.00226		EPA200.8	0.00100	02/16/09		E83018
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09		E83018
1036	Nickel	0.1	mg/L	0.00239		EPA200.8	0.00100	02/16/09		E83018
1045	Selenium	0.05	mg/L	0.00211		EPA200.8	0.00200	02/16/09		E83018
1052	Sodium	160	mg/L	22.9		EPA200.7	0.500	02/12/09		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	02/18/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 87944DW1 PWS ID: 3590912 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09		E83018
1017	Chloride	250	mg/L	53.5		EPA300.0	2.00	02/12/09		E83018
1022	Copper	1	mg/L	0.0310		EPA200.8	0.00100	02/16/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/12/09		E83018
1028	Iron	0.3	mg/L	0.0470		EPA200.7	0.0100	02/12/09		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	02/12/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09		E83018
1055	Sulfate	250	mg/L	17.2		EPA300.0	1.00	02/12/09		E83018
1095	Zinc	5	mg/L	0.0273		EPA200.8	0.0100	02/16/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/12/09	09:10 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/12/09	08:30 AM	E83018
1925	pH	6.5 -8.5	pH	7.55		EPA150.1	0.0100	02/11/09	03:30 PM	E83018
1930	Total Dissolved Solids	500	mg/L	242		SM2540 C	2.50	02/13/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 87944DW1 PWS ID: 3590912 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 87944DW1 PWS ID: 3590912 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/16/09	02/17/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/16/09	02/17/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/16/09	02/17/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/16/09	02/17/09		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/09		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/16/09	02/17/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/16/09	02/17/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/16/09	02/17/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/16/09	02/17/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/16/09	02/17/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/16/09	02/17/09		E83018

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: KNL Laboratory Services Florida Certification #: E84025

Address: P.O. Box 1833 Certification Expiration Date: June Renewal

Tampa, Florida 33601 Phone #: (813) 229-2679

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2-13-09

PWS ID (From Page 1): _____ Sample Number (From Page 1): 87944 DW1

Lab Assigned Report Number or Job ID: 09-1260

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title),

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: James W. Hayes Date: 2-24-09

* 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group[s] above) ☐ Revised Report Requested (circle or highlight group[s] above)

☐ Additional Monitoring Required (circle or highlight group[s] above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 87944 DW1

KNL Report Number/Job ID: 09.1260
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.9		EPA 900.0	0.7	3	0.6	02-24-09	0800	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	02-25-09	1020	E84025

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

*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-8110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

☐ **Flowers Chemical Labs-North**
812 S.W. Harvey Gree
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

www.floweralabs.com

Client: Utilities Inc - Drinking Water

Address:

Phone:

Sampled By (PRINT): John B. Cattee Jr.

Sampler Signature:

Public Water System Name: Oakland Shores

PWS ID#: 3590912

P.O.#:

FCL Lab Coordinator:

Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☒ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS:

Date Sampled: 2/11/09

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO	SAMPLE DESCRIPTION	DATE	TIME	LAB NO	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg	Secondary	VOCs	SOCs	NO_3/NO_2	TTHM	HAA	PSOCs	GA / RADS	Asbestos	Field pH	Field Cl_2
1	POE	2/11/09	09:20	87944	DW						X	X	X	X					X			
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	T
	2/11/09	15:00	M Pollander	2/11/09	15:00					2/11/09	0

PARK RIDGE

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Park Ridge
PWS ID# 3590993

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 12, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

Utilities, Inc. of Florida
200 Weathersfield Ave. Altamonte Springs FL 32714-4027 P 407-869-1919 F 407-869-3861 www.uiwater.com

600.608 Park Ridge 3.2

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Park Ridge PWS ID #: 3590993

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Weathersfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-8588 Fax #: 407-869-6961

E-Mail Address: pcflynn@uiwater.com

Sample Information (to be completed by sampler)

Sample Number: 880700W1 Location Code (if known): POE

Sample Date: 2/12/09 Sample Time: 1:45 AM (PM) (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer	_____	

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: [illegible]

Sampler's Phone #: [illegible] Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, _____, _____
(Print Name) (Print Title)

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

Signature: _____ Date: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)

Sample Number: 88070DW1

Report Number: 88070
Date Sample Received: 02/12/09

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics
- ☐ All 17
- ☒ Partial
- ☐ Nitrate
- ☐ Nitrite
- ☐ Asbestos

Volatile Organics
- ☒ All 21 ☐ Partial

Synthetic Organics
- ☒ All 30 ☐ Partial

Radionuclides
- ☒ Single Sample
- ☐ Qtrly Composite**

Secondaries
- ☒ All 14 ☐ Partial

Disinfection Byproducts
- ☐ Trihalomethanes
- ☐ Haloacetic Acids
- ☐ Bromate
- ☐ Chlorite

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

PL Cert # E84025 Certification

I, Jefferson S. Flowers, Technical Director, 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:

Date: 03/12/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 88070DW1 PWS ID: 3590993 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.107		EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1010	Barium	2	mg/L	0.0105		EPA200.8	0.00200	02/16/09		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1020	Chromium	0.1	mg/L	0.00363		EPA200.8	0.00100	02/16/09		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/18/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09		E83018
1036	Nickel	0.1	mg/L	0.00162		EPA200.8	0.00100	02/16/09		E83018
1045	Selenium	0.05	mg/L	0.00401		EPA200.8	0.00200	02/16/09		E83018
1052	Sodium	160	mg/L	27.4		EPA200.7	0.500	02/16/09		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 88070DW1 PWS ID: 3590993 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09		E83018
1017	Chloride	250	mg/L	66.0		EPA300.0	0.400	02/13/09		E83018
1022	Copper	1	mg/L	0.00368		EPA200.8	0.00100	02/16/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1028	Iron	0.3	mg/L	0.0145		EPA200.7	0.0100	02/16/09		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	02/16/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09		E83018
1055	Sulfate	250	mg/L	3.60		EPA300.0	1.00	02/13/09		E83018
1095	Zinc	5	mg/L	0.0503		EPA200.8	0.0100	02/16/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/13/09	11:30 AM	E83018
1920	Odor	3	TON	2.00		SM2150 B	1.00	02/13/09	08:00 AM	E83018
1925	pH	6.5 -8.5	pH	7.73		EPA150.1	0.0100	02/13/09	08:15 AM	E83018
1930	Total Dissolved Solids	500	mg/L	254		SM2540 C	2.50	02/16/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 88070DW1 PWS ID: 3590993 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 880700W1 PWS ID: 3590993 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/19/09	02/19/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/19/09	02/19/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/19/09	02/19/09		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/09		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/19/09	02/19/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/19/09	02/19/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/19/09	02/19/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/19/09	02/19/09		E83018

Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: KNL Laboratory Services Florida Certification #: E84025

Address: P.O. Box 1833 Certification Expiration Date: June Renewal

Tampa, Florida 33601 Phone #: (813) 229-2879

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2-17-09

PWS ID (From Page 1): Sample Number (From Page 1): 88070 DW1

Lab Assigned Report Number or Job ID: 09-1333

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☑ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☑ No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title)

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: Date: 3-03-09

* 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

Inc.

813) 229-0002

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

KNL Report Number/Job ID: 09.1333
PWS ID(From Page 1):

	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
	15	pCi/L	0.8	U	EPA 900.0	0.8	3	0.5	03-02-09	0800	E84025
		pCi/L	1.7		EPA Ra-05	1.0	1	0.8	02-26-09	0945	E84025

2004

that the compound was analyzed for but not detected.
ted value is between the laboratory detection limit and the laboratory practical quantitation limit.

ts of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-8110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

www.flowerslabs.com

Client: Utilities Inc
Address: 200 Weathersfield
Altamonte Springs FL
Phone: 407-834-1911
Sampled By (PRINT): John B Coffee Jr
Sampler Signature:

Public Water System Name: Park Ridge
PWS ID#: 3590919
P.O.#:
FCL Lab Coordinator:
Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public
☒ Community ☐ Non-Community ☐ Non-transient / Non-Commu

Date Sampled: 2/12/09

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

Item No.	Sample Description	Date	Time	Lab No.	Number	Preservatives: None	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg	Secondaries	VOCs	SOCs	Nitrate/Nitrite	TTHM	THM4	PHPC	Gr. Alpha Radium	Alpha
1	POE	2/12/09	1:45	880707	2						X	X	X	X					X	
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted B

* WHITE - Sc[illegible] Samples / To Be Returned with Results

PHILLIPS

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Phillips
PWS ID# 3591003

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 12, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Phillips PWS ID #: 3 5 9 1 0 0 3

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Weathersfield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-8588 Fax #: 407-869-6961

E-Mail Address: pr-flynn@ui-water.com

Sample Information (to be completed by sampler)

Sample Number: 88068DW1 Location Code (if known): POE

Sample Date: 2/12/09 Sample Time: 1:45 AM (PM) (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: [illegible]

Sampler's Phone #: [illegible] Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, [illegible] (Print Name), [illegible] (Print Title)

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

Signature: _____ Date: _____

Analysis Information (to be completed by lab)
Sample Number: 88068DW1

Report Number: 88068
Date Sample Received: 02/12/09

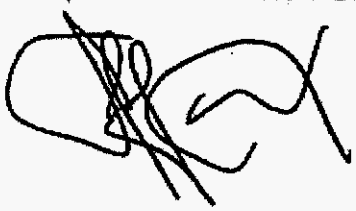
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☒ All 21 ☐ Partial	☒ Single Sample	☐ Trihalomethanes
☒ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☒ All 30 ☐ Partial	☒ All 14 ☐ Partial	

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

FL Certif E87205 **Certification**

I, Jefferson S. Flowers, Technical Director, 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: 

Date: 03/07/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 88068DW1 PWS ID: 3591003 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	/ 1
1040	Nitrate (as N)	10	mg/L	0.237		EPA300.0	0.0500	02/13/09	1
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/13/09	1
1005	Arsenic	0.010	mg/L	0.00120		EPA200.8	0.00100	02/16/09	
1010	Barium	2	mg/L	0.0230		EPA200.8	0.00200	02/16/09	
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09	
1020	Chromium	0.1	mg/L	0.00461		EPA200.8	0.00100	02/16/09	
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/18/09	
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09	
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09	
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09	
1036	Nickel	0.1	mg/L	0.00249		EPA200.8	0.00100	02/16/09	
1045	Selenium	0.05	mg/L	0.00288		EPA200.8	0.00200	02/16/09	
1052	Sodium	160	mg/L	18.4		EPA200.7	0.500	02/16/09	
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09	
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09	
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09	

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 88068DW1 PWS ID: 3591003 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09		E83018
1017	Chloride	250	mg/L	34.0		EPA300.0	0.400	02/13/09		E83018
1022	Copper	1	mg/L	0.00907		EPA200.8	0.00100	02/16/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1028	Iron	0.3	mg/L	0.936		EPA200.7	0.0100	02/16/09		E83018
1032	Manganese	0.05	mg/L	0.0122		EPA200.7	0.0100	02/16/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09		E83018
1055	Sulfate	250	mg/L	33.1		EPA300.0	1.00	02/13/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	02/16/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/13/09	11:30 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/13/09	08:00 AM	E83018
1925	pH	6.5 -8.5	pH	7.45		EPA150.1	0.0100	02/13/09	08:15 AM	E83018
1930	Total Dissolved Solids	500	mg/L	270		SM2540 C	2.50	02/16/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 88068DW1 PWS ID: 3591003 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 88068DW1 PWS ID: 3591003 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analys Date
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/19/09	02/19/
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/19/09	02/19/
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/19/09	02/19/
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/19/09	02/19/
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/19/09	02/19/
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/19/09	02/19/
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/19/09	02/19/

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

ATTACH CURRENT DOH ANALYTE SHEET*

Lab Name: KNL Laboratory Services Florida Certification #: E84025

Address: P.O. Box 1833 Certification Expiration Date: June Renewal

Tampa, Florida 33601 Phone #: (813) 229-2879

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2-17-09

PWS ID (From Page 1): _____ Sample Number (From Page 1): 88068 DW1

Lab Assigned Report Number or Job ID: 09-1331

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☑ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☑ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title),

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: _____ Date: 3-03-09

* 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

KNL Laboratory Services, Inc.
2742 N. Florida Ave.
P.O. Box 1833
Tampa, FL 33601
Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES
62-550.310(6)
Client ID: 88068 DW1

KNL Report Number/Job ID: 09.1331
PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.9		EPA 900.0	0.9	3	0.7	03-02-09	0800	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.8	02-26-09	1130	E84025

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

*Qualifier Codes: U -- indicates that the compound was analyzed for but not detected.
I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Test results meet all requirements of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

Approved by:

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-6006
Fax: 772-343-6089

www.flowerslabs.com

Client: Utilities Inc
Address: 200 Weathers Field
Altamonte Springs FL
Phone: 407-869-1919
Sampled By (PRINT): John B Coffee Jr
Sampler Signature: JBC/J
Date Sampled: 2/12/09

Public Water System Name: Phillips
PWS ID#: 3591423
P.O. #:
FCL Lab Coordinator:
Kit #:

Public Water System Type: ☐ Limited Use Commercial / Publ
☒ Community ☐ Non-Community ☐ Non-transient / Non-Comm

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg.	Secondaries	VOCs	SOCs	IOCs / NO_3	TTHM	THAA	PHCU	GA / RUCR A...
1	POE	2/12/9	1240	88062DW1							X	X	X	X					
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted

- WHITE - Ship with Samples / To Be Returned with Results
- YELLOW - Field Copy / Retain For Your Records

RAVENNA PARK

Utilities, Inc.

April 9, 2009

Christianne Ferraro, P.E.
Water Facilities Administrator
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Fl. 32803

RE: Annual Nitrate and Nitrite Analysis, 2009
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganics
Ravenna Park
PWS ID# 3591061

Dear Ms. Ferraro:

Enclosed please find the results of samples taken February 12, 2009, 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, extension 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scott Gosnell
Area Manager

Enclosures (9)

EC: Bryan Gongre, Regional Manager, UIF
Scotty L. Haws, Regional Compliance & Safety Manager, UIF

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Ravenna Park PWS ID #: 3591061

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Weatherstield Ave

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-8588 Fax #: 407-869-6961

E-Mail Address: pcfluno@uiwater.com

Sample Information (to be completed by sampler)

Sample Number: 88069DW1 Location Code (if known): POE

Sample Date: 2/12/09 Sample Time: 10:30 (AM) PM (circle one)

Sample Location (be specific): Point of Entry

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☒ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☒ Entry Point (for 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: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
☐ Near First Customer		

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: John R Fluno Jr

Sampler's Phone #: 407-869-8588 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, John R Fluno Jr, Operator

(Print Name) (Print Title)

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

Signature: _____ Date: 2/12/09

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2009
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 88069DW1

Report Number: 88069
Date Sample Received: 02/12/09

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☒ All 21 ☐ Partial	☒ Single Sample	☐ Trihalomethanes
☒ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☒ All 30 ☐ Partial	☒ All 14 ☐ Partial	

Were any analyses subcontracted? ☒ Yes ☐ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

FL Cert # E84025

Certification

I, Jefferson S. Flowers, Technical Director, 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:

Date: 03/07/09

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 88068DW1 PWS ID: 3591061 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/13/09	10:00 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1010	Barium	2	mg/L	0.0116		EPA200.8	0.00200	02/16/09		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1020	Chromium	0.1	mg/L	0.00496		EPA200.8	0.00100	02/16/09		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500-CN E	0.00500	02/18/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	02/18/09		E83018
1036	Nickel	0.1	mg/L	0.00215		EPA200.8	0.00100	02/16/09		E83018
1045	Selenium	0.05	mg/L	0.00201		EPA200.8	0.00200	02/16/09		E83018
1052	Sodium	160	mg/L	13.8		EPA200.7	0.500	02/16/09		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	02/16/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 88069DW1 PWS ID: 3591061 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	02/16/09		E83018
1017	Chloride	250	mg/L	31.8		EPA300.0	0.400	02/13/09		E83018
1022	Copper	1	mg/L	0.00122		EPA200.8	0.00100	02/16/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/13/09		E83018
1028	Iron	0.3	mg/L	0.0448		EPA200.7	0.0100	02/16/09		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	02/16/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	02/16/09		E83018
1055	Sulfate	250	mg/L	7.72		EPA300.0	1.00	02/13/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	02/16/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/13/09	11:30 AM	E83018
1920	Odor	3	TON	2.00		SM2150 B	1.00	02/13/09	08:00 AM	E83018
1925	pH	6.5 -8.5	pH	7.82		EPA150.1	0.0100	02/13/09	08:15 AM	E83018
1930	Total Dissolved Solids	500	mg/L	218		SM2540 C	2.50	02/16/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/13/09	09:00 AM	E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 88069DW1 PWS ID: 3591061 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/17/09		E83018

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 88069DW1 PWS ID: 3591061 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	02/19/09	02/19/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	02/19/09	02/19/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	02/19/09	02/19/09		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	02/13/09	02/16/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	02/16/09	02/17/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	02/16/09	02/23/09		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		02/20/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		02/16/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	02/19/09	02/23/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	02/19/09	02/25/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		02/16/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	02/19/09	02/23/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	02/19/09	02/23/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	02/19/09	02/19/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	02/19/09	02/19/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	02/13/09	02/16/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	02/13/09	02/16/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	02/19/09	02/25/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	02/13/09	02/16/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	02/19/09	02/19/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	02/19/09	02/19/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	02/19/09	02/19/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	02/19/09	02/19/09		E83018

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received 2-17-09

PWS ID (From Page 1) _____ P.E. Sample Number (From Page 1) 88069 DW1

Lab Assigned Report Number or Job ID 09-13332 (09-1332)

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply)

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☑ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☐ Yes ☒ No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, James Hayes (Print Name), Laboratory Manager (Print Title)

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: _____ Date: 3-03-09

* 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Into Satisfactory: ☐ Yes ☐ No Sample Analysis Into Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report

☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

ces, Inc.

ax: (813) 229-0002

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

KNL Report Number/Job ID: 09.1332
PWS ID(From Page 1):

lame	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
	15	pCi/L	2.2		EPA 900.0	0.8	3	0.6	03-02-09	0800	E84025
		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	02-26-09	0945	E84025

anuary 2004

cates that the compound was analyzed for but not detected.
eported value is between the laboratory detection limit and the laboratory practical quantitation limit.

ments of the NELAC standards. Contact person: Jim Hayes (813) 229-2879.

James W. Hayes
Laboratory Director

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

www.flowerslabs.com

Client: Utilities Inc
Address: 200 Weathersfield
Phone: 407-869-1919
Sampled By (PRINT): John B Coffee Jr
Sampler Signature:
Date Sampled: 3/12/09

Public Water System Name: RAVENNA PARK
PWS ID#: 3591061
P.O. #:
FCL Lab Coordinator:
KH #:

Public Water System Type: ☐ Limited Use Commercial / Pub
☒ Community ☐ Non-Community ☐ Non-transient / Non-Comm

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg.	Secondaries	VOCs	SOCs	NO_3/NO_2	TTHM	THAA	PbCu	GA / RA226
1	POE	3/12/09	10:30	88069	DW						X	X	X	X	X				X
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Acco

* WHITE - Ship with Samples / To Be Returned with Results * YELLOW - Field Copy / Retain For Your Record

WEATHERSFIELD

Utilities, Inc.

April 14, 2008

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, 2008
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 11, 2008 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. 501.

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe
Area Manager

Enclosure

EC:
Patrick C. Flynn, Regional Director
Bryan Gongre, Regional Manager
Scotty L. Haws, Regional Compliance Manager

File: 600.602.3.2

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Weathersfield Utilities PWS I.D. #: 3 5 9 1 4 5 1

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 198 Weathersfield AVE

City: Altamonte Springs State: FL Zip Code: 32714

Phone #: 407-869-1919 Fax#: 407-869-6961

E-mail Address: bkoogre@uiwater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 08-03-298 Location Code (if known): POE

Sample Date: 3/11/08 Sample Time: 1130am AM PM (circle one)

Sample Location (be specific): POE

Disenfectant Residual (Required when reporting results for trihlomethanes and haloacetic acids): _____ mg/L Field pH:

Sample Type (check one only)

- [X] Distribution
- [ ] Entry Point (to Distributuion)
- [ ] Plant Tap(not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

Reason(s) for Sample (check all that apply)

- [X] Routine Compliance (with 62-550)
- [ ] Confirmation of MCL exceedance*
- [ ] Composite of Mulitple Sites**
- [ ] Clearance (permitting)
- [ ] Other:
- [ ] Quarterly(which quarter?_____)
- [ ] Special (not for compliance with 62-550)
- [ ] Violation Resolution
- [ ] Replacment (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500 (6) for requirements and restrictions
NOTE: see 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Elisa Williams

Sampler's Phone #: 407-869-1919 Sampler's Fax#: 407-869-6961

Sampler's E-mail Address:

CERTIFICATION (to be completed by sampler)

I, Elisa Williams (Print Name), Water Treatment Plant Operator (Print Title)

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

Signature: Elisa Williams Date: 4-11-08

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please print or type legibly)
ATTACH CURRENT ANALYTE SHEET*

Lab Name: Tri-Tech Laboratories, Inc. Florida Certification #: E83294

Address: 7240 Old Cheney Hwy Certification Expiration Date: Jun-08

Phone #: 407-275-8463

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/12/2008

PWS ID (From Page 1): Sample Number (From Page 1): 1

Lab Assigned Report Number or Job ID: 08-03-298

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (check all that apply):

Inorganics
- [X] All 17
- [ ] Partial
- [ ] Nitrate
- [ ] Nitrite
- [ ] Asbestos Only

Synthetic Organics
- [ ] All 30
- [X] All Except Dioxin
- [ ] Partial
- [ ] Dioxin Only

Volatile Organics
- [X] All 21
- [ ] Partial

Disinfection byporducts
- [ ] Trihalomethanes
- [ ] Haloacetic Acids
- [ ] Bromate
- [ ] Chlorite

Radionuclides
- [X] Single Sample
- [ ] Qtrly Composite**

Secondaries
- [X] All 14
- [ ] Partial

Were any anaylses subcontracted? [X] Yes [ ] No

If yes, please provide DOH certification numbers: E83012

ATTACH CURRENT ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Tamara Lal (Print Name), Quality Control Director (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet allrequirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Date: 4.9.08

*Failure to provide a valid and current Florida DOHlabe 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 & locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: [ ] YES [ ] NO Sample Analysis Info Satisfactory: [ ] YES [ ] NO

- [ ] Replacement Sample(s) Requested (circle or highlight group(s) above)
- [ ] Revised Report Requested (circle or highlight group(s) above)
- [ ] Additional Monitoring Required (circle or highlight group(s) above)

Reason(s):
- [ ] MCL(s) Exceeded
- [ ] Missing Analyte Sheet(s)
- [ ] Other:
- [ ] Detection (s)
- [ ] Location Unsatisfactory
- [ ] Incomplete Report
- [ ] Analysis Unsatisfactory

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: 08-03-298

PWS ID (from page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	µg/L	0.0019	U	EPA 508.1	0.0019	0.01	3/19/2008	3/24/2008	8:05	E83079
2010	Lindane	0.2	µg/L	0.0019	U	EPA 508.1	0.0019	0.02	3/19/2008	3/24/2008	8:05	E83079
2015	Methoxychlor	40	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/19/2008	3/24/2008	8:05	E83079
2020	Toxaphene	3	µg/L	0.22	U	EPA 508.1	0.22	1	3/19/2008	3/24/2008	8:05	E83079
2031	Dalapon	200	µg/L	0.6	U	EPA 515.3	0.6	1	3/18/2008	3/25/2008	13:11	E83079
2032	Diquat	20	µg/L	0.29	U	EPA 549.2	0.29	0.4	3/14/2008	3/19/2008	0:19	E83079
2033	Endothall	100	µg/L	2.7	U	EPA 548.1	2.7	9	3/17/2008	3/17/2008	21:50	E83079
2034	Glyphosate	700	µg/L	0.99	U	EPA 547	0.99	6	3/18/2008	3/18/2008	16:14	E83079
2035	Di(2-ethylhexyl)adipate	400.0	µg/L	0.22	U	EPA 525.2	0.22	0.6	3/20/2008	3/25/2008	19:53	E83079
2036	Oxamyl (Vydate)	200	µg/L	0.16	U	EPA 531.1	0.16	2	3/24/2008	3/24/2008	13:23	E83079
2037	Simazine	4	µg/L	0.018	U	EPA 508.1	0.018	0.07	3/19/2008	3/24/2008	8:05	E83079
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.57	U	EPA 525.2	0.47	0.6	3/20/2008	3/25/2008	19:53	E83079
2040	Picloram	500	µg/L	0.037	U	EPA 515.3	0.037	0.1	3/18/2008	3/25/2008	13:11	E83079
2041	Dinoseb	7	µg/L	0.096	U	EPA 515.3	0.096	0.2	3/18/2008	3/25/2008	13:11	E83079
2042	Hexachlorocyclopentadinene	50	µg/L	0.013	U	EPA 508.1	0.013	0.1	3/19/2008	3/24/2008	8:05	E83079
2046	Carbofuran	40	µg/L	0.13	U	EPA 531.1	0.13	0.9	3/24/2008	3/24/2008	13:23	E83079
2050	Atrazine	3	µg/L	0.0066	U	EPA 508.1	0.0066	0.1	3/19/2008	3/24/2008	8:05	E83079
2051	Alachlor	2	µg/L	0.028	U	EPA 508.1	0.028	0.2	3/19/2008	3/24/2008	8:05	E83079
2063	2,3,7,8-TCDD (Dioxin)	0.03	µg/L									
2065	Heptachlor	0.4	µg/L	0.0057	U	EPA 508.1	0.0057	0.04	3/19/2008	3/24/2008	8:05	E83079
2067	Heptachlor Epoxide	0.2	µg/L	0.00095	U	EPA 508.1	0.00095	0.02	3/19/2008	3/24/2008	8:05	E83079
2105	2,4-D	70	µg/L	0.054	U	EPA 515.3	0.054	0.1	3/18/2008	3/25/2008	13:11	E83079
2110	2,4,5-TP(Silvex)	50	µg/L	0.038	U	EPA 515.3	0.038	0.2	3/18/2008	3/25/2008	13:11	E83079
2274	Hexachlorobenzene	1	µg/L	0.011	U	EPA 508.1	0.011	0.1	3/19/2008	3/24/2008	8:05	E83079
2303	Benzo(a)pyrene	0.2	µg/L	0.033	U	EPA 525.2	0.033	0.02	3/20/2008	3/25/2008	19:53	E83079
2326	Pentachlorophenol	1	µg/L	0.004	U	EPA 515.3	0.004	0.04	3/18/2008	3/25/2008	13:11	E83079
2383	Polychlorinated biphenyls (PCB's)	0.5	µg/L	0.095	U	EPA 508.1	0.095	0.1	3/19/2008	3/24/2008	8:05	E83079
2931	Dibromochloropropane	0.2	µg/L	0.004	U	EPA 504.1	0.004	0.02	3/13/2008	3/14/2008	16:40	E83079
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.0063	U	EPA 504.1	0.0063	0.01	3/13/2008	3/14/2008	16:40	E83079
2959	Chlordane	2	µg/L	0.018	U	EPA 508.1	0.018	0.2	3/19/2008	3/24/2008	8:05	E83079

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 62-550.310(4)(b).

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, D, 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 form samples collected during the same monitoring period.

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

VOLATILE ORGANICS

62-550.310(4)(a)

Report Number / Job ID: 08-03-298

PWS ID (from page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	µg/L	0.47	U	EPA 524.2	0.47	0.5	3/21/2008	18:39	E83012
2380	cis-1,2-Dichloroethlyene	70	µg/L	0.32	U	EPA 524.2	0.32	0.5	3/21/2008	18:39	E83012
2955	Xylenes (total)	10,000	µg/L	0.25	U	EPA 524.2	0.25	0.5	3/21/2008	18:39	E83012
2964	Dichloromethane	5	µg/L	0.34	U	EPA 524.2	0.34	0.5	3/21/2008	18:39	E83012
2968	o-Dichlorobenzene	600	µg/L	0.17	U	EPA 524.2	0.17	0.5	3/21/2008	18:39	E83012
2969	para-Dichlorobenzene	75	µg/L	0.15	U	EPA 524.2	0.15	0.5	3/21/2008	18:39	E83012
2976	Vinyl Chloride	1	µg/L	0.23	U	EPA 524.2	0.23	0.5	3/21/2008	18:39	E83012
2977	1,1-Dichlorothethylene	7	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/21/2008	18:39	E83012
2979	trans-1,2-Dichloroethylene	100.0	µg/L	0.3	U	EPA 524.2	0.3	0.5	3/21/2008	18:39	E83012
2980	1,2-Dichloroethane	3	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/21/2008	18:39	E83012
2981	1,1,1-Trichloroethane	200	µg/L	0.4	U	EPA 524.2	0.4	0.5	3/21/2008	18:39	E83012
2982	Carbon tetrachloride	3	µg/L	0.42	U	EPA 524.2	0.42	0.5	3/21/2008	18:39	E83012
2983	1,2-Dichloropropane	5	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/21/2008	18:39	E83012
2984	Trichloroethylene	3	µg/L	0.28	U	EPA 524.2	0.28	0.5	3/21/2008	18:39	E83012
2985	1,1,2-Trichloroethane	5	µg/L	0.21	U	EPA 524.2	0.21	0.5	3/21/2008	18:39	E83012
2987	Tetrachloroethylene	3	µg/L	0.12	U	EPA 524.2	0.12	0.5	3/21/2008	18:39	E83012
2989	Monochlorobenzene	100	µg/L	0.07	U	EPA 524.2	0.07	0.5	3/21/2008	18:39	E83012
2990	Benzene	1	µg/L	0.13	U	EPA 524.2	0.13	0.5	3/21/2008	18:39	E83012
2991	Toluene	1	µg/L	0.16	U	EPA 524.2	0.16	0.5	3/21/2008	18:39	E83012
2992	Ethylbenzene	700	µg/L	0.09	U	EPA 524.2	0.09	0.5	3/21/2008	18:39	E83012
2996	Styrene	100	µg/L	0.11	U	EPA 524.2	0.11	0.5	3/21/2008	18:39	E83012

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: 08-03-298

PWS ID (from page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1040	Nitrate (as N)	10	mg/L	0.75		EPA 353.2	0.1	3/12/2008	1715	E83294
1041	Nitrite (as N)	1	mg/L	0.1	U	EPA 353.2	0.1	3/12/2008	1630	E83294
1005	Arsenic	0.05	mg/L	0.0018		EPA 200.8	0.0005	3/19/2008	1307	E83079
1010	Barium	2	mg/L	0.0064		EPA 200.7	0.005	3/20/2008	1659	E83079
1015	Cadmium	0.005	mg/L	0.0005	U	EPA 200.7	0.0005	3/20/2008	1659	E83079
1020	Chromium	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/20/2008	1659	E83079
1024	Cyanide	0.2	mg/L	0.0015	U	EPA 335.4	0.0015	3/24/2008	1504	E83079
1025	Fluoride	4.0	mg/L	0.19		EPA 300.0	0.0062	3/21/2008	1227	E83079
1030	Lead	0.015	mg/L	0.0005	U	EPA 200.8	0.0005	3/19/2008	1307	E83079
1035	Mercury	0.002	mg/L	0.00002	U	EPA 245.1	0.00002	3/20/2008	1359	E83079
1036	Nickel	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/20/2008	1659	E83079
1045	Selenium	0.05	mg/L	0.0005	U	EPA 200.8	0.0005	3/19/2008	1307	E83079
1052	Sodium	160	mg/L	14		EPA 200.7	0.5	3/20/2008	1659	E83079
1074	Antimony	0.006	mg/L	0.0005	U	EPA 200.8	0.0005	3/19/2008	1307	E83079
1075	Beryllium	0.004	mg/L	0.0005	U	EPA 200.7	0.0005	3/20/2008	1659	E83079
1085	Thallium	0.002	mg/L	0.0005	U	EPA 200.8	0.0005	3/19/2008	1307	E83079
1094	Asbestos	7 MFL	MFL	NA						

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, D, 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

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: 08-03-298

PWS ID (from page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.005	U	EPA 200.8	0.005	3/19/2008	1307	E83079
1017	Chloride	250	mg/L	19		EPA 300.0	0.6	3/21/2008	1227	E83079
1022	Copper	1	mg/L	0.0062		EPA 200.8	0.0072	3/19/2008	1307	E83079
1025	Fluoride	2	mg/L	0.19		EPA 300.0	0.0062	3/21/2008	1227	E83079
1028	Iron	0.3	mg/L	0.22	I	EPA 200.7	0.2	3/20/2008	1659	E83079
1032	Manganese	0.05	mg/L	0.0025	U	EPA 200.7	0.0025	3/20/2008	1659	E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/20/2008	1659	E83079
1055	Sulfate	250.0	mg/L	7.1		EPA 300.0	0.085	3/21/2008	1227	E83079
1095	Zinc	5	mg/L	0.013	I	EPA 200.7	0.01	3/20/2008	1659	E83079
1905	Color	15	CU	5	U	SM 2120 B	5	3/17/2008	1107	E83012
1920	Odor	3	TON	1	U	SM 2150 B	1	3/12/2008	1112	
1925	pH (field pH from page 1)	6.5 - 8.5								
1930	Total Dissolved Solids	500	mg/L	200		SM 2540 C	5	3/17/2008	953	E83079
2905	Foaming Agents	0.5	mg/L	0.02	I	SM 5540 C	0.02	3/13/2008	1010	E83012

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, D, 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 form samples collected during the same monitoring period.

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

RADIONULCIDES
62-550.310(6)

Report Number / Job ID: 08-03-298

PWS ID (from page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	1.8	U	EPA 900.0	1.8	3	3/26/2008	1032	E83033
4002	Gross Beta (Incl Uranium)	***	pCi/L	NA				1			
4006	Combined Uranium (U-234, U-235& U-238)	****	pCi/L	NA				*****			
		30	µg/L	NA				*****			
4020	Radium-226	5	pCi/L	NA				1			
4030	Radium-228			0.9	U	RA 05	0.9	1	3/27/2008	1152	E83033

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required.

*** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15pCi/L, measurements for radium-226 and uranium are required.

**** If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (µg/L) by multiplying the result by 1.5.

***** Reserved

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, D, 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 form samples collected during the same monitoring period.

Tri-Tech
P.O. Box P.[illegible]
Orlando, Flori[illegible] 32[illegible]-0966
(407)275-8463 Fax (407)281-9187
(877)275-8463

"HELP SAFEGUARD YOUR FUTURE AND [illegible]
CALL TTA TODAY! [illegible] Page ____ Of ____

Work Order #: 05-03-298

CHAIN OF CUSTODY RECORD

Client Name:	Mailing Address:	Invoicing Address:	Attention:
Utilities, Inc.	200 Weathersfield Avenue Altamonte Springs, FL 32714	Same	Same
Contact Person:	**Project or address of sample site:**	**Phone Number:**	**Fax Number:**
Kathy Sillitoe	Weathersfield	407-948-6559	407-682-5713
Sampler's Signature:		(REQUEST ANALYSIS WRITE DOWN BELOW)	
RGwilliams			

SAMPLE ID	DATE/TIME	COMP	GRAB	WATER	SOIL	OTHER	SAMPLE DESCRIPTION CL PH	BOTTLE	pi Inorganics	Semivolatiles	VOC's	SOC's	Gross Alpha	Radium 226				REMARKS
1. PDE	3-11-09 / 1130		X				1.9		X	X	X	X	X	X				
2.																		
3.																		
4.																		
5.																		08 03
6.																		298
7.																		
8																		
9.																		
10.																		
11.																		
12.																		
13.																		

Relinquished Sample Kit Date/Time:	Delivered Sample Kit to Lab Date/Time:	Bottle #:
3-11-09 / 1145	3-12-09 1620	

Accepted in lab: Marie Hennig Date/Time: 3-12-09 0900

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: 08-03-298

PWS ID (from page 1): 359-1451

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.0050	U	EPA 200.8	0.0050	3/19/2008	13:07	E83079
1017	Chloride	250	mg/L	19.0		EPA 300.0	0.060	3/21/2008	12:27	E83079
1022	Copper	1	mg/L	0.00620		EPA 200.8	0.00072	3/19/2008	13:07	E83079
1025	Fluoride	2	mg/L	0.19		EPA 300.0	0.0062	3/21/2008	12:27	E83079
1028	Iron	0.3	mg/L	0.22	I	EPA 200.7	0.020	3/20/2008	16:59	E83079
1032	Manganese	0.05	mg/L	0.0025	U	EPA 200.7	0.0025	3/20/2008	16:59	E83079
1050	Silver	0.1	mg/L	0.0025	U	EPA 200.7	0.0025	3/20/2008	16:59	E83079
1055	Sulfate	250.0	mg/L	7.1		EPA 300.0	0.085	3/21/2008	12:27	E83079
1095	Zinc	5	mg/L	0.013	I	EPA 200.7	0.010	3/20/2008	16:59	E83079
1905	Color	15	CU	5.0	U	SM 2120 B	5.0	3/17/2008	11:07	E83012
1920	Odor	3	TON	1.0	U	SM 2150 B	1.0	3/12/2008	11:12	E83012
1925	pH (field pH from page 1)	6.5 - 8.5		7.4		FIELD		3/11/2008	11:30	FIELD
1930	Total Dissolved Solids	500	mg/L	200.0		SM 2540 C	5.0	3/17/2008	9:53	E83079
2905	Foaming Agents	0.5	mg/L	0.020	I	SM 5540 C	0.020	3/13/2008	10:10	E83012

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

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, D, 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 form samples collected during the same monitoring period.

REVISED
9-12-08 KAS

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

RADIONULCIDES
62-550.310(6)

Report Number / Job ID: 08-03-398

PWS ID (from page 1): 359-1451

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	1.8	U	EPA 900.0	1.8	3	+/- 1.1	3/26/2008	10:32	E83033
4100	Gross Beta	***	pCi/L	NA				1				
4006	Combined Uranium (U-234, U-235& U-238)	****	pCi/L	NA				*****				
		30	µg/L	NA				*****				
4020	Radium-226	5	pCi/L	NA				1				
4030	Radium-228			0.9	U	RA 05	0.9	1	+/- 0.5	3/27/2008	11:52	E83033

** If the result exceeds 5 pCi/L, a measurement for radium-226 is required.

*** If the result exceeds 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15pCi/L, measurements for radium-226 and uranium are required.

**** If uranium (U) is reported as a measurement of activity (pCi/L) it will be converted to a mass measurement (µg/L) by multiplying the result by 1.5.

***** Reserved

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

REVISED 9-12-08 KAS

Utilities, Inc. of Florida

Docket No.: 090462-WS

Seminole County

25-30.440 (4)
OPERATIONS REPORTS

Test Year Ended December 31, 2008

BEAR LAKE

2007

616

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Allan Finch -1-31-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	57,000										1.2	
2	24	61,000										1.3	
3	24	59,000										1.4	
4	24	52,000										1.4	
5	24	48,000										1.4	
6	24	54,000										1.5	
7	24	54,500											
8	24	54,500										1.3	BACT's
9	24	47,000										1.4	
10	24	48,000										1.4	
11	24	50,000										1.3	
12	24	48,000										1.4	
13	24	59,000											
14	24	55,000										1.5	
15	24	46,000										1.5	
16	24	57,000										1.4	HSP#2 0.05
17	24	57,000										1.3	HSP#2 0.05
18	24	49,000										1.4	HSP#2 0.05
19	24	56,000										1.2	HSP#2 B.I.S
20	24	50,000										1.3	
21	24	67,000											
22	24	67,000										1.5	
23	24	53,000										1.4	
24	24	46,000										1.4	Nitrate Sample
25	24	44,000										1.3	
26	24	46,000										1.3	
27	24	46,000										1.4	
28	24	56,000											
29	24	56,000										1.3	HSP#2 0.05
30	24	50,000										1.4	HSP# B.I.S.
31	24	45,000										1.4	
Total	1,635,000	1,682,000	163,500										
Average		54,258											
Maximum		67,000	68,000										

* *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

FILE COPY

See page 4 for instructions. 6/16

I. General Information for the Month Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
K D Sillitoe 3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-7806~~ C-13094

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

PWS Identification Number: 3590069 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	50,000										1.4	
2	24	51,000										1.3	
3	24	49,000											
4	24	49,000										1.1	
5	24	36,000										1.2	Re-interconn. Distn G.S.T 14,000 gal.
6	24	2,000										0.8	Re-interconnect
7	24	0										1.2	↑ Refinishing G.S.T
8	24	0										0.8	
9	24	0										0.6	
10	24	0											
11	24	0										1.3	
12	24	0										1.2	
13	24	14000										1.0	↓ Shut from G.S.T.
14	24	0										1.1	
15	24	0										1.0	↓
16	24	0										1.0	OFF Interconnect
17	24	49,000											
18	24	49,000										1.3	
19	24	50,000										2.4	
20	24	48,000										1.5	
21	24	50,000										1.4	Routine BACT's
22	24	45,000										1.4	
23	24	60,000										1.4	
24	24	71,000										1.5	
25	24	47,000											
26	24	47,000										2.0	
27	24	54,000										1.6	
28	24	6,000										1.4	
29	24												TOTAL INTERCONNECT USAGE 537,300
30	24												
31	24												
Total		830,000											
Average		29,642											
Maximum		71,000											

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

6/6

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222		Total Population Served at End of Month: 777	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Ales Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13994	Mon. - Fri. 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.

Allan Finch 4-2-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations										
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	43,956										1.2	Flow Meter 0.05 est. Flow
2	24	55,836										0.8	
3	24	56,430										1.6	
4	24	56,430										1.2	
5	24	54,648										1.8	
6	24	60,588										1.6	Flow Meter 0.05, BACT's
7	24	60,588										1.8	
8	24	46,332										1.3	
9	24	48,708										1.3	
10	24	65,310										1.5	
11	24	65,310										1.4	
12	24	56,000										1.4	Well BACT
13	24	56,000										1.1	
14	24	60,000										1.3	
15	24	42,768											
16	24	52,272										1.4	
17	24	62,964										1.2	
18	24	61,776										1.1	
19	24	63,000										1.4	
20	24	45,000										1.3	
21	24	41,580										1.0	
22	24	62,964										1.0	
23	24	76,032											Flowmeter BLS
24	24	61,776										0.9	
25	24	55,000										1.2	
26	24	55,000										1.2	
27	24	60,000										1.0	
28	24	62,000										1.1	
29	24	52,000											
30	24	72,000											
31	24	80,000											
Total		1,795,268											
Average		58,006											
Maximum		80,000											

** 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

6/16

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 5-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	91,000										1.1	
2	24	56,000										1.1	
3	24	68,000										1.5	
4	24	58,000										1.4	Replaced PRV, exercised valves
5	24	70,000										1.4	
6	24	69,000											
7	24	67000										1.5	
8	24	67000										1.4	
9	24	62,000										1.3	
10	24	40,000										1.4	BACT's
11	24	34,000										1.3	
12	24	41,000										1.3	
13	24	45,000											
14	24	64,000										1.3	
15	24	64,000										1.4	
16	24	51,000										1.4	
17	24	43,000										1.3	
18	24	48,000										1.0	
19	24	53,000										1.2	
20	24	49,000										1.1	
21	24	70,000											
22	24	64,500										1.4	
23	24	64,500										0.9	
24	24	66,000										1.0	
25	24	63,000										1.4	
26	24	56,000										1.3	
27	24	60000										1.4	
28	24	49,500											
29	24	49,500										1.5	
30	24	74,000										1.6	
31	24												
Total		1,751,000											
Average		58,366											
Maximum		91,000											

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

616

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake		PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 6-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	56,000										0.9	
2	24	57,000										1.5	
3	24	51,000										1.5	
4	24	74,000										1.6	
5	24	63,500										1.5	
6	24	63,500										1.4	
7	24	56,000										1.5	
8	24	47,000										1.5	BACT'S
9	24	59,000										1.5	
10	24	105,000										1.3	
11	24	42,000											
12	24	72,500										1.5	
13	24	72,500										1.3	
14	24	52,000										1.3	
15	24	46,000										1.2	
16	24	43,000										1.3	
17	24	68,000										1.5	
18	24	31,000											
19	24	53,000										1.5	
20	24	54,000										1.4	
21	24	92,000										1.4	
22	24	73,000										1.3	
23	24	64,000										1.5	
24	24	51,000										1.2	
25	24	44,000										1.4	
26	24	64,000											
27	24	61,500										1.3	
28	24	61,500										1.4	
29	24	77,000										1.4	
30	24	54,000										1.8	
31	24	89,000											
Total		1926,000											
Average		62,129											
Maximum		105,000											

** 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

616

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lucero	C	13756	Mon - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 7-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590069	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	48,000										1.6	
2	24	49,000											
3	24	49,000										1.4	
4	24	56,000										1.4	
5	24	60,000										1.4	
6	24	51,000										1.5	
7	24	37,000										1.4	
8	24	51,000										1.3	BACT'S
9	24	49,000										1.3	
10	24	69,000											
11	24	69,000										1.4	
12	24	47,000										1.4	
13	24	52,000										1.3	
14	24	50,000										1.4	
15	24	45,000										1.4	
16	24	49,000										1.3	
17	24	58,500											
18	24	55,500										1.2	
19	24	61,000										1.3	
20	24	44,000										1.3	
21	24	45,000										1.3	
22	24	45,000										A.6	
23	24	73,000										1.5	
24	24	62,500											
25	24	62,500										1.4	
26	24	44,000										1.4	
27	24	59,000										1.6	
28	24	60,000										1.4	
29	24	62,000										1.5	
30	24	77,000											
31	24												
Total		1685000											
Average		54,266											
Maximum		77000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Luenza	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 8-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

FILE COPY

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	77,000										1.4	
2	24	48,000										1.3	
3	24	43,000										1.3	
4	24	36,000										1.4	
5	24	45,000										1.3	BACT'S
6	24	55,000										1.3	
7	24	42,500											
8	24	52,000										1.1	
9	24	50,000										1.3	
10	24	42,000										1.3	
11	24	52,000										1.3	
12	24	42,000										1.4	
13	24	58,000										1.4	
14	24	52,500											
15	24	53,500										1.3	
16	24	54,000										1.3	
17	24	52,000										1.4	
18	24	58,000										1.3	
19	24	44,000										1.3	
20	24	52,500										1.0	
21	24	52,000										1.0	
22	24	53,500											
23	24	53,500										1.2	
24	24	42,500										1.3	
25	24	51,000										1.5	
26	24	59,000										1.5	
27	24	43,000										1.1	
28	24	46,500											
29	24	46,500										1.0	
30	24	51,000										0.8	
31	24	68,000										1.0	
Total		1,651,000											
Average		53,225											
Maximum		86,000											

** 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

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

See page 4 for instructions.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3500069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lotenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 9-3-07
Signature and Date

Allan Finch
Printed or Typed Name

FILE COPY

C-7806
License Number

Lallo

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	55,000										0.9	
2	24	46,000										1.3	
3	24	41,000										1.0	
4	24	60,500										1.2	
5	24	60,500										1.4	
6	24	53,000										0.7	
7	24	65,000										1.3	BACT'S
8	24	63,000										1.6	
9	24	37,000										1.1	TTHM'S, HAA5'S
10	24	40,000											
11	24	69,500										1.5	
12	24	65,500										1.6	
13	24	71,000										1.7	
14	24	45,000										1.9	
15	24	59,000										1.3	
16	24	68,000										1.5	
17	24	76,000											
18	24	75,500										1.5	
19	24	75,500										1.4	
20	24	93,000										1.4	
21	24	70,000										1.5	
22	24	63,000										1.5	
23	24	61,000										1.3	
24	24	65,000											
25	24	60,500										1.4	
26	24	60,500										1.5	
27	24	60,000										1.4	
28	24	58,000										1.4	
29	24	60,000										1.0	
30	24	54,000										0.7	
31	24	45,000											
Total		1,878,000											
Average		60,580											
Maximum		93,000											

** 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

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

See page 4 for instructions.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 10-1-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3590069	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
			CT Calculations							UV Dose				
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	54,500											
2	24	54,500										1.1	
3	24	28,000										1.2	
4	24	67,000										1.3	
5	24	50,000										1.0	
6	24	42,000										1.0	
7	24	59,000										0.9	
8	24	52,500											
9	24	52,500										1.0	
10	24	52,000										1.0	BACT'S
11	24	46,000										0.9	
12	24	53,000										0.8	
13	24	33,000										0.9	
14	24	44,000										0.2	TTHM'S, HAA'S
15	24	48,500											
16	24	48,000										0.7	
17	24	69,000										1.1	
18	24	42,000										1.4	
19	24	42,000										1.4	
20	24	46,000										1.1	
21	24	42,000										1.2	
22	24	41,000											
23	24	41,000										1.1	
24	24	60,000										1.1	
25	24	47,000										1.0	
26	24	47,000										0.5	
27	24	37,000										1.0	
28	24	44,000										0.3	
29	24	49,500											
30	24	49,500										0.5	
31	24												
Total		1,441,000											
Average		48,033											
Maximum		69,000											

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

6/6

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 11-1-07	Allan Finch	C-7806

FILE COPY

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

PWS Identification Number: 3590069 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	49,000										0.4	
2	24	50,000										1.1	
3	24	37,000										1.2	
4	24	41,000										1.0	
5	24	46,000										1.0	
6	24	44,000											
7	24	44,000										1.0	
8	24	47,000										0.9	
9	24	45,000										1.0	BACT'S
10	24	43,000										0.9	
11	24	40,000										0.6	
12	24	47,000										0.8	
13	24	55,500											
14	24	55,600										1.2	
15	24	52,000										1.4	
16	24	52,000										1.4	
17	24	45,000										1.4	
18	24	46,000										1.5	
19	24	47,000										1.4	
20	24	53,000											
21	24	53,000										1.5	
22	24	39,000										1.5	
23	24	45,000										1.5	
24	24	43,000										1.3	
25	24	32,000										1.1	
26	24	47,000										1.3	
27	24	66,000										1.3	
28	24	51,500											
29	24	31,500										1.2	
30	24	33,000										1.3	
31	24	30,000										1.2	
Total		1,468,000											
Average		45,225											
Maximum		66,000											

FILE COPY

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

11-27-07 Daily flow Entered

6/6

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 12-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590069 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	46,000										1.3	
2	24	38,000										1.2	
3	24	49,500											BACT'S
4	24	49,500										1.2	
5	24	49,000										1.1	
6	24	43,000										0.5	
7	24	48,000										0.6	TTHM'S & HAA'S
8	24	33,000										0.6	
9	24	53,000										1.3	
10	24	53,000											
11	24	53,000										1.2	
12	24	51,000										1.1	
13	24	59,000										1.1	
14	24	53,000										1.2	
15	24	53,000										1.6	
16	24	47,000										1.5	
17	24	61,500											
18	24	61,500										1.4	
19	24	57,000										1.4	
20	24	47,000										1.5	
21	24	61,000										1.1	
22	24	46,000										1.1	
23	24	58,000										1.2	
24	24	63,000										1.2	
25	24	53,500											
26	24	53,500										1.2	
27	24	56,000										1.3	
28	24	44,000										1.0	
29	24	39,000										0.9	
30	24	38,000										0.8	
31	24												
Total		1,503,000	12-11-07 MOR PH										
Average		50,100											
Maximum		63,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 1-7-08 | Allan Finch | C-7806

Signature and Date | Printed or Typed Name | License Number

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

PWS Identification Number: 3590069	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: DECEMBER 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	50,000											
2	24	50,000										1.00	
3	24	33,000										1.00	
4	24	47,000										0.70	
5	24	50,000										0.90	
6	24	34,000										0.70	
7	24	48,000										1.40	
8	24	50,500											
9	24	50,500										1.50	
10	24	64,000										1.50	
11	24	43,000										1.40	
12	24	40,000										1.50	
13	24	52,000										1.60	
14	24	52,000										1.40	
15	24	47,000											
16	24	47,000										1.40	
17	24	52,000										1.40	
18	24	43,000										1.30	
19	24	39,000										1.30	
20	24	43,000										1.30	
21	24	44,000										1.20	
22	24	54,000										1.50	
23	24	41,000											
24	24	41,000										1.40	
25	24	53,000										1.50	
26	24	36,000										1.40	
27	24	50,000										1.40	
28	24	51,000										1.30	
29	24	51,000											
30	24	51,000										1.40	
31	24	53,000										1.30	
Total		1,460,000											
Average		47,096											
Maximum		64,000											

** 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

PWS Identification Number: 3590069	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:* DECEMBER 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

2008

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222		Total Population Served at End of Month: 777	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon- Fri 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.

Signature and Date	Printed or Typed Name	License Number
2-6-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	48,000										1.30	High Service Pump # 2 out of service., bad motor
2	24	52,000										1.40	
3	24	52,000										1.20	
4	24	30,000										1.30	
5	24	54,500											
6	24	54,500										1.30	
7	24	64,000										1.20	
8	24	47,000										1.30	
9	24	45,000										1.30	
10	24	51,000										1.30	
11	24	36,000										1.00	
12	24	39,000											
13	24	49,000										1.30	
14	24	51,000										1.30	High Service # 2 back online
15	24	43,000										1.30	Bac-T sampling
16	24	40,000										1.00	
17	24	45,000										1.40	
18	24	43,000										1.30	
19	24	37,000											
20	24	37,000										1.30	
21	24	47,000										1.10	
22	24	50,000										1.10	
23	24	37,000										1.10	
24	24	38,000										1.00	
25	24	43,000										1.10	
26	24	39,000											
27	24	49,000										1.00	
28	24	39,000										1.00	
29	24	44,000										1.10	
30	24	56,000										1.00	
31	24	35,000										1.00	
Total		1,415,000											
Average		45,645											
Maximum		64,000											

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

C-16

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13694	Mon. - Fri. Days
	John CoTee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon- Fri 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.

Signature and Date	Printed or Typed Name	License Number
3-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	38,000										1.00	
2	24	50,000											
3	24	50,000										1.20	
4	24	62,000										1.00	
5	24	50,000										0.60	Collected Duc - I samples
6	24	29,000										1.30	
7	24	52,000										1.20	
8	24	47,000										1.30	
9	24	56,000											
10	24	56,000										1.50	
11	24	35,000										1.30	
12	24	42,000										1.20	
13	24	48,000										1.20	
14	24	60,000										1.00	
15	24	32,000										1.40	
16	24	45,000										1.00	
17	24	50,000											
18	24	50,000										0.50	
19	24	47,000										0.80	
20	24	43,000										0.60	
21	24	49,000										0.80	Replaced PRV, exercised valves, flushed hydrants
22	24	32,000										1.00	
23	24	45,000										1.00	
24	24	43,500											
25	24	43,500										0.80	
26	24	55,000										0.90	Collected TTHM's and HAA5's samples
27	24	30,000										0.80	
28	24	40,000										0.80	
29	24	50,000										0.90	
30	24												
31	24												
Total		1,330,000											
Average		45,862											
Maximum		62,000											

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

6/6

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13694	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri. 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.

Signature and Date	Printed or Typed Name	License Number
Williams 4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	44,000											
2	24	44,000										1.00	
3	24	46,000										1.00	
4	24	43,000										0.90	
5	24	36,000										1.00	Collected Bac - T's, Hardness, NO2/NO3 samples
6	24	36,000										1.00	
7	24	47,000										0.90	
8	24	43,000											
9	24	43,000										1.00	
10	24	45,000										1.00	
11	24	50,000										0.90	
12	24	39,000										0.80	
13	24	32,000										0.80	
14	24	52,000										0.90	
15	24	55,500											
16	24	55,500										0.90	
17	24	64,000										0.80	
18	24	50,000										0.90	
19	24	36,000										0.80	
20	24	60,000										0.80	Replaced HS Pump # 2 check valve
21	24	40,000										0.90	
22	24	60,000										0.80	
23	24	55,000											
24	24	55,000										0.80	
25	24	47,000										0.80	
26	24	47,000										0.80	
27	24	50,000										0.80	
28	24	54,000										0.70	
29	24	66,000											
30	24	66,000										0.80	
31	24	61,000										0.70	
Total		1,522,000											
Average		49,096											
Maximum		66,000											

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

416

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon- Fri 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.

Signature and Date	Printed or Typed Name	License Number
5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	59,000										1.00	
2	24	42,000										1.00	Replaced steamer tubings.
3	24	36,000										1.00	
4	24	60,000										1.00	
5	24	57,500											
6	24	57,500										1.40	
7	24	44,000										1.30	Collected Bac - T samples
8	24	45,000										1.30	
9	24	50,000										1.10	
10	24	54,000										0.90	
11	24	54,000										0.90	
12	24	75,000											
13	24	75,000										0.90	
14	24	52,000										0.80	
15	24	46,000										0.90	
16	24	48,000										1.10	
17	24	61,000										1.00	
18	24	65,000										1.00	
19	24	64,500											
20	24	64,500										1.00	Replaced HS Pump # 2 check valve
21	24	74,000										0.90	
22	24	63,000										0.80	
23	24	62,000										0.50	
24	24	49,000										0.60	
25	24	74,000										0.50	
26	24	64,000										1.00	
27	24	74,000											
28	24	74,000										0.90	Washed GST
29	24	46,000										0.90	
30	24	50,000										1.10	Washed Aerators
31													
Total		1,740,000											
Average		58,000											
Maximum		75,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590060
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Jerry Sillitoe	A	12749	Mon - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13691	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 5/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	55,000										1.00	Cleaned aerator lines
2	24	58,000										1.50	
3	24	75,000											
4	24	75,000										1.50	
5	24	57,000										1.50	
6	24	78,000										1.50	
7	24	67,000										1.50	
8	24	71,000										1.40	Collected Bac - T samples
9	24	77,000										1.40	
10	24	72,000											
11	24	72,000										1.50	
12	24	78,000										1.40	
13	24	67,000										1.20	
14	24	66,000										1.20	
15	24	73,000										1.00	
16	24	86,000										1.10	Greased High Service Pumps
17	24	91,000											
18	24	91,000										1.10	
19	24	88,000										0.70	
20	24	58,000										1.00	
21	24	49,000										0.90	
22	24	53,000										0.90	
23	24	49,000										1.60	
24	24	51,500											
25	24	51,500										1.80	
26	24	59,000										1.50	
27	24	62,000										0.50	
28	24	57,000										1.40	
29	24	62,000										1.30	
30	24	61,000										1.30	
31	[illegible]	73,000											
Total		~~2,017,000~~ 2,086,000											
Average		~~67,300~~ 67,290											
Maximum		91,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake		PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs / State: Fl / Zip Code: 32714	
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Lynch	C	7806	Mon- Fri 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.

Signature and Date	Printed or Typed Name	License Number
7-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	73,000										1.30	
2	24	58,000										1.30	
3	24	60,000										1.40	
4	24	54,000										1.30	Collected Bac - T samples
5	24	66,000										1.30	
6	24	86,000										1.10	
7	24	76,500											
8	24	76,500										1.00	
9	24	86,000										0.80	
10	24	52,000										0.80	
11	24	51,000										0.90	
12	24	41,000										0.80	
13	24	41,000										0.50	Well hour meter O.O. S
14	24	53,000											
15	24	53,000										1.00	Replaced Well hour meter
16	24	61,000										1.00	
17	24	44,000										1.00	
18	24	45,000										1.00	Cleaned ORP
19	24	45,000										0.90	
20	24	58,000										0.80	
21	24	69,000										1.00	
22	24	48,000											
23	24	48,000										0.70	
24	24	46,000										0.70	
25	24	56,000										1.20	
26	24	43,000										1.00	Replaced skimmer tubings
27	24	49,000										1.20	
28	24	50,500											
29	24	50,500										1.30	
30	24	84,000										1.00	
31													
Total		1,694,000											
Average		56,466											
Maximum		86,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Collee	C	6614	Sat-Sun
	Allan Unish	C	7806	Mon-Fri 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.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590069	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	21	47,000										1.00	
2	21	47,000										1.00	
3	24	45,000										0.90	
4	24	62,000										0.90	
5	24	63,000											
6	24	64,000										1.00	
7	24	55,000										0.90	Replaced check valve on HS Pump # 1
8	21	62,000										0.80	
9	21	50,000										0.80	
10	21	43,000										0.90	
11	24	50,000										1.00	
12	24	63,000											
13	24	63,000										1.00	
14	21	60,000										0.90	
15	21	51,000										0.90	
16	21	37,000										0.80	
17	24	44,000										0.80	
18	24	47,000										0.70	Collected TTHM/HAA5's
19	24	61,000										0.70	
20	24	57,500											
21	21	57,500										0.70	
22	24	56,000										0.80	Applied seal coat on Roofs
23	24	51,000										1.50	
24	24	43,000										1.30	
25	24	61,000										1.10	
26	24	45,000											
27	24	45,000										1.00	
28	24	63,000										0.90	
29	24	40,000										0.80	
30	24	50,000										0.90	
31	24	39,000										0.90	
Total		1,633,000											
Average		52,677											
Maximum		66,000											

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

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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.

Signature and Date	Printed or Typed Name	License Number
9-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	42,000										0.90	
2	24	56,500											
3	24	56,500										1.00	
4	24	48,000										0.90	Serviced air compressor
5	24	63,000										0.80	
6	24	36,000										1.20	Collected Bac - T samples
7	24	63,000										1.30	
8	24	60,000										1.60	
9	24	49,500											
10	24	49,500										0.80	
11	24	62,000										0.70	
12	24	53,000										0.50	
13	24	40,000										0.50	
14	24	45,000										0.70	
15	24	40,000										0.70	
16	24	59,000										0.80	
17	24	51,000											
18	24	51,000										0.80	
19	24	49,000										0.8	
20	24	45,000										0.70	
21	24	39,000										0.80	
22	24	44,000										0.70	
23	24	43,000										1.70	
24	24	53,500											
25	24	53,500										0.60	
26	24	44,000										0.60	
27	24	43,000										0.70	
28	24	34,000										0.70	Replaced strainer tubings
29	24	56,000										0.70	
30	24	58,000										0.80	
31	24	63,500										0.80	
Total		1,550,500											
Average		50,016											
Maximum		63,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222		Total Population Served at End of Month: 777	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12739	Thur - Sat Days
	Alex Lawenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 10/3/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	63,500										0.70	
2	24	42,000										0.70	
3	24	40,000										0.70	
4	24	58,000										1.00	
5	24	41,000										1.10	
6	24	64,000										1.10	
7	24	58,500											
8	24	58,500										1.10	
9	24	52,000										1.10	
10	24	56,000										1.00	David Hanna of FRWA testing Well meter accuracy
11	24	41,000										1.00	
12	24	42,000										1.10	
13	24	63,000											
14	24	53,000										1.30	
15	24	67,000										1.20	Collected Bac - T samples, serviced air compressor
16	24	42,000										1.20	
17	24	51,000										1.20	Cleaned Aerators and Hydro Tank
18	24	39,000										1.00	Installed Backflow device on Hydro Tank
19	24	58,000										1.00	Installed sprinkler system
20	24	53,500										1.10	Laid new sod around plant.
21	24	53,500											
22	24	64,000										1.00	
23	24	43,000										1.00	
24	24	48,000										1.00	
25	24	37,000										1.00	
26	24	43,000										1.10	
27	24	57,000										1.00	
28	24	60,500											
29	24	60,500										0.80	
30	24	52,000										0.80	
31													
Total		1,551,500											
Average		51,716											
Maximum		67,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Jerry Sullivan	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sullivan	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon- Fri 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.

Signature and Date	Printed or Typed Name	License Number
[signature]	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	41,000										1.10	
2	24	56,000										1.10	
3	24	53,000										1.30	Serviced Air Compressor
4	24	51,000										1.30	Washed outside of GST
5	24	66,000											
6	24	66,000										1.30	
7	24	43,000										1.20	
8	24	48,000										1.10	
9	24	38,000										1.00	DEP Sanitary Survey
10	24	51,000										1.10	
11	24	52,000										1.00	
12	24	51,000											
13	24	51,000										0.80	
14	24	43,000										1.00	Collected Bac - T samples
15	24	47,000										0.90	
16	24	63,000										0.90	
17	24	41,000										0.90	
18	24	60,000											
19	24	60,000										0.90	
20	24	54,000										0.80	
21	24	54,000										0.80	
22	24	47,000										0.70	Replaced stenner tubings
23	24	60,000										0.80	
24	24	44,000										1.00	
25	24	44,000										1.00	
26	24	60,000											
27	24	60,000										0.90	
28	24	61,000										0.90	
29	24	46,000										1.40	
30	24	61,000										1.40	
31	24	47,000										1.40	
Total		1,622,000											
Average		52,322											
Maximum		66,000											

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

FILE COPY

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

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Jerry Sullivan	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sullivan	B	13093	Mon. - Fri. Days
	John Collier	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon- Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 12-7-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590069 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	56,000										1.40	
2	24	60,000											
3	24	60,000										1.30	
4	24	57,000										1.30	
5	24	56,000										1.30	
6	24	48,000										1.20	
7	24	41,000										1.30	
8	24	62,000										1.00	Serviced air compressor
9	24	55,000											
10	24	55,000										1.10	Collected Bac - T samples
11	24	53,000										1.10	
12	24	57,000										1.00	
13	24	50,000										1.10	
14	24	66,000										0.90	
15	24	52,000											
16	24	52,000										1.00	
17	24	52,000										0.90	
18	24	47,000										0.90	
19	24	50,000										0.90	
20	24	42,000										0.80	
21	24	52,000										1.00	Installed new water line for cleaning actators
22	24	48,000										1.00	
23	24	49,000											
24	24	49,000										0.90	
25	24	51,000										0.90	
26	24	28,000										1.20	
27	24	55,000										1.20	
28	24	61,000										1.10	
29	24	46,000										1.10	
30	24	51,000										1.10	
31													
Total		1,521,000											
Average		50,700											
Maximum		66,000											

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Bear Lake | PWS Identification Number: 3590069

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 222 | Total Population Served at End of Month: 777

PWS Owner: Utilities, Inc. of Florida

Contact Person: Patrick Flynn | Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 | Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida | Plant Telephone Number: 407-869-1919

Plant Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 259,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV | Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sullivan	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sullivan	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon- Fri 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.

Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number

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

PWS Identification Number: 3590069 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	51,000										1.10	
2	24	53,000										1.10	
3	24	52,000										1.10	
4	24	55,000										1.00	Collected Bac - T samples
5	24	45,000										1.20	
6	24	50,000										1.20	
7	24	43,000											
8	24	43,000										1.10	
9	24	40,000										1.10	
10	24	26,000										1.20	
11	24	56,000										1.10	Serviced air compressor
12	24	34,000										1.10	
13	24	10,000										1.10	
14	24	41,000											
15	24	41,000										1.00	
16	24	51,000										1.10	
17	24	49,000										1.10	
18	24	49,000										1.10	
19	24	54,000										1.20	Installed new water line for cleaning actiators
20	24	75,000										1.10	
21	24	45,000											
22	24	44,000										1.00	
23	24	52,000										1.10	
24	24	48,000										1.30	
25	24	58,000										1.20	
26	24	46,000										1.20	
27	24	58,000										1.20	
28	24	50,000											
29	24	49,000										1.20	
30	24	58,000										1.10	
31	24	52,000										1.10	
Total		1,349,000											
Average		46,241											
Maximum		75,000											

** 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

PWS Identification Number: 3590069	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * **December 2008**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

CRYSTAL LAKE

2007

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake		PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Allan Finch 1-31-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	43,000										1.4	
2	24	27,000										1.3	
3	24	41,000										1.4	Flushed 1,500 gal.
4	24	39,000										1.4	
5	24	34,000										1.3	
6	24	41,000											
7	24	42,000										1.3	
8	24	41,000										1.3	
9	24	33,000										1.2	BACT's
10	24	39,000										1.3	
11	24	43,000										1.2	
12	24	37,000										1.3	
13	24	42,000											
14	24	42,000										1.2	
15	24	42,000										1.3	
16	24	46,000										1.4	
17	24	41,000										1.3	
18	24	41,000										1.3	
19	24	40,000										1.4	
20	24	50,000										1.3	
21	24	57,000											
22	24	57,000										1.3	
23	24	38,000										1.4	
24	24	31,000										1.4	Nitrate Sample
25	24	34,000										1.3	
26	24	28,000										1.0	
27	24	30,000										1.2	
28	24	37,000											
29	24	37,000										1.3	
30	24	28,000										1.3	
31	24	32,000										1.0	
Total		1,218,000											
Average		39,290											
Maximum		57,000											

** 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

FILE COPY

See page 4 for instructions. 612

I. General Information for the Month, Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175		Total Population Served at End of Month: 613	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
Kathy Sillitoe 3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-7806~~ C-13094

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	31,000										1.2	
2	24	37,000										0.5	
3	24	32,000											
4	24	32,000										1.8	
5	24	34,000										1.4	
6	24	32,000										1.4	
7	24	27,000										1.7	SHOTS
8	24	41,000										1.4	
9	24	23,000										1.5	
10	24	46,000											
11	24	46,000										1.3	
12	24	31,000										1.3	
13	24	26,000										1.4	
14	24	27,000										1.4	
15	24	33,000										1.4	
16	24	31,000										1.3	
17	24	46,000											
18	24	46,000										1.5	
19	24	29,000										1.6	
20	24	36,000										1.4	
21	24	46,000										1.4	
22	24	41,000										1.5	
23	24	34,000										1.3	
24	24	49,000										1.5	
25	24	44,000											
26	24	44,000										2.2	
27	24	34,000										2.0	
28	24	56,000										1.8	
29	24												
30	24												
31	24												
Total		1,034000											
Average		36,426											
Maximum		56,000											

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

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri 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.

Allan Finch 4-2-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	48,000										1.6	
2	24	29,000										1.4	
3	24	41,000											
4	24	41,000										1.6	
5	24	42,000										1.4	
6	24	24,000										1.4	
7	24	44,000										1.6	BACTS
8	24	48,000										1.2	
9	24	46,000										1.4	
10	24	41,500											
11	24	47,500										1.6	
12	24	52,000										1.6	
13	24	41,000										1.3	
14	24	53,000										1.3	Well BACT, Flushed 1,500 gals.
15	24	59,000										1.2	
16	24	43,000										1.2	
17	24	43,000											
18	24	43,000										1.4	
19	24	37,000										1.3	
20	24	37,000										1.3	
21	24	46,000										1.4	
22	24	48,000										1.4	Replaced PRV
23	24	51,000										1.5	
24	24	56,000										1.5	
25	24	54,000											
26	24	54,000										1.6	
27	24	41,000										1.3	
28	24	50,000										1.2	
29	24	64,000										1.3	
30	24	60,000										1.2	
31	24	61,000											
Total		1,441,000											
Average		46,483											
Maximum		61,000											

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

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 5-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	61,000										1.2	
2	24	36,000										1.1	
3	24	60,000										1.3	BACT's
4	24	59,000										1.2	
5	24	64,000										1.3	
6	24	57,000										1.3	
7	24	76,000											
8	24	76,000										1.4	
9	24	41,000										1.3	
10	24	42,000										1.3	
11	24	35,000										1.2	
12	24	46,000										1.3	
13	24	64,000										1.3	
14	24	55,500											
15	24	55,500										1.3	Interconnect - Power Loss
16	24	22,000										1.3	
17	24	36,000										1.4	
18	24	51,000										1.6	
19	24	54,000										1.4	
20	24	30,000										1.0	
21	24	67,000										1.0	
22	24	49,000											
23	24	49,000										1.2	
24	24	46,000										1.3	
25	24	55,000										1.4	
26	24	58,000										1.3	
27	24	55,000										1.3	
28	24	69,000											
29	24	69,000										1.3	
30	24	49,000										1.3	
31	24												
Total		1,591,000											
Average		53,033											
Maximum		76,000											

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

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13044	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 6-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3390258	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	55,000										1.2	
2	24	76,000										1.4	
3	24	55,000										1.3	BACT'S
4	24	60,000										1.4	
5	24	64,000											
6	24	64,000										1.6	
7	24	37,000										1.4	
8	24	39,000										1.3	
9	24	62,000										1.2	
10	24	70,000										1.2	
11	24	32,000										1.2	
12	24	63,500											
13	24	63,500										1.2	
14	24	30,000										1.3	
15	24	31,000										1.5	
16	24	43,000										1.3	
17	24	45,000										1.7	
18	24	39,000										1.4	
19	24	54,000											
20	24	54,000										1.1	
21	24	57,000										1.2	
22	24	22,000										1.2	
23	24	67,000										1.3	
24	24	44,000										1.4	
25	24	43,000										1.4	
26	24	53,000										1.6	
27	24	48,500											
28	24	48,500										1.1	
29	24	62,000										1.2	
30	24	55,000										1.3	
31	24	62,000										1.3	
Total		1,60,000											
Average		51,903											
Maximum		76,000											

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

612

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri Days
Other Operators:	Terry Sillitoe	A	12739	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri Days
	Kathy Sillitoe	C	13094	Mon. - Fri Days
	John Coffee	C	6614	Sat-Sun

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 7-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	45,000										1.3	
2	24	43,000											
3	24	43,000										1.1	Hydrant test on BACT's
4	24	33,000										1.2	
5	24	40,000										1.3	
6	24	50,000										1.2	
7	24	39,000										0.8	
8	24	33,000										0.9	
9	24	35,000										1.2	
10	24	67,500											
11	24	67,500										1.3	
12	24	46,000										1.2	
13	24	42,000										1.2	
14	24	36,000										1.3	
15	24	34,000										1.4	
16	24	37,000										1.3	
17	24	49,500											
18	24	49,500										1.4	
19	24	36,000										1.3	
20	24	36,000										1.3	
21	24	39,000										1.3	
22	24	42,000										1.4	
23	24	60,000										1.2	
24	24	43,000											
25	24	43,000										1.2	
26	24	41,000										0.9	
27	24	55,000										1.2	
28	24	52,000										1.5	
29	24	33,000										1.2	
30	24	41,000											
31	24												
Total		1,312,000											
Average		43,733											
Maximum		67,500											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13994	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 8-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

FILE COPY

612

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	44,000										1.1	
2	24	24,000										1.2	
3	24	31,000										1.5	
4	24	36,000										1.4	
5	24	35,000										1.3	FACTS
6	24	31,000										1.6	
7	24	45,000											
8	24	45,000										1.0	
9	24	44,000										1.0	
10	24	37,000										1.3	
11	24	62,000										1.5	
12	24	44,000										1.2	
13	24	32,000										0.6	
14	24	58,000											
15	24	58,000										1.1	
16	24	38,000										1.2	
17	24	39,000										1.3	
18	24	31,000										1.0	
19	24	31,000										1.1	
20	24	30,000										1.1	
21	24	47,000										1.0	
22	24	28,500											
23	24	29,500										1.0	
24	24	29,000										1.0	
25	24	35,000										0.7	
26	24	46,000										1.5	
27	24	21,000										1.4	
28	24	41,500											
29	24	41,500										1.3	
30	24	29,000										1.2	
31	24	34,000										1.2	
Total		1,116,000											
Average		37,935											
Maximum		58,000											

** 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.

I. General Information for the Month Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake		PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs / State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 9-3-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

FILE COPY

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

PWS Identification Number: 3590258 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in 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
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	29,000										1.5	
2	24	30,000										1.4	
3	24	25,000										1.3	
4	24	41,000											
5	24	41,000										1.2	
6	24	30,000										1.1	
7	24	35,000										1.2	BACT'S
8	24	54,000										1.3	
9	24	22,000										1.3	TTHM'S, THM
10	24	45,000										1.2	
11	24	48,000											
12	24	49,000										1.0	
13	24	36,000										1.4	
14	24	34,000										1.5	
15	24	49,000										1.4	
16	24	34,000										1.0	
17	24	51,000										1.0	
18	24	48,000											
19	24	48,000										1.0	
20	24	41,000										1.1	
21	24	42,000										1.1	
22	24	53,000										1.3	
23	24	58,000										1.4	
24	24	33,000										1.1	
25	24	60,000										1.6	
26	24	26,500											
27	24	26,500										1.2	
28	24	30,000										1.1	
29	24	42,000										1.2	
30	24	35,000										1.1	
31	24	33,000										0.9	
Total		1,229,000											
Average		39,612											
Maximum		60,000											

** 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.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 10-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	34,500											
2	24	34,500										1.0	
3	24	31,000										1.0	
4	24	41,000										1.1	BACT'S
5	24	41,000										1.2	
6	24	45,000										1.1	
7	24	33,000										1.1	
8	24	51,000											
9	24	51,000										1.0	
10	24	46,000										1.1	
11	24	19,000										1.1	
12	24	45,000										1.2	
13	24	43,000										1.2	
14	24	21,000										1.0	
15	24	35,500											
16	24	35,500										1.0	
17	24	42,000										1.0	
18	24	34,000										1.1	Flushed 500 gal.
19	24	35,000										1.2	
20	24	32,000										1.1	
21	24	32,000										0.8	
22	24	39,000											
23	24	39,000										0.9	
24	24	27,000										1.0	
25	24	29,000										1.0	
26	24	31,000										1.1	
27	24	32,000										1.0	
28	24	38,500										0.7	
29	24	30,000											
30	24	30,000										0.8	
31	24												
Total		1092000											
Average		36,400											
Maximum		51,000											

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

612

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175		Total Population Served at End of Month: 613	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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.

11-1-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

FILE COPY

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

PWS Identification Number: 3590258 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	16,000										1.1	
2	24	22,000										1.1	
3	24	29,000										1.2	BACT'S
4	24	36,000										1.1	
5	24	33,000										1.1	
6	24	35,000											
7	24	35,000											
8	24	34,000										1.0	
9	24	20,500										1.0	
10	24	46,000										1.2	
11	24	35,000										1.1	
12	24	48,000										1.2	
13	24	41,500										1.1	
14	24	41,500											
15	24	46,000										0.9	
16	24	36,000										1.1	
17	24	51,000										1.1	
18	24	41,000										1.0	
19	24	21,000										1.0	
20	24	39,500										0.5	
21	24	39,500											
22	24	25,000										1.0	
23	24	34,000										1.3	
24	24	50,000										1.2	
25	24	39,000										1.2	
26	24	35,000										1.2	
27	24	35,000										1.0	
28	24	30,000										1.0	
29	24	30,000											
30	24	22,000										0.9	
31	24	39,000										1.3	
Total		~~419,000~~	112.500									1.4	
Average		14,354	36.290										
Maximum		51,000											

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

FILE COPY

11-27-07 Daily Flow Entered

612

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 12-3-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	31,600										1.4	
2	24	38,000										1.2	
3	24	34,500											
4	24	34,500										1.2	
5	24	42,000										1.2	BACT'S
6	24	30,000										1.3	
7	24	39,000										1.2	
8	24	32,000										1.0	
9	24	41,000										1.0	
10	24	45,500											
11	24	45,500										1.0	
12	24	43,000										1.1	
13	24	39,000										1.1	
14	24	44,000										1.1	
15	24	37,000										1.2	
16	24	55,000										1.2	
17	24	59,000											
18	24	59,000										1.0	
19	24	47,000										1.0	
20	24	30,000										1.1	
21	24	58,000										1.0	
22	24	29,000										0.9	
23	24	45,000										1.1	
24	24	50,000										1.1	
25	24	50,000											
26	24	50,000										1.0	
27	24	31,000										1.1	
28	24	32,000										1.2	
29	24	43,000										1.2	
30	24	34,000										1.3	
31	24												
Total		1,213,000	12-11-07 7710R 4pd										
Average		41,433											
Maximum		59,000											

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

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 1-7-08

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: DECEMBER 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlo
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abe or Maintenance System C
1	24	37,000											
2	24	37,000										1.30	
3	24	35,000										0.70	
4	24	32,000										1.20	
5	24	38,000										1.20	
6	24	31,000										1.20	BACT'S
7	24	48,000										1.1	
8	24	38,000											
9	24	38,000										1.10	
10	24	46,000										1.00	
11	24	23,000										1.00	
12	24	41,000										1.10	
13	24	43,000										1.10	
14	24	31,000										1.00	
15	24	45,000											
16	24	45,000										0.90	
17	24	42,000										1.20	
18	24	30,000										0.90	
19	24	33,000										1.10	
20	24	33,000										1.20	
21	24	33,000										1.20	
22	24	31,000										1.00	
23	24	45,000											
24	24	45,000										1.10	
25	24	28,000										1.20	
26	24	47,000										1.20	
27	24	26,000										1.10	
28	24	50,000										1.10	
29	24	36,000											
30	24	36,000										1.10	
31	24	39,000										1.00	
Total		1,162,000											
Average		37,483											
Maximum		50,000											

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 FI

PWS Identification Number: 3590258	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for Th

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide follows:

Polymer Dose, ppm =	Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epich polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are a

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.30
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

* *Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants u 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.*

2008

613
89

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lucenzo	C	13756	Mon - Fri. Days
	Kathy Sillitoe	C	13094	Mon - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	2806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
2-5-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	23,000										1.10	
2	24	49,000										0.30	
3	24	43,000										0.30	
4	24	33,000										2.00	
5	24	37,500											
6	24	37,500										1.30	
7	24	40,000										1.00	
8	24	34,000										0.70	
9	24	38,000										0.90	Collected Bac - T samples
10	24	44,000										1.20	
11	24	42,000										1.10	Replaced stenner pump tubings and rollers
12	24	51,000											
13	24	51,000										1.50	
14	24	30,000										2.20	
15	24	36,000										2.20	
16	24	37,000										2.20	
17	24	36,000										2.20	
18	24	38,000										1.80	
19	24	46,500											
20	24	46,500										1.50	
21	24	34,000										1.20	
22	24	45,000										1.30	
23	24	24,000										1.00	
24	24	31,000										1.00	
25	24	33,000										0.90	Replaced PRV, exercised valves
26	24	31,000											
27	24	34,000										1.00	
28	24	47,000										1.10	
29	24	33,000										1.10	
30	24	27,000										1.10	
31	24	42,000										1.20	
Total		1,177,000											
Average		37,967											
Maximum		51,000											

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

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake		PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs / State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
3-12-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	36,000										0.90	
2	24	38,000											
3	24	38,000										1.00	
4	24	29,000										1.00	
5	24	29,000										1.00	
6	24	43,000										1.00	Collected Bac - T samples
7	24	38,000										1.00	Flushed hydrants
8	24	29,000										1.00	
9	24	35,500											
10	24	35,500										1.00	
11	24	45,000										1.00	
12	24	39,000										1.10	
13	24	30,600										1.10	
14	24	35,000										1.00	
15	24	33,000										1.00	
16	24	35,000										1.00	
17	24	52,000											
18	24	52,000										1.00	
19	24	32,000										1.10	
20	24	38,000										1.10	
21	24	38,000										1.10	
22	24	39,000										1.00	
23	24	30,000										1.00	
24	24	35,500											
25	24	35,500										1.00	
26	24	32,000										1.00	
27	24	28,000										1.00	
28	24	37,000										1.00	
29	24	29,000										1.10	
30	24												
31	24												
Total		1,046,000											
Average		36,068											
Maximum		52,000											

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

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	*CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable**									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	39,000											
2	24	39,000										1.00	
3	24	42,000										1.20	
4	24	34,000										1.10	
5	24	30,000										1.10	Collected Bact - Ps, Hardness, NO3/NO3 samples
6	24	35,000										1.10	Replaced Air Compressor with a new one
7	24	34,000										1.10	
8	24	34,500											
9	24	34,500										1.00	
10	24	39,000										1.00	
11	24	38,000										1.00	
12	24	37,000										1.00	
13	24	41,000										1.10	
14	24	37,000										1.10	Replumbed ORP drain line
15	24	47,000											
16	24	47,000										1.00	
17	24	38,000										1.00	
18	24	35,000										1.00	
19	24	40,000										1.10	
20	24	48,000										1.10	
21	24	29,000										1.00	
22	24	55,000										1.00	Flushed 2" blow-off at 205 Lake Drive
23	24	55,500											
24	24	55,500										1.10	
25	24	51,000										1.00	
26	24	48,000										1.10	
27	24	50,000										1.00	
28	24	42,000										1.00	
29	24	66,000											
30	24	66,000										1.00	
31	24	43,000										1.10	
Total		1,330,000											
Average		42,903											
Maximum		66,000											

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

612

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	38,000										1.10	
2	24	38,000										1.00	Collected Bac - T samples
3	24	25,000										1.00	
4	24	48,000										1.00	
5	24	50,000											
6	24	50,000										1.00	
7	24	44,000										1.00	
8	24	30,000										1.00	
9	24	36,000										1.00	
10	24	51,000										1.00	
11	24	47,000										1.00	
12	24	59,500											
13	24	59,500										1.00	
14	24	46,000										1.00	
15	24	51,000										1.10	
16	24	56,000										1.10	Serviced air compressor, replaced stenner tubing &
17	24	58,000										1.10	
18	24	59,000										1.00	
19	24	72,000											
20	24	72,000										1.00	
21	24	51,000										1.10	
22	24	67,000										1.00	
23	24	74,000										1.10	
24	24	62,000										1.20	
25	24	44,000										1.10	
26	24	66,500											
27	24	66,500										1.00	
28	24	51,000										1.10	
29	24	37,000										1.00	
30	24	47,000											
31													
Total		1,556,000											
Average		51,866											
Maximum		74,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3500258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-860-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Silfitow	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Silfitow	KO was C	13004	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 6/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	59,000										0.90	Collected Bac-T samples
2	24	48,000										0.80	Replaced duck bill on bleach injection line
3	24	70,000											Collected 1st day Boil Water bac-t's due to line break
4	24	70,000										1.00	Collected 2nd day Boil Water bac-t's due to line break
5	24	59,000										1.10	
6	24	46,000										1.10	
7	24	72,000										1.00	
8	24	55,000										1.00	
9	24	53,000										1.00	Replaced stenner pump tubings
10	24	76,500											
11	24	76,500										1.00	
12	24	52,000										1.00	
13	24	52,000										1.00	
14	24	88,000										1.20	
15	24	78,000										1.10	
16	24	67,000										1.10	
17	24	87,500											
18	24	87,500										0.90	
19	24	57,000										0.50	Replaced stenner bleach injection check valve - broken
20	24	46,000										1.00	Greased Well
21	24	55,000										1.10	
22	24	68,000										0.50	Cleaned ORP
23	24	35,000										0.70	Replaced duck bill housing, leaking
24	24	54,000										1.50	
25	24	39,000											
26	24	39,000										1.40	
27	24	48,000										1.20	
28	24	55,000										1.00	
29	24	59,000										1.00	Cleaned stenner pump # 1, greased rollers/gear drive
30	24	55,000										1.20	
31	24	69,500											
Total		~~1,807,000~~	167	1,874,500									
Average		~~60,233~~		60,532									
Maximum		88,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 178		Total Population Served at End of Month: 623	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lozano	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
9-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Hour Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hour, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Hour, minutes	Lowest CT Provided Before or at First Customer During Peak Hour, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	69,500										1.20	
2	24	69,000										1.30	Collected Bac - T samples
3	24	34,000										1.30	
4	24	49,000										1.20	
5	24	41,000										1.30	
6	24	58,000										1.20	
7	24	76,500											
8	24	76,500										1.20	
9	24	63,000										1.10	
10	24	50,000										1.20	
11	24	49,000										1.00	
12	24	31,000										1.10	
13	24	42,000										1.10	
14	24	49,000											
15	24	49,000										1.60	
16	24	38,000										1.10	
17	24	32,000										1.10	
18	24	36,000										1.10	Serviced air compressor
19	24	41,000										0.80	Replaced steamer tubing and roller
20	24	36,000										1.20	
21	24	40,000											
22	24	40,000										1.30	
23	24	47,000										1.20	
24	24	37,000										1.20	
25	24	47,000										1.20	
26	24	36,000										1.30	
27	24	27,000										1.20	
28	24	49,000											
29	24	49,000										1.20	
30	24	31,000										1.20	
31													
Total		1,412,500											
Average		47,083											
Maximum		76,500											

* *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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 178	Total Population Served at End of Month: 623		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Cottee	C	6614	Sat-Sun
	Allan Lusch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 8-9-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	49,000										1.20	
2	24	54,000										1.10	Collected Hac - T samples
3	24	45,000										0.60	Plant on I connect. Replaced bleach injection pipe -
4	24	41,000										1.00	
5	24	60,000											
6	24	60,000										1.20	
7	24	79,000										1.20	
8	24	31,000										1.20	
9	24	39,000										1.10	
10	24	39,000										1.10	Trimmed tree limbs
11	24	38,000										1.10	Distributed Lead and copper bottles
12	24	41,000											
13	24	41,000										1.00	
14	24	29,000										1.10	
15	24	27,000										1.10	
16	24	32,000										1.10	
17	24	34,000										1.00	
18	24	25,000										0.90	
19	24	26,000										0.90	
20	24	45,500											
21	24	45,500										0.90	Completed lead and copper samples, sent to lab
22	24	41,000										0.90	
23	24	44,000										1.00	
24	24	28,000										1.00	Trimmed tree limbs on top of roof
25	24	31,000										1.00	
26	24	36,500											
27	24	36,500										1.00	
28	24	31,000										1.00	Cleaned Well drain line
29	24	33,000										1.00	Applied seal coat on floors
30	24	29,000										0.90	Applied seal coat on floors
31	24	30,000										0.90	
Total		1,211,000											
Average		39,064											
Maximum		79,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 178	Total Population Served at End of Month: 623		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
9-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	35,000										0.90	
2	24	33,500											
3	24	33,500										1.00	
4	24	35,000										0.80	Sealed crack on Well pad
5	24	34,000										1.10	Collected Hac - T samples
6	24	40,000										1.10	
7	24	59,000										1.00	Serviced air compressor
8	24	41,000										1.00	Cleaned/weed whacked Inter - Connect
9	24	43,500											
10	24	43,500										1.00	
11	24	33,000										0.90	
12	24	35,000										0.90	
13	24	44,000										0.80	
14	24	34,000										0.80	
15	24	31,000										0.80	
16	24	28,000										0.80	Washed down Hydro Tank
17	24	38,000											
18	24	38,000										0.80	
19	24	27,000										0.80	
20	24	31,000										0.70	Replaced stenner tubings
21	24	48,000										0.70	
22	24	59,000										0.70	
23	24	12,000										0.70	
24	24	33,500											
25	24	31,500										0.70	
26	24	32,000										0.60	
27	24	31,000										0.70	
28	24	33,000										0.70	
29	24	28,000										0.70	
30	24	32,000										0.70	
31	24	30,500										0.70	
Total		1,119,500											
Average		36,112											
Maximum		59,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake		PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 178	Total Population Served at End of Month: 623	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
Williams 10/3/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	30,500										0.70	
2	24	35,000										0.70	
3	24	33,000										0.80	
4	24	28,000										1.20	Collected Bac - T samples
5	24	34,000										1.10	
6	24	40,000										1.00	
7	24	44,500											
8	24	44,500										0.90	
9	24	27,000										0.90	
10	24	39,000										0.90	D. Hanna of FRWA testing Well meter accuracy
11	24	28,000										0.80	Cleaned Well drain line. Flushed blow offs. 5000 gals
12	24	37,000										0.80	Phosphate Test Dist. 1.5 POE 1.4
13	24	45,500											
14	24	45,500										0.80	
15	24	31,000										0.80	
16	24	32,000										0.80	
17	24	35,000										0.80	Serviced Air Compressor
18	24	32,000										0.80	
19	24	30,000										0.80	
20	24	48,000										0.70	Cleaned Inter connect
21	24	34,000											
22	24	34,000										0.80	Replaced old Polyphosphate signs
23	24	28,000										0.80	Cut/trimmed trees around fence
24	24	32,000										0.80	
25	24	31,000										0.80	
26	24	31,000										0.80	
27	24	36,000										0.80	
28	24	40,000											
29	24	40,000										0.80	
30	24	30,000										1.00	Repainted Well and pipes
31													
Total		1,055,500											
Average		35,183											
Maximum		48,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 178	Total Population Served at End of Month: 623		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Cotice	C	6614	Sat-Sun
	Allan Fisch	C	7806	Mon. - Fri. 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.

Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number

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

PWS Identification Number: 3590258	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	37,000										1.00	
2	24	43,000										1.10	
3	24	24,000										1.10	Repainted Well, pipings
4	24	34,000										1.00	
5	24	36,500											
6	24	36,500										1.00	
7	24	34,000										1.00	
8	24	33,000										1.00	Collected Bac - T samples, Sanitary Survey
9	24	34,000										0.90	Flushed 2" blow off at 203 Lake - 2,000 gals
10	24	28,000										0.90	Flushed 2" blow off at 155 Fairway - 3,000 gals
11	24	28,000										0.90	
12	24	41,500											
13	24	41,500										0.90	
14	24	32,000										0.90	
15	24	35,000										0.90	Serviced air compressor, replaced silencer tubings
16	24	41,000										0.80	
17	24	43,000										0.80	
18	24	34,500											Power outage, plant on Interconnect - 3,600 gals
19	24	34,500										1.00	
20	24	41,000										1.00	
21	24	36,000										0.90	
22	24	30,000										0.90	
23	24	43,000										0.80	
24	24	35,000										0.80	
25	24	32,000										0.80	
26	24	42,500											
27	24	42,500										0.80	
28	24	29,000										0.90	
29	24	44,000										1.00	Cleaned ORP, replaced battery on well filter controller
30	24	42,000										1.00	
31	24	35,000										1.00	
Total		1,143,000											
Average		36,870											
Maximum		50,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 178	Total Population Served at End of Month: 623		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Lisch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 12-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	33,000										1.20	
2	24	50,000											
3	24	50,000										1.10	
4	24	32,000										1.20	Collected Bac - T samples
5	24	37,000										1.10	
6	24	36,000										1.10	
7	24	36,000										1.10	Serviced air compressor. Flushed HO - 5,000 gals.
8	24	33,000										1.10	
9	24	56,500											
10	24	56,500										1.00	
11	24	24,000										1.00	
12	24	42,000										0.90	
13	24	37,000										0.90	
14	24	42,000										0.90	
15	24	46,500											
16	24	46,500										1.00	
17	24	51,000										0.80	
18	24	99,000										0.80	
19	24	56,000										0.80	
20	24	44,000										0.80	
21	24	36,000										0.90	
22	24	38,000										0.80	
23	24	48,000											
24	24	48,000										0.90	
25	24	39,000										0.90	Greased Well
26	24	44,000										0.90	Replaced Polyphosphate pump with a new unit.
27	24	44,000										1.00	Replaced Polyphosphate suction line. Bled.
28	24	39,000										1.00	
29	24	40,000										1.00	
30	24	44,000										1.00	
31													
Total		1,288,000											
Average		42,933											
Maximum		99,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 178	Total Population Served at End of Month: 623		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 172,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 1-2-2009	Elisa Williams	C-14846

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

PWS Identification Number: 3590258 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	44,000										1.00	
2	24	28,000										1.00	
3	24	38,000										1.00	Collected flac - T samples
4	24	35,000										1.00	
5	24	44,000										0.90	
6	24	51,000										1.00	
7	24	40,000											Hydro Tank site glass O.O.S.
8	24	40,000										0.90	
9	24	39,000										1.00	
10	24	44,000										1.00	
11	24	38,000										1.00	
12	24	26,000										1.00	Installed new site glass for Hydro Tank
13	24	30,000										0.90	
14	24	43,000											
15	24	42,000										1.00	
16	24	23,000										1.00	
17	24	37,000										0.90	
18	24	39,000										0.90	
19	24	41,000										0.90	
20	24	45,000										0.90	
21	24	38,000											
22	24	38,000										0.90	Replaced stenner tubings and duckbills.
23	24	35,000										0.90	
24	24	41,000										1.00	
25	24	74,000										1.00	
26	24	34,000										1.00	
27	24	41,000										1.00	
28	24	44,000											
29	24	44,000										0.90	
30	24	35,000										1.00	
31	24	42,000										0.90	
Total		1,237,000											
Average		39,903											
Maximum		74,000											

** 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

PWS Identification Number: 3590258	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * **December 2008**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 0.90
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

JANSEN

2007

618

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 893	
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 Spings	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Silltoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Silltoe	C	13094	Mon - Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.**

Signature and Date	Printed or Typed Name	License Number
Allan Finch 1-31-07	Allan Finch	C-7806

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	73,000										1.4	
2	X	24	80,000										1.7	
3	X	24	66,000										1.9	
4	X	24	72,000										1.7	
5	X	24	63,000										1.7	
6	X	24	68,000										1.5	
7		24	76,500										1.4	BACT'S
8	X	24	76,500										1.5	
9	X	24	67,000										1.4	
10	X	24	61,000										1.4	
11	X	24	65,000										1.3	
12	X	24	60,000											
13	X	24	68,000										1.5	
14		24	68,000										1.4	
15	X	24	84,000										1.4	
16	X	24	83,000										0.9	
17	X	24	67,000										1.3	
18	X	24	60000										1.4	
19	X	24	69,000										1.4	
20	X	24	71,000											
21		24	89,500										1.4	
22	X	24	89,500										1.3	
23	X	24	87,000 (73000										1.4	Nitrate Sample
24	X	24	88,000 86,000										1.4	
25	X	24	82,000 67,000										1.5	
26	X	24	41,000 62,000										1.3	
27	X	24	47,000											
28		24	72,500										1.4	
29	X	24	72,500										1.3	
30	X	24	56,000										1.4	
31	X		66,000											
Total			2,132000											
Average			68,774											
Maximum			89,500											

** 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

FILE COPY

See page 4 for instructions. 613

I. General Information for the Month Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
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 Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Kathy Sillitoe 3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-7806~~ C-13094

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	62,000										1.3	
2	X	24	65,000										1.3	
3		24	66,000											
4	X	24	66,000										1.1	
5	X	24	57,000										1.2	
6	X	24	70,000										1.8	
7	X	24	50,000										2.4	
8	X	24	62,000										1.2	
9	X	24	65,000										1.4	
10		24	72,500											
11	X	24	72,500										1.3	
12	X	24	58,000										1.2	
13	X	24	61,000										1.2	BACTS
14	X	24	63,000										1.3	
15	X	24	63,000										1.3	
16	X	24	55,000										1.4	
17		24	67,000										~~1.3~~	
18	X	24	67,500										~~1.3~~ 1.3	
19	X	24	84,000										1.6	
20	X	24	63,000										1.5	
21	X	24	70,000										1.5	
22	X	24	67,000										1.3	
23	X	24	74,000										1.4	
24	X	24	96,000										1.6	
25	*	24	69,500											
26	X	24	69,500										1.4	
27	X	24	78,000										1.0	
28	X	24	60,000										1.6	
29		24												
30		24												
31														
Total			1912,000											
Average			66.285											
Maximum			96.000											

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

618

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Jansen

PWS Identification Number: 3590615

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 255

Total Population Served at End of Month: 893

PWS Owner: Utilities, Inc. of Florida

Contact Person: Patrick Flynn

Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave

City: Altamonte Springs | State: Fl | Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919

Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida

Plant Telephone Number: 407-869-1919

Plant Address: 6236 Bear Lake Terrace

City: Apopka | State: Fl | Zip Code: 32703

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 4-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	77,000										0.8	
2	X	24	57,000										2.5	
3	X	24	71,500											
4		24	71,500										0.7	
5	X	24	75,000										0.6	
6	X	24	72,000										0.6	
7	X	24	56,000										1.0	
8	X	24	100,000										3.5	BWCT'S
9	X	24	56,000										3.2	
10	X	24	95,000											
11		24	95,000										3.2	
12	X	24	78,000										1.9	
13	X	24	75,000										1.7	
14	X	24	85,000										1.5	
15	X	24	59,000										1.6	
16	X	24	62,000										1.5	
17	X	24	81,000											
18		24	81,000										1.5	
19	X	24	91,000										1.4	
20	X	24	85,000										1.4	
21	X	24	58,000										1.5	
22	X	24	86,000										1.1	
23	X	24	79,000										1.1	
24	X	24	109,000										1.0	
25		24	110,500											
26	X	24	110,500										1.2	
27	X	24	99,000										1.2	
28	X	24	79,000										1.3	
29	X	24	77,000										1.1	
30	X	24	76,000										1.2	
31	X		101,000											
Total			2,514,000											
Average			81,096											
Maximum			110,500											

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

618

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 5-1-07	Allan Finch	C-7806
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	186,000										1.1	
2	X	24	86,000										1.2	
3	X	24	84,000										1.4	
4	X	24	78,000										1.3	Replace PRV, Flushed 100 Gal, Exercise Valves
5	X	24	112,000										1.0	
6	X	24	72,000										1.3	
7		24	94,000											
8	X	24	94,000										1.4	
9	X	24	80,000										1.4	
10	X	24	65,000										1.3	BACT'S
11	X	24	63,000										1.5	
12	X	24	57,000										1.4	
13	X	24	65,000										1.3	
14		24	77,000											
15	X	24	77,000										1.3	
16	X	24	70,000										1.2	
17	X	24	61,000										1.3	
18	X	24	67,000										1.1	
19	X	24	78,000										0.9	
20	X	24	74,000										1.0	
21		24	84,000										1.3	
22	X	24	94,000											
23	X	24	94,000										1.3	
24	X	24	92,000										1.2	
25	X	24	95,000										1.1	
26	X	24	94,000										1.2	
27	X	24	83,000										1.3	
28		24	75,500											
29	X	24	75,500										1.3	
30	X	24	118,000										1.4	B.F. Water line break
31														
Total			2457000											
Average			81,900											
Maximum			118000											

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

618

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3500615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 893	
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 Spings	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl / Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 6-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	94,000										1.3	Bac't under BAC's
2	X	24	88,000										1.6	
3	X	24	98,000										1.6	
4	X	24	95,000										1.3	
5		24	107,500											
6	X	24	107,500										1.3	
7	X	24	85,000										1.2	
8	X	24	73,000										1.3	
9	X	24	65,000										1.4	Routine BAC's
10	X	24	90,000										1.2	
11	X	24	53,000										1.2	
12		24	93,000											
13	X	24	93,000										1.3	
14	X	24	96,000										0.9	
15	X	24	73,000										1.2	
16	X	24	70,000										1.3	
17	X	24	112,000										1.2	
18	X	24	57,000										1.2	
19		24	15,000											
20	X	24	70,000										1.2	
21	X	24	106,000										1.3	
22	X	24	95,000										1.2	
23	X	24	90,000										1.3	
24	X	24	56,000										1.2	
25	X	24	73,000										1.3	
26		24	107,000										1.3	
27	X	24	119,000											
28	X	24	119,000										1.2	
29	X	24	125,000										1.1	
30	X	24	65,000										1.3	
31	X	24	124,000										1.3	
Total			2,775,000											
Average			89,516											
Maximum			125,000											

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

618

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 7-3-07	Allan Finch	C-7806

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	71,000										1.3	
2		24	69,000											
3	X	24	69,000										1.4	
4	X	24	71,000										1.3	
5	X	24	70,000										1.4	
6	X	24	82,000										1.2	
7	X	24	67,000										1.3	
8	X	24	60,000										1.2	BACT'S
9	X	24	67,000										1.2	
10		24	75,000											
11	X	24	75,000										1.3	
12	X	24	55,000										1.2	
13	X	24	63,000										1.0	
14	X	24	64,000	1400									1.1	
15	X	24	67,000	51,000									1.2	
16	X	24	96,500	67,000									1.3	
17		24	78,500											
18	X	24	78,500										1.1	
19	X	24	77,000										1.1	
20	X	24	68,000										1.2	
21	X	24	65,000										1.4	
22	X	24	66,000										1.6	
23	X	24	101,000										1.0	
24		24	100,500											
25	X	24	100,500										1.2	
26	X	24	96,000										1.2	
27	X	24	55,000										1.0	
28	X	24	121,000										1.3	
29	X	24	69,000										1.1	
30	X	24	115,000											
31														
Total			2,230,000											
Average			74,333											
Maximum			121,000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 893	
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 Spings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 8-1-07	Allan Finch	C-7806

COPY

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	115,000										2.0	
2	X	24	73,000										1.6	
3	X	24	65,000										2.3	
4	X	24	46,000										1.2	
5	X	24	69,000										1.3	BACTS
6	X	24	63,000										1.1	
7		24	73,500											
8	X	24	73,500										1.2	
9	X	24	97,000										1.5	
10	X	24	90,000										1.2	
11	X	24	67,000										1.3	
12	X	24	74,000										1.3	
13	X	24	75,000										1.2	
14		24	73,000											
15	X	24	73,000										1.2	
16	X	24	85,000										1.2	
17	X	24	65,000										1.3	
18	X	24	66,000										1.2	
19	X	24	68,000										1.3	
20	X	24	59,000										1.2	
21	X	24	69,000										1.2	
22		24	76,500 ✓											
23	X	24	76,500 ✓										1.3	
24	X	24	66,000										1.3	
25	X	24	62,000										1.2	
26	X	24	94,000										2.6	
27	X	24	63,000										1.1	
28		24	85,000 ✓											
29	X	24	85,000 ✓										2.6	
30	X	24	80,000										1.9	
31	X		72,000										1.7	
Total			~~2,291,000~~	2,291,000 ✓										
Average			73,903											
Maximum			115,000											

** 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.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 9-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

FILE COPY

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	62,000										1.3	
2	X	24	69,000										1.5	
3	X	24	65,000										1.3	
4		24	76,000											
5	X	24	76,000										1.3	
6	X	24	89,000										1.4	
7	X	24	95,000										1.3	
8	X	24	99,000										1.4	BAT's
9	X	24	71,000										1.2	TTHM's, HAA5's
10	X	24	55,000										1.0	
11		24	95,500											
12	X	24	95,500										1.3	
13	X	24	86,000										1.3	
14	X	24	67,000										1.4	
15	X	24	67,000										1.0	
16	X	24	84,000										1.0	
17	X	24	95,000										0.9	
18		24	103,000											
19	X	24	103,000										1.0	
20	X	24	112,000										1.1	
21	X	24	81,000										1.1	
22	X	24	104,000										1.0	
23	X	24	122,000										1.2	
24	X	24	92,000										1.2	
25	X	24	89,500											
26	X	24	89,500										1.2	
27	X	24	89,000										1.0	
28	X	24	72,000										1.4	
29	X	24	77,000										1.2	
30	X	24	81,000										1.1	
31	X		54,000										1.2	
Total			2,625,000											
Average			84,677											
Maximum			122,800											

** 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.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
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 Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 10-1-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	73,000											
2	X	24	73,000										1.2	
3	X	24	31,000										1.2	
4	X	24	95,000										0.9	
5	X	24	76,000										1.0	
6	X	24	65,000										0.9	
7	X	24	77,000										0.9	
8		24	70,500											
9	X	24	76,500										1.0	
10	X	24	83,000										0.9	BACTS
11	X	24	62,000										1.3	
12	X	24	68,000										0.2	
13	X	24	67,000										0.2	
14	X	24	77,000										0.9	
15		24	71,500											
16	X	24	71,500										1.0	
17	X	24	95,000										0.9	
18	X	24	80,000										1.1	
19	X	24	66,000										0.9	
20	X	24	68,000										1.6	
21	X	24	61,000										1.5	
22		24	65,000											
23	X	24	65,000										1.5	
24	X	24	74,000										1.4	
25	X	24	60,000										1.4	
26	X	24	71,000										1.3	
27	X	24	63,000										1.0	
28	X	24	60,000										1.4	
29		24	71,000											
30	X	24	71,000										1.2	
31	X													
Total			2,107,000											
Average			70,233											
Maximum			95,000											

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

618

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
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 Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 11-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

FILE COPY

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	73,000										0.4	
2	X	24	74,000										1.3	
3	X	24	57,000										1.3	
4	X	24	59,000										0.5	
5	X	24	70,000										1.3	
6		24	60,000											
7	X	24	60,000										1.3	
8	X	24	78,000										0.7	
9	X	24	55,000										0.2	SACT'S
10	X	24	79,000										1.5	
11	X	24	56,000										1.6	
12	X	24	68,000										1.7	
13		24	72,000											
14	X	24	72,000										1.5	
15	X	24	87,000										0.9	
16	X	24	72,000										1.3	
17	X	24	69,000										1.6	
18	X	24	72,000										1.7	
19	X	24	61,000										1.6	
20		24	72,000											
21	X	24	72,000										1.5	
22	X	24	63,000										1.4	
23	X	24	57,000										1.4	
24	X	24	77,000										1.5	
25	X	24	58,000										1.3	
26	X	24	55,000										1.1	
27	X	24	93,000										1.1	
28	X	24	50,000											
29	X	24	50,000										1.3	
30	X	24	53,000										1.4	
31	X		59,000										1.2	
Total			2,042,000											
Average			65,870											
Maximum			87,000											

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

FILE COPY

649618

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
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 Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 12-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	54,000										1.1	
2	X	24	51,000										1.2	BACT's
3		24	67,000											
4	X	24	67,000										1.3	
5	X	24	70,000										1.3	
6	X	24	65,000										1.2	
7	X	24	74,000										1.3	
8	X	24	54,000										1.1	
9	X	24	91,000										1.4	
10		24	91,500	1,273,000										
11	X	24	91,500										1.5	
12	X	24	79,000										1.4	
13	X	24	86,000										1.4	
14	X	24	54,000										1.2	
15	X	24	90,000										1.5	
16	X	24	56,000										2.3	
17		24	76,000	1,539,000										
18	X	24	76,000										2.0	
19	X	24	92,000										1.9	
20	X	24	82,000										1.7	
21	X	24	76,000										1.7	
22	X	24	71,000										1.6	
23	X	24	67,000										1.6	
24	X	24	79,000										1.6	
25	X	24	82,000	Should be 26 x 82,000 / 72 (use attached sheet)										
26	X	24	82,000										1.5	
27	X	24	68,000										1.4	
28	X	24	62,000										1.6	
29	X	24	74,000										1.4	
30	X	24	63,000										1.6	
31														
Total			2,160,000 ← 2/62900											
Average			72,000											
Maximum			96,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: December 2007

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
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 Sptings	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 1-7-08 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3590615	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24	72,000											
2	X	24	72,000										1.50	
3	X	24	62,000										1.30	
4	X	24	65,000										1.30	
5	X	24	79,000										1.50	
6	X	24	64,000										1.50	BACTS
7	X	24	66,000										1.60	
8		24	73,500											
9	X	24	73,500										1.60	
10	X	24	80,000										1.50	
11	X	24	72,000										1.50	
12	X	24	63,000										1.40	
13	X	24	68,000										1.50	
14	X	24	76,000										1.40	
15		24	63,500											
16	X	24	63,500										1.50	
17	X	24	80,000										1.40	
18	X	24	64,000										1.50	
19	X	24	58,000										1.40	
20	X	24	81,000										1.40	
21	X	24	68,000										1.50	
22	X	24	73,000										1.40	
23		24	66,000											
24	X	24	66,000										1.40	
25	X	24	68,000										1.40	
26	X	24	60,000										1.40	
27	X	24	89,000										1.40	
28		24	53,000										1.40	
29	X	24	70,000											
30	X	24	70,000										1.40	
31			69,000										1.30	
Total			2,148,000											
Average			69,290											
Maximum			89,000											

** 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

PWS Identification Number: 3590615	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %' =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %' =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.20
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

2008

6-8

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

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
E Williams 2-5-08	Elisa Williams	C-14846

02/08/2008 15:52 4072508681 DES PINAR PAGE 03/05

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

PWS Identification Number: 3590635 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *
☐ Ultraviolet Radiation ☐ Other (Describe): ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Data to Demonstrate Four-Log Virus Inactivation, if Applicable: Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Highest Calculated Contact Time (T) at C Measured from Same Point as C 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	Maximum CT Required, mg-min/l	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	72,000										1.40	
2	X	24	82,000										0.70	Generator out of service, overspeed fault
3	X	24	48,000										1.30	
4	X	24	55,000										1.30	Repaired gasmatic, back on-line
5			68,500											
6	X	24	68,500										1.30	
7	X	24	81,000										1.50	
8	X	24	49,000										1.40	
9	X	24	58,000										1.40	
10	X	24	86,000										1.30	
11	X	24	64,000										2.00	Replaced Stenner rollers, tubing
12			61,000											
13	X	24	61,000										2.00	
14	X	24	79,000										2.20	
15	X	24	53,000										2.20	Collected Hac - T samples
16	X	24	67,000										2.20	
17	X	24	58,000										2.00	
18	X	24	54,000										1.80	
19	X	24	52,000											
20			52,000										2.00	
21	X	24	77,000										1.40	
22	X	24	82,000										1.05	
23	X	24	68,000										1.80	
24	X	24	65,000										1.10	
25	X	24	82,000										1.00	
26			102,000											
27	X	24	102,000										1.00	
28	X	24	104,000										0.80	
29	X	24	102,000										1.40	
30	X	24	70,000										1.30	
31	X	24	53,000	0									1.40	
Total	30		2,184,000											
Average			70,451											
Maximum			104,000											

* *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 FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 3-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	52,000										1.20	
2			74,500											
3	X	24	74,500										1.50	
4	X	24	89,000										1.30	
5	X	24	56,000										1.40	Collected Bac - T samples
6	X	24	43,000										1.40	
7	X	24	73,000										1.30	
8	X	24	60,000											
9			84,000										1.30	
10	X	24	84,000										0.90	
11	X	24	69,000										0.80	Tightened packing on Well #1
12	X	24	60,000										1.50	
13	X	24	60,000										0.60	
14	X	24	65,000										0.80	Collected Bac - T samples
15	X	24	53,000										0.50	
16	X	24	59,000											
17			70,000										1.20	
18	X	24	70,000										1.10	
19	X	24	59,000										1.40	
20	X	24	65,000										1.10	Changed Steiner pumps
21	X	24	55,000										1.20	Replaced Steiner tubings
22	X	24	79,000										1.20	
23	X	24	47,000											
24			58,000										1.30	Replaced PRV, flushed hydrants
25	X	24	58,000										1.20	
26	X	24	60,000										1.30	
27	X	24	59,000										1.20	
28	X	24	54,000										1.20	
29	X	24	54,000											
30	X	24												
31	X	24												
Total			1,841,000											
Average			63,586											
Maximum			89,000											

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

6RO 618

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 893		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1			64,000											
2	X	24	64,000										1.20	
3	X	24	68,000										1.30	
4	X	24	64,000										1.20	
5	X	24	58,000										1.60	Collected Bac - Ts, Hardness, NO2/NO3
6	X	24	42,800										1.50	Remote Flowmeter for Well # 2 OUT
7	X	24	51,800										1.50	
8			50,300											
9	X	24	50,300										1.50	
10	X	24	46,600										1.50	Locke Well onsite working on generator
11	X	24	51,800										1.40	Generator back on-line
12	X	24	54,000										1.50	
13	X	24	40,000										1.50	
14	X	24	48,800										1.40	
15	X		54,000											
16	X	24	54,000										1.50	
17		24	70,200										0.90	Replaced tubing on bleach pump # 3
18	X	24	50,800										1.20	
19	X	24	53,000										1.40	
20	X	24	74,600										1.30	
21	X	24	49,200										1.40	
22	X	24	51,400										1.30	2" line break at 6300 Bear Lake Terrace
23			70,500											
24	X	24	70,500										1.40	
25	X	24	58,400										1.30	
26	X	24	63,800										1.30	
27	X	24	67,000										1.20	Replaced tubing on steamer pump # 1 & # 3
28	X	24	58,400										1.30	
29	X	24	77,800											
30	X	24	77,800										1.30	
31	X	24	84,400										1.40	
Total			1,840,200											
Average			59,361											
Maximum			84,400											

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

6/8

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 893	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl / Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

E. Williams 5-1-08 — Signature and Date

Elisa Williams — Printed or Typed Name

C-14846 — License Number

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	63,000										1.30	
2	X	24	57,000										1.40	Replaced strainer lubings
3	X	24	49,000										1.30	
4	X	24	69,000										1.30	
5		24	64,000											
6	X	24	64,000										1.20	
7	X	24	54,000										1.40	Collected Bac -T samples
8	X	24	41,000										1.30	
9	X	24	63,000										1.20	
10	X	24	63,000										1.20	
11	X	24	59,000										1.40	
12		24	76,500											
13	X	24	76,500										1.50	
14	X	24	63,000										1.50	
15	X	24	65,000										1.50	
16	X	24	59,000										1.50	
17	X	24	77,000										1.40	
18	X	24	82,000										1.20	
19		24	89,000											
20	X	24	89,000										1.30	
21	X	24	92,000										1.20	
22	X	24	76,000										1.20	
23	X	24	95,000										1.30	
24	X	24	73,000										1.40	
25	X	24	95,000										1.30	
26	X	24	84,000										1.30	
27		24	109,000											
28	X	24	109,000										1.00	
29	X	24	58,000										1.10	Well # 2 tripped out. Reset
30	X	24	60,000										1.40	
31	X													
Total			2,174,000											
Average			72,466											
Maximum			109,000											

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

618

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 803	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C/A	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 5/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	84,000										1.30	
2	X	24	103,000										1.40	
3		24	127,500											
4	X	24	127,300										1.30	
5	X	24	95,000										1.50	
6	X	24	86,000										1.20	Replaced tubing on pump # 1, leaking
7	X	24	101,000										1.20	
8	X	24	104,000										1.40	Collected Rac - 1 samples
9	X	24	120,000										1.20	
10		24	99,500											
11	X	24	99,500										1.00	
12	X	24	120,000										1.20	
13	X	24	107,000										1.20	
14	X	24	96,000										1.30	
15	X	24	96,000										1.20	
16	X	24	128,000										0.90	Replaced Stenner pump # 1 motor, ceased
17		24	113,500											
18	X	24	113,500										1.00	
19	X	24	153,000										1.30	
20	X	24	82,000										1.30	
21	X	24	84,000										1.20	
22	X	24	102,000										1.30	
23	X	24	72,000										1.40	
24		24	79,500											
25	X	24	79,500										1.50	
26	X	24	87,000										1.40	
27	X	24	96,000										1.50	
28	X	24	95,000										1.40	
29	X	24	87,000										1.40	
30	X	24	87,000										1.30	Replaced stenner tubings
31	X	24	98,000											
Total			3,035,000	3,083,000										
Average			100,833	99,451										
Maximum			153,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 892	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl / Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13094	Mon - Fri Days
	John Collier	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
[signature] 7-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution [illegible]	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	119,500										[illegible]	
2	X	24	103,000										1.20	
3	X	24	113,000										1.20	
4	X	24	88,000										1.30	Collected Bac - T samples
5	X	24	99,000										1.20	
6	X	24	101,000										1.30	
7		24	94,000											
8	X	24	94,000										1.20	
9	X	24	113,000										1.10	
10	X	24	65,000										1.10	
11	X	24	65,000										1.10	Trimmed trees/limbs along the fence
12	X	24	60,000										1.20	
13	X	24	59,000										0.90	
14		24	66,500											
15	X	24	66,500										1.00	Cleaned well # 1 drain line, plugged up
16	X	24	80,000										1.20	
17	X	24	63,000										1.10	
18	X	24	51,000										1.00	
19	X	24	60,000										1.20	Cleaned ORP
20	X	24	50,000										0.70	
21	X	24	80,000										1.00	
22		24	62,000											
23	X	24	63,000										1.00	
24	X	24	59,000										1.00	
25	X	24	58,000										1.30	
26	X	24	54,000										1.20	Thompson Electric installed new Well 1
27	X	24	50,000										1.30	
28		24	88,500											
29	X	24	88,500										1.30	
30	X	24	82,000										1.20	
31														
Total			2,217,500											
Average			71,583											
Maximum			119,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 892		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13091	Mon - Fri Days
	John Collee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	63 000										1.20	
2	X	24	66 000										1.30	Replaced stenner tubings
3	X	24	61 000										1.20	
4	X	24	68 000										1.30	
5		24	81 500											
6	X	24	84 500										1.20	
7	X	24	78 000										0.80	
8	X	24	78 000										1.00	
9	X	24	65 000										1.20	Thomson Electric put Well # 1 starter online
10	X	24	43 000										0.80	Collected Dac - T samples
11	X	24	66 000										1.30	
12		24	67 000											
13	X	24	67 000										1.30	
14	X	24	80 000										1.10	Well # 1 O.O.S. starter problems
15	X	24	60 000										0.80	Well # 1 back online
16	X	24	53 000										1.20	
17	X	24	57 000										1.60	
18	X	24	56 000										1.60	Electricians working on starter and generator
19	X	24	68 000										1.50	
20	X	24	67 000											
21	X	24	67 000										1.40	Installed meter for Well # 2, estimated flow
22		24	72 500										1.10	
23	X	24	72 500										1.10	Trimmed tree limbs/cut trees around plant
24	X	24	77 000										1.40	
25	X	24	68 000										1.30	Replaced stenner tubings, leak
26		24	67 000											
27	X	24	63 000										1.30	
28	X	24	91 000										1.40	
29	X	24	89 000										1.40	
30	X	24	72 000										1.30	
31	X	24	55 000										1.20	
Total			2 106 000											
Average			67 935											
Maximum			91 000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 892	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl / Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Silfitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Silfitoe	B	13093	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
E Williams 9-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	39,000										1.20	
2		24	71,000										1.10	
3	X	24	71,000										1.30	
4	X	24	72,000										1.20	
5	X	24	70,000										1.30	Collected Bac - T samples
6	X	24	63,000										1.30	Serviced locks, air compressor
7	X	24	72,000										1.10	
8	X	24	62,000											
9		24	67,500										1.60	
10	X	24	67,500										1.10	
11	X	24	79,000										1.20	
12	X	24	61,000										1.20	
13	X	24	60,000										1.20	
14	X	24	56,000										1.20	
15	X	24	45,000										1.20	Distributed Lead and Copper sample bottles
16	X	24	89,000											
17		24	70,000										1.10	
18	X	24	70,000										1.10	
19	X	24	61,000										1.10	
20	X	24	53,000										1.30	
21	X	24	56,000										1.30	
22	X	24	45,000										1.00	
23	X	24	69,000											
24		24	61,000										0.80	
25	X	24	61,000										0.80	Applied cool seal on roof-leaked during storm
26	X	24	47,000										0.90	
27	X	24	66,000										1.00	
28	X	24	50,000										1.10	Replaced PO4 injection line installed valve
29	X	24	46,000										1.20	
30	X	24	57,000										1.20	
31	X	24	58,000											
Total			1,915,000											
Average			61,774											
Maximum			89,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255		Total Population Served at End of Month: 892	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12740	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13094	Mon - Fri Days
	John Coffee	C	6644	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
E Williams 10/3/05	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	58,000										1.20	
2	X	24	66,000										1.10	
3	X	24	54,000										1.10	
4	X	24	58,000										1.20	Well # 2 OOS, meter flange leaking
5	X	24	59,000										2.10	Well # 2 back online
6	X	24	68,000										2.00	Completed Lead and Copper sampling
7		24	68,000											
8	X	24	68,000										1.50	
9	X	24	65,000										1.30	
10	X	24	67,000										1.40	D. Hanna testing Well 1 & 2 meter accuracy
11	X	24	46,000										1.30	
12	X	24	54,000										1.10	Serviced Air Compressor
13		24	60,000											
14	X	24	60,000										1.30	
15	X	24	83,000										1.30	Collected Bac - T samples
16	X	24	56,000										1.30	
17	X	24	57,000										0.70	
18	X	24	61,000										0.60	
19	X	24	70,000										0.90	
20		24	70,000											
21	X	24	70,000										1.00	
22	X	24	87,000										0.90	
23	X	24	59,000										1.30	
24	X	24	59,000										1.20	
25	X	24	56,000										1.10	Replaced stemmer pump tubings
26	X	24	72,000										1.50	Started installation of new Transfer Switch
27	X	24	58,000										1.30	
28		24	75,000											
29	X	24	75,000										1.20	
30	X	24	55,000										1.20	New Transfer Switch online
31														
Total			1,914,000											
Average			63,800											
Maximum			87,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 892		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	7806	Mon - Fri Days
Other Operators:	Jerry Sallusc	A	12749	Thur. Fri & Sat. Days
	Alex Lucenas	C	13756	Mon - Fri Days
	Kathy Sallusc	B	13694	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
[signature] 11-3-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	58,000										1.30	
2	X	24	65,000										1.20	
3	X	24	67,000										1.70	Serviced Air Compressor
4	X	24	61,000										1.70	Greased Well # 1
5		24	70,000											
6	X	24	70,000										1.40	Replaced grease fitting on Well # 1 packing
7	X	24	63,000										1.40	
8	X	24	66,000										1.30	
9	X	24	69,000										1.20	DEP Sanitary Survey
10	X	24	71,000										1.20	
11	X	24	69,000										1.20	
12		24	64,500											
13	X	24	61,500										1.30	
14	X	24	43,000										1.30	Collected Bac - T samples
15	X	24	62,000										1.40	
16	X	24	71,000										1.20	Replaced remote well sample tap
17	X	24	61,000										1.30	
18		24	78,000											
19	X	24	78,000										1.30	
20	X	24	57,000										1.20	
21	X	24	80,000										1.20	
22	X	24	67,000										1.70	
23	X	24	65,000										1.30	
24	X	24	50,000										1.40	
25	X	24	54,000										1.30	
26		24	65,500											
27	X	24	65,500										1.40	
28	X	24	65,000										1.40	
29	X	24	59,000										2.00	
30	X	24	62,000										1.80	
31	X	24	49,000										2.00	
Total			1,978,000											
Average			63,806											
Maximum			80,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Jansen			PWS Identification Number: 3590615
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 255	Total Population Served at End of Month: 892		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 6236 Bear Lake Terrace	City: Apopka	State: Fl	Zip Code: 32703
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillins	A	12749	Thur, Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillins	B	13094	Mon - Fri Days
	John Collee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon-Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Elisa Williams	C-14846

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	58,000										2.00	
2		24	71,000											
3	X	24	71,000										1.80	
4	X	24	64,000										1.80	
5	X	24	61,000										1.80	
6	X	24	54,000										1.70	Replaced steamer pump tubings
7	X	24	58,000										2.20	
8	X	24	82,000										0.80	
9		24	73,500											
10	X	24	73,500										1.70	Collected Bac - T samples
11	X	24	76,000										1.50	Replaced feed rate controller on pump # 4
12	X	24	78,000										1.50	
13	X	24	61,000										1.40	
14	X	24	81,000										1.70	
15		24	71,000											
16	X	24	71,000										1.70	
17	X	24	66,000										1.50	
18	X	24	68,000										1.50	Flushed blow - offs. 7,000 gallons
19	X	24	65,000										1.50	
20	X	24	85,000										1.60	
21	X	24	74,000										1.40	
22	X	24	63,000										1.40	
23		24	76,500											
24	X	24	76,500										1.40	
25	X	24	66,000										1.40	
26	X	24	48,000										1.80	
27	X	24	62,000										1.80	
28	X	24	77,000										1.30	
29	X	24	68,000										1.30	
30		24	63,000										1.20	
31														
Total			2,130,000											
Average			67,065											
Maximum			82,000											

** 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 PURI WATER

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Jansen | PWS Identification Nu

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 255 | Total Population Served at End of Month: 892

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

Contact Person's Telephone Number: 407-869-1919 | Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida | Plant Telephone Numb

Plant Address: 6236 Bear Lake Terrace | City: Apopka | State: Fl

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C

	Name	License Class	License Number	Day(s)/Shift(
Licensed Operators				
Lead Chief Operator:	Elisa Williams	C	7806	Mon - Fr
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & S
	Alex Lorenzo	C	13756	Mon - Fr
	Kathy Sullivan	B	13094	Mon - Fr
	John Coffee	C	6614	Sat-S
	Allan Finch	C	7806	Mon-Fri

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 thi 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 u NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additio plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemi rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Elisa Williams
Printed or Typed Name

C-14846
License Nu

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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	63,000										1.20	
2	X	24	54,000										1.20	
3	X	24	69,000										1.20	
4	X	24	57,000										1.30	Collected Bac - T samples
5	X	24	67,000										1.80	Replaced skimmer pump tubings
6	X	24	76,000										1.90	
7		24	56,000											
8	X	24	56,000										1.80	
9	X	24	68,000										1.80	
10	X	24	51,000										1.70	
11	X	24	72,000										2.00	
12	X	24	56,000										1.80	
13	X	24	50,000										1.70	
14		24	57,000											
15	X	24	52,000										1.70	
16	X	24	67,000										1.69	
17	X	24	61,000										1.60	
18	X	24	51,000										1.70	
19	X	24	68,000										1.80	
20	X	24	76,000										1.70	
21		24	62,000											
22	X	24	62,000										1.40	
23	X	24	71,000										1.40	
24	X	24	60,000										1.40	
25	X	24	61,000										1.30	
26	X	24	51,000										1.40	
27	X	24	80,000										1.40	
28		24	63,000											
29	X	24	63,000										1.40	
30	X	24	50,000										1.40	Sprayed round up along fences of Well # 2
31	X	24	59,000										1.30	
total			1,911,000											
Average			61,645											
Maximum			80,000											

** 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

PWS Identification Number: 3590615	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm	Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 0.79
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

LITTLE WEKIVA

2007

6006

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 1-31-07	Allan Finch	C-7806

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000										1.3	
2	X	24	22,000										1.2	
3	X	24	14,000										1.4	
4	X	24	17,000										1.3	
5	X	24	13,000										1.3	
6	X	24	20,000										1.4	
7		24	15,500											
8	X	24	15,500										1.3	SNCT's
9	X	24	18,000										1.4	
10	X	24	16,000										1.4	
11	X	24	15,000										1.5	
12	X	24	17,000										1.5	
13	X	24	18,000											
14		24	17,000										1.3	
15	X	24	21,000										1.4	
16	X	24	20,000										1.4	
17	X	24	15,000										1.3	
18	X	24	14,000										1.5	
19	X	24	15,000										1.5	
20	X	24	17,000										1.3	
21		24	17,500											
22	X	24	17,500										1.4	
23	X	24	15,000										1.4	
24	X	24	13,000										1.3	Nitrate Samples
25	X	24	13,000										1.4	
26	X	24	14,000										1.4	
27	X	24	13,000										1.4	
28		24	16,500											
29	X	24	16,500										0.3	
30	X	24	21,000										1.2	
31	X	24	17,000										1.3	
Total			513,000											
Average			16,548											
Maximum			22,000											

** 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

FILE COPY

See page 4 for instructions. 606

I. General Information for the Month Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	2806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat Days
	Alex Lorenzo	C	13756	Mon - Fri. Days
	Kathy Sillitoe	C	13094	Mon - Fri 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-2806~~ C-13094

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000										1.4	
2	X	24	14,000										1.6	
3	X	24	15,000										2.0	
4	X	24	15,000										1.6	
5	X	24	13,000										2.2	
6	X	24	19,000										1.8	
7	X	24	12,000										2.0	Lost Pool Pressure - Boil Water
8	X	24	19,000										0.8	Boil Water BACT's
9	X	24	20,000											
10	X	24	17,000										1.0	
11	X	24	17,000										1.2	Boil Water Lifted
12	X	24	16,000										1.3	
13	X	24	15,000										1.4	BACT's
14	X	24	13,000										1.3	
15	X	24	19,000										0.6	
16	X	24	13,000											
17	X	24	15,000										1.7	
18	X	24	15,000										1.8	
19	X	24	16,000										1.6	
20	X	24	12,000										1.4	
21	X	24	17,000										0.9	
22	X	24	14,000										1.1	
23	X	24	15,000										1.2	
24	X	24	22,000											
25	X	24	14,000										1.8	
26	X	24	14,000										1.4	
27	X	24	18,000										1.4	
28	X	24	16,000											
29	X	24												
30	X	24												
31	X	24												
Total			438,000											
Average			15,642											
Maximum			22,000											

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

606

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida				Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive			City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	**Name**	**License Class**	**License Number**	**Day(s)/Shift(s) Worked**
Lead/Chief Operator:	Allan Finch	C	7806	Mon - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri. Days
	Kathy Sillitoe	C	13094	Mon - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch C-7806

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000										1.1	
2	X	24	11,000										1.4	
3	X	24	19,000											
4		24	19,000										1.5	
5	X	24	13,000										1.6	
6	X	24	20,000										2.0	
7	X	24	16,000										1.6	
8	X	24	11,000										1.3	BACT'S
9	X	24	16,000										1.5	
10	X	24	18,000											
11		24	15,000										1.5	
12	X	24	17,000										1.4	
13	X	24	17,000										1.4	
14	X	24	15,000										1.3	W-11 BACT
15	X	24	12,000										1.1	
16	X	24	15,000										1.3	
17	X	24	20,000											
18		24	20,000										1.4	
19	X	24	15,000										1.4	
20	X	24	16,000										1.3	
21	X	24	19,000										1.1	
22	X	24	15,000										1.4	
23	X	24	18,000										1.2	
24	X	24	27,000										1.2	
25		24	20,000											
26	X	24	20,000										0.6	
27	X	24	22,000										0.5	
28	X	24	24,000										1.4	
29	X	24	19,000										1.3	
30	X	24	15,000										1.1	
31	X	24	33,000											
Total			562,000											
Average			18,129											
Maximum			33,000											

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

6006

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 214	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 5-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	33,000										1.4	
2	X	24	21,000										1.4	
3	X	24	25,000										1.3	BAC T's
4	X	24	19,000										1.4	
5	X	24	25,000										1.3	
6	X	24	29,000										1.3	
7		24	24,500											
8	X	24	24,500										1.5	
9	X	24	15,000										1.5	
10	X	24	15,000										1.5	
11	X	24	15,000										1.4	
12	X	24	15,000										1.2	Replaced PRV, exercise valves
13	X	24	22,000										1.4	
14		24	20,500											
15	X	24	20,500										1.6	
16	X	24	16,000										1.4	
17	X	24	19,000										1.4	
18	X	24	15,000										1.3	
19	X	24	17,000										1.3	
20	X	24	15,000										1.2	
21		24	25,000										1.2	
22	X	24	23,000											
23	X	24	23,000										1.3	
24	X	24	24,000										1.4	
25	X	24	23,000										1.4	
26	X	24	20,000										1.3	
27	X	24	22,000										1.3	
28		24	20,000											
29	X	24	20,500										1.4	
30	X	24	21,000										1.3	
31		24												
Total			624,000											
Average			20,800											
Maximum			25,000											

33,000 KAS

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

606

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Silliloe	A	12749	Thur Fri. & Sat Days
	Alex Lorenzo	C	13756	Mon. - Fri Days
	Kathy Silliloe	C	13094	Mon. - Fri Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 6-1-07	Allan Finch	C-7806
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	25,000										1.4	
2	X	24	13,000										1.4	
3	X	24	16,000										1.3	BACT's
4	X	24	29,000										1.1	
5		24	26,500										1.5	
6	X	24	26,500										1.5	
7	X	24	20,000										1.3	
8	X	24	21,000										1.3 1.0	
9	X	24	16,000										1.3 1.4	
10	X	24	16,000										1.4 1.3	
11	X	24	18,000										1.4	
12		24	30,500										1.4	
13	X	24	30,500										1.3 1.4	
14	X	24	16,000										1.5 1.3	
15	X	24	21,000										1.2 1.5	
16	X	24	14,000										1.3 1.3	
17	X	24	23,000										1.4 1.3	
18	X	24	19,000										1.4	
19		24	18,000										1.4	
20	X	24	18,000										1.4	
21	X	24	19,000										1.4	
22	X	24	26,000										1.3	
23	X	24	24,000										1.3 1.3	
24	X	24	16,000										1.0	
25	X	24	15,000										1.3	
26		24	25,000										1.4	
27	X	24	25,500										.6 .5	
28	X	24	25,500										.5 .5	
29	X	24	27,000										1.3 1.1	
30	X	24	17,000										1.3	
31		24	22,000										1.4	
Total			646,000											
Average			20,838											
Maximum			30,500											

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

6066

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 7-3-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	27,000										1.4	
2		24	20,000											
3	X	24	20,000										1.5	
4	X	24	23,000										1.4	
5	X	24	19,000										1.3	BACT'S
6	X	24	19,000										1.4	
7	X	24	17,000										1.3	
8	X	24	12,000										1.4	
9	X	24	20,000										1.3	
10		24	21,000											
11	X	24	21,000										1.3	
12	X	24	15,000										1.4	
13	X	24	12,000										1.3	
14	X	24	21,000										1.3	
15	X	24	13,000										1.4	
16	X	24	15,000										1.3	
17		24	20,000											
18	X	24	20,000										1.3	
19	X	24	24,000										1.4	
20	X	24	15,000										1.4	
21	X	24	15,000										1.2	
22	X	24	20,000										1.2	
23	X	24	21,000										1.2	
24		24	19,000											
25	X	24	13,000										1.3	
26	X	24	20,000										1.4	
27	X	24	16,000										1.4	
28	X	24	19,000										1.2	
29	X	24	20,000										1.2	
30	X	24	24,000											
31		24												
Total			565,000											
Average			18,833											
Maximum			27,000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 214	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13093	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 8-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

FILE COPY

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

PWS Identification Number: 3590762	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	25,000										1.3	
2	X	24	14,000										1.3	
3	X	24	15,000										1.4	
4	X	24	12,000										1.4	
5	X	24	16,000										1.2	AACT's
6	X	24	25,000										1.0	
7		24	22,500											
8	X	24	22,500										1.0	
9	X	24	25,000										1.0	
10	X	24	21,000										1.1	
11	X	24	19,000										1.3	
12	X	24	20,000										1.3	
13	X	24	16,000										1.4	
14		24	21,000											
15	X	24	21,000										1.4	
16	X	24	16,000										1.3	
17	X	24	22,000										1.3	
18	X	24	25,000										1.2	
19	X	24	17,000										1.4	
20	X	24	16,000										1.2	
21	X	24	18,500										1.2	
22		24	17,500											
23	X	24	17,500										1.2	
24	X	24	15,000										1.3	
25	X	24	16,000										1.3	
26	X	24	14,000										1.3	
27	X	24	15,000										1.2	
28		24	17,500											
29	X	24	17,500										1.1	
30	X	24	16,000										1.2	
31	X	24	16,000										1.2	
Total			559,000											
Average			18,032											
Maximum			25,000											

** 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.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri, & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 9-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

FILE COPY

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	12,000										1.3	
2	X	24	15,000										1.3	
3	X	24	14,000										1.2	
4		24	16,500											
5	X	24	18,500										1.2	
6	X	24	15,000										1.3	
7	X	24	16,000										1.3	
8	X	24	15,000										1.1	BACI'S
9	X	24	15,000										1.0	TTHM, HAA'S
10	X	24	15,000										1.0	
11		24	17,000											
12	X	24	17,000										1.5	
13	X	24	15,000										1.4	
14	X	24	15,000										1.4	
15	X	24	15,000										1.4	
16	X	24	15,000										1.5	
17	X	24	17,000										1.3	
18		24	22,500											
19	X	24	22,500										1.2	
20	X	24	18,000										1.4	
21	X	24	19,000										1.3	
22	X	24	20,000										1.3	
23	X	24	26,000										1.5	
24	X	24	24,000										1.2	
25	X	24	17,000											
26	X	24	17,000										1.3	
27	X	24	15,000										1.3	
28	X	24	13,000										1.1	
29	X	24	17,000										1.3	
30	X	24	13,000										1.3	
31	X	24	15,000										1.2	
Total			521,000											
Average			17,000											
Maximum			26,000											

** 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.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 10-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	17,500											
2	X	24	17,500										1.2	
3	X	24	9,000										1.3	
4	X	24	20,000										1.2	BACT's
5	X	24	16,000										1.2	
6	X	24	16,000										1.1	
7	X	24	17,000										1.0	
8		24	22,500											
9	X	24	22,500										1.0	
10	X	24	18,000										1.1	
11	X	24	14,000										1.1	
12	X	24	14,000										1.0	
13	X	24	14,000										1.1	
14	X	24	15,000										0.5	
15		24	14,000											
16	X	24	14,000										1.4	
17	X	24	18,000										1.3	
18	X	24	13,000										1.4	
19	X	24	14,000										1.3	
20	X	24	12,000										1.2	
21	X	24	17,000										1.1	
22		24	13,500											
23	X	24	13,500										1.2	
24	X	24	19,000										1.2	
25	X	24	13,000										1.3	
26	X	24	19,000										1.3	
27	X	24	15,000										1.3	
28	X	24	11,000										1.1	
29		24	17,000											
30	X	24	17,000										1.4	
31	X	24												
Total			472,000											
Average			15,733											
Maximum			20,000											

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

606

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lucenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 in 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

FILED

Signature and Date	Printed or Typed Name	License Number
Allan Finch 11-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	12,000										1.2	
2	X	24	16,000										1.3	
3	X	24	12,000										1.1	BACT'S
4	X	24	9,000										0.8	
5	X	24	21,000										1.1	
6		24	14,500											
7	X	24	14,500										1.0	
8	X	24	14,000										1.1	
9	X	24	15,000										1.1	
10	X	24	15,000										0.9	
11	X	24	14,000										1.0	
12	X	24	14,000										0.9	
13		24	18,000											
14	X	24	18,000										1.2	
15	X	24	19,000										1.2	
16	X	24	19,000										1.3	
17	X	24	21,000										1.4	
18	X	24	13,000										0.6	
19	X	24	17,000										1.2	
20		24	16,500											
21	X	24	16,500										1.3	
22	X	24	11,000										1.3	
23	X	24	17,000										0.9	
24	X	24	14,000										0.9	
25	X	24	11,000										0.8	
26	X	24	12,000										1.5	
27		24	23,000										1.6	
28	X	24	12,500											
29	X	24	12,500										1.4	
30	X	24	13,000										1.4	
31	X	24	11,000										1.6	
Total			466,000											
Average			15,032											
Maximum			23,000											

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

FILE COPY

11-27-07 Daily Flow Entered

606

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lurenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 12-03-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	17,000										1.6	
2	X	24	14,000										1.5	BACTS
3		24	17,000											
4	X	24	17,000										1.5	
5	X	24	17,000										1.4	
6	X	24	13,000										1.4	
7	X	24	16,000										1.3	
8	X	24	15,000										1.5	
9	X	24	12,000										1.4	
10		24	17,500											
11	X	24	17,500										1.5	
12	X	24	15,000										1.4	
13	X	24	15,000										1.5	
14	X	24	15,000										1.4	
15	X	24	14,000										1.5	
16	X	24	18,000										1.5	
17		24	15,500											
18	X	24	15,500										1.5	
19	X	24	13,000										1.4	
20	X	24	14,000										1.4	
21	X	24	14,000										1.5	
22	X	24	15,000										1.4	
23	X	24	13,000										1.4	
24	X	24	21,000										1.5	
25		24	20,000											
26	X	24	26,000										1.3	
27	X	24	20,000										1.4	
28	X	24	17,000										1.4	
29	X	24	15,000										1.4	
30	X	24	13,000										1.3	
31		24												
Total			473,000	12-11-07 mon pk										
Average			15,766											
Maximum			21,000											

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

606

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun

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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Allan Finch 1-7-08

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590762	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: DECEMBER 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	17,000											
2	X	24	17,000										1.00	Boil Water Bact's, Lost Power
3	X	24	17,000										1.30	Boil Water Bact's
4	X	24	15,000										1.30	Boil Water
5	X	24	16,000										1.20	Lift Boil Water
6	X	24	11,000										1.30	BACTS
7	X	24	14,000										1.20	
8		24	17,000											
9	X	24	17,000										1.20	
10	X	24	15,000										1.30	
11	X	24	13,000										1.30	
12	X	24	14,000										1.30	
13	X	24	14,000										1.60	
14	X	24	12,000										1.60	
15		24	16,000											
16	X	24	16,000										1.60	
17	X	24	14,000										1.40	
18	X	24	12,000										1.30	
19	X	24	13,000										1.20	
20	X	24	11,000										1.30	
21	X	24	14,000										1.30	
22	X	24	17,000										1.50	
23		24	11,500											
24	X	24	11,500										1.30	
25	X	24	17,000										1.30	
26	X	24	14,000										1.40	
27	X	24	15,000										1.10	
28	X	24	12,000										1.20	
29	X	24	15,500											
30		24	15,500										1.30	
31	X	24	12,000										1.30	
Total			446,000											
Average			14,387											
Maximum			17,000											

** 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

PWS Identification Number: 3590762	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * DECEMBER 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

2008

606

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 214	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
2-5-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	13,000										1.30	
2	X	24	16,000										1.40	
3	X	24	12,000										1.30	
4	X	24	13,000										1.30	
5		24	16,500											
6	X	24	16,500										1.10	
7	X	24	17,000										1.20	
8	X	24	12,000										1.20	
9	X	24	16,000										1.30	
10	X	24	15,000										1.20	
11	X	24	13,000										1.30	
12		24	18,000											
13	X	24	18,000										1.30	
14	X	24	16,000										1.00	
15	X	24	15,000										1.00	Bac-T sampling
16	X	24	15,000										1.10	
17	X	24	13,000										1.00	
18	X	24	12,000										1.10	
19		24	14,000											
20	X	24	14,000										1.20	
21	X	24	16,000										1.30	
22	X	24	18,000										1.10	
23	X	24	14,000										1.10	
24	X	24	14,000										1.20	
25	X	24	15,000										1.30	
26		24	17,000											
27	X	24	17,000										1.30	
28	X	24	13,000										1.30	
29	X	24	11,000										1.20	
30	X	24	16,000										1.10	
31	X	24	9,000										1.00	
Total			455,000											
Average			14,677											
Maximum			18,000											

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

2 06

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

COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
3-14-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	14,000										0.90	
2		24	15,000											
3	X	24	15,000										1.00	
4	X	24	15,000										0.80	
5	X	24	13,000										0.90	Collected Rac - T sampling
6	X	24	12,000										0.80	
7	X	24	13,000										1.00	
8	X	24	12,000										1.00	
9		24	16,500											
10	X	24	16,500										1.00	
11	X	24	13,000										1.10	
12	X	24	13,000										1.40	
13	X	24	13,000										1.00	
14	X	24	14,000										1.10	
15	X	24	7,000										1.10	
16	X	24	18,000										0.90	
17		24	13,500											
18	X	24	13,500										0.9	
19	X	24	16,000										0.90	
20	X	24	10,000										1.00	
21	X	24	12,000										1.00	
22	X	24	10,000										0.90	
23	X	24	17,000										0.90	
24	X	24	12,000											
25	X	24	12,000										1.10	Replaced PRV, flushed hydrants
26		24	20,000										0.90	
27	X	24	13,000										1.20	
28	X	24	12,000										1.10	
29	X	24	12,000										1.10	
30														
31														
Total			393,000											
Average			13,551											
Maximum			20,000											

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

606

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Williams 4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24	14,000											
2	X	24	14,000										1.00	
3	X	24	16,000										1.10	
4	X	24	13,000										1.10	
5	X	24	14,000										1.10	Collected Bac-T's, Hardness, NO2/NO3
6	X	24	10,000										0.90	
7	X	24	13,000										0.90	
8		24	11,500											
9	X	24	11,500										0.90	
10	X	24	20,000										1.00	
11	X	24	22,000										1.10	
12	X	24	12,000										0.90	
13	X	24	10,000										0.90	
14	X	24	11,000										0.90	
15			13,500											
16	X	24	13,500										0.90	
17	X	24	14,000										1.00	
18	X	24	13,000										1.10	
19	X	24	12,000										0.90	
20	X	24	10,000										0.80	
21	X	24	11,000										0.80	
22	X	24	18,000										0.90	
23			15,000											
24	X	24	15,000										0.90	
25	X	24	11,000										0.90	
26	X	24	17,000										0.90	
27	X	24	13,000										1.00	
28	X	24	15,000										1.00	
29	X	24	21,500											
30	X	24	21,500										1.00	
31	X	24	14,000										0.90	
Total			449,000											
Average			14,483											
Maximum			22,000											

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

60L

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
EWilliams 5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	13,000										1.00	
2	X	24	15,000										0.90	Replaced steamer tubings
3	X	24	10,000										1.10	
4	X	24	10,000										0.90	
5		24	15,500											
6	X	24	15,500										1.00	
7	X	24	10,000										1.00	Collected Bac - T samples
8	X	24	9,000										0.90	
9	X	24	18,000										1.00	
10	X	24	11,000										0.90	
11	X	24	14,000										0.90	
12		24	19,000											
13	X	24	19,000										0.80	
14	X	24	19,000										0.80	
15	X	24	14,000										0.90	
16	X	24	11,000										0.80	Installed new Quill assembly for Well
17	X	24	16,000										0.90	
18	X	24	22,000										0.80	
19		24	16,500											
20	X	24	16,500										0.90	
21	X	24	25,000										0.80	
22	X	24	17,000										0.80	
23	X	24	19,000										0.90	
24	X	24	16,000										0.90	
25	X	24	19,000										0.80	
26	X	24	26,000										1.00	
27		24	18,500											
28	X	24	18,500										0.70	
29	X	24	14,000										0.90	
30	X	24	20,000										1.00	
31														
Total			487,000											
Average			16,233											
Maximum			26,000											

** 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.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 214		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 5/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	16,000										0.70	
2	X	24	17,000										0.80	
3		24	26,000											
4	X	24	26,000										1.00	
5	X	24	24,000										0.80	
6	X	24	21,000										1.00	Collected Bac - T samples
7	X	24	20,000										1.00	
8	X	24	26,000										0.80	Replaced steamer tubings
9	X	24	20,000										1.00	
10		24	23,500											
11	X	24	23,500										1.00	
12	X	24	19,000										1.00	
13	X	24	21,000										1.00	
14	X	24	22,000										1.00	
15	X	24	21,000										0.80	
16	X	24	22,000										0.90	Greased Well
17		24	24,500											
18	X	24	24,500										1.00	
19	X	24	32,000										0.80	
20	X	24	18,000										0.80	
21	X	24	18,000										0.80	
22	X	24	21,000										0.50	
23	X	24	14,000										0.70	
24	X	24	20,000										1.00	
25		24	14,000											
26	X	24	14,000										1.00	
27	X	24	22,000										1.00	
28	X	24	17,000										1.00	
29	X	24	15,000										1.10	
30	X	24	20,000										1.00	
31	X	24	32,000											
Total			~~622,000~~	644,000										
Average			~~20,323~~	20,774										
Maximum			32,000											

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

606

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 213	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 9-3-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	22,000										1.10	
2	X	24	20,000										1.10	
3	X	24	17,000										1.20	Collected Bac - T samples
4	X	24	19,000										1.10	
5	X	24	24,000										1.20	
6	X	24	23,000										1.30	Repeat Bac-T for Well, replaced stenner tube
7		24	30,000											Collected 2nd day repeat Bac - T for Well
8	X	24	30,000										1.30	
9	X	24	24,000										1.20	
10	X	24	14,000										1.10	
11	X	24	18,000										1.10	
12	X	24	10,000										1.00	
13	X	24	14,000										1.00	
14		24	13,000											
15	X	24	33,000										1.40	
16	X	24	12,000										1.10	
17	X	23	12,000										1.10	
18	X	24	12,000										1.00	
19	X	24	16,000										0.90	Cleaned ORP
20	X	24	11,000										0.70	
21	X	24	17,000										1.00	
22		24	12,500											
23	X	24	12,500										0.90	
24	X	24	13,000										1.00	
25	X	24	15,000										1.00	
26	X	24	15,000										0.90	
27	X	24	9,000										1.00	
28		24	16,000											
29	X	24	16,000										1.00	
30	X	24	14,000										1.00	
31														
Total			394,000											
Average			16,416											
Maximum			30,000											

** 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.

FILE COPY

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 213		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lawsons	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Fitch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
[signature] 8-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000										1.00	
2	X	24	15,000										1.30	Replaced steamer tubings
3	X	24	20,000										1.00	
4	X	24	14,000										1.20	
5		24	17,500											
6	X	24	17,500										1.10	
7	X	24	15,000										1.30	
8	X	24	14,000										1.00	
9	X	24	15,000										1.00	
10	X	24	8,000										1.10	
11	X	24	18,000										1.10	
12		24	14,500											
13	X	24	14,500										1.00	
14	X	24	25,000										0.90	
15	X	24	13,000										0.90	Tri County Fire Eqpt. service fire ext.
16	X	24	10,000										0.80	
17	X	24	11,000										0.90	Collected Bac - T samples
18	X	24	15,000										0.50	Collected TTHMS/HAA5's
19	X	24	14,000										0.70	
20		24	12,500											
21	X	24	12,500										0.70	
22	X	24	12,000										0.80	Applied seal coat on floors
23	X	24	19,000										1.10	
24	X	24	9,000										1.20	
25	X	24	17,000										1.20	Replaced steamer tubings
26		24	14,000											
27	X	24	14,000										1.20	
28	X	24	12,000										1.00	Flushed ORP
29	X	24	11,000										1.00	
30	X	24	15,000										0.90	
31	X	24	14,000										0.90	
Total			449,000											
Average			14,483											
Maximum			25,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 213		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
9-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	11,000										1.00	
2		24	14,000											
3	X	24	14,000										1.00	
4	X	24	11,000										1.10	Cleaned ORP Probe
5	X	24	21,000										1.00	
6	X	24	19,000										1.00	
7	X	24	14,000										1.10	Collected Bac - T's, serviced air compressor
8	X	24	14,000										1.10	
9		24	15,000											
10	X	24	15,000										1.00	
11	X	24	19,000										1.00	
12	X	24	12,000										1.00	
13	X	24	12,000										1.00	
14	X	24	10,000										0.90	Greased Well
15	X	24	9,000										1.00	
16	X	24	16,000										1.00	
17		24	14,500											
18	X	24	14,500										0.80	
19	X	24	10,000										0.80	
20	X	24	11,000										0.90	
21	X	24	11,000										0.90	
22	X	24	9,000										0.90	
23	X	24	11,000										0.80	
24		24	13,000											
25	X	24	13,000										0.70	
26	X	24	11,000										0.80	
27	X	24	14,000										0.90	
28	X	24	10,000										0.70	Replaced steamer tubings
29	X	24	13,000										0.80	
30	X	24	8,000										0.70	Washed down hydro tank
31		24	16,000										0.70	
Total			408,000											
Average			13,161											
Maximum			21,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 213		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun.
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
E Williams 10/3/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	16,000										0.90	
2	X	24	10,000										0.80	
3	X	24	14,000										0.70	
4	X	24	10,000										1.30	
5	X	24	12,000										0.70	
6	X	24	16,000										0.60	
7		24	16,000											
8	X	24	16,000										0.80	
9	X	24	13,000										1.00	Collected Rac + T samples
10	X	24	17,000										1.00	
11	X	24	8,000										1.00	Serviced air compressor
12	X	24	12,000										0.90	
13		24	15,500											
14	X	24	15,500										1.00	
15	X	24	17,000										0.80	
16	X	24	10,000										0.80	
17	X	24	11,000										0.90	
18	X	24	13,000										0.80	
19	X	24	13,000										0.80	
20		24	15,000											
21	X	24	15,000										0.90	
22	X	24	20,000										0.80	
23	X	24	12,000										0.80	
24	X	24	13,000										0.80	
25	X	24	9,000										1.00	
26	X	24	15,000										0.80	Repainted discharge pipings
27	X	24	13,000										0.80	
28		24	20,000											
29	X	24	20,000										0.70	
30	X	24	11,000										0.70	
31														
Total			418,000											
Average			13,933											
Maximum			20,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 213		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
[signature] 11-31-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	15,000										0.80	
2	X	24	12,000										0.80	
3	X	24	15,000										1.20	Replaced stenner tubing
4	X	24	11,000										1.20	
5		24	15,500											
6	X	24	15,500										1.10	
7	X	24	13,000										1.10	
8	X	24	18,000										1.10	
9	X	24	8,000										1.00	DEP Sanitary Survey
10	X	24	13,000										1.00	Flushed 2" HO and 1" SL - 4,000 gals
11	X	24	16,000										0.90	
12		24	12,500											
13	X	24	12,500										1.00	
14	X	24	10,000										1.10	Collected Bac - T samples
15	X	24	17,000										1.00	
16	X	24	11,000										1.00	Well tripped. Reset. Flushed H.O. - 4000 gals
17	X	24	14,000										0.70	Well tripped, replaced phase monitor
18		24	19,000											
19	X	24	19,000										1.00	
20	X	24	18,000										1.00	Cleaned ORP
21	X	24	15,000										0.90	
22	X	24	17,000										1.00	
23	X	24	16,000										0.90	
24	X	24	16,000										0.90	
25	X	24	12,000										0.90	
26		24	17,000											
27	X	24	17,000										0.90	
28	X	24	13,000										0.90	
29	X	24	14,000										1.20	
30	X	24	14,000										1.30	
31	X	24	15,000										1.20	
Total			451,000											
Average			14,548											
Maximum			19,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 213		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Jerry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590762 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	14,000										1.20	
2		24	18,000											
3	X	24	18,000										1.20	
4	X	24	14,000										1.20	
5	X	24	19,000										1.20	Collected Bac - T samples
6	X	24	15,000										1.20	Replaced stenner tubing
7	X	24	13,000										1.30	
8	X	24	16,000										1.30	
9		24	16,500											
10	X	24	16,500										1.10	
11	X	24	13,000										1.10	
12	X	24	16,000										1.20	
13	X	24	14,000										1.10	
14	X	24	21,000										1.10	
15		24	16,000											
16	X	24	16,000										1.20	
17	X	24	18,000										1.10	
18	X	24	12,000										1.10	
19	X	24	19,000										1.00	
20	X	24	10,000										1.10	
21	X	24	20,000										1.00	
22	X	24	11,000										1.00	
23		24	17,500											
24	X	24	17,500										1.00	
25	X	24	15,000										1.00	
26	X	24	16,000										1.30	
27	X	24	13,000										1.30	
28	X	24	21,000										1.10	
29	X	24	16,000										1.10	
30		24	17,500										1.10	
31														
Total			481,500											
Average			16,050											
Maximum			21,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Little Wekiva			PWS Identification Number: 3590762
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 61	Total Population Served at End of Month: 213		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 805 Little Wekiva Drive	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 47,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon. - Fri. 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 provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
[signature] 1-2-2009	Elisa Williams	C-14846

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

PWS Identification Number: 3590762	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	17,500										1.10	
2	X	24	14,000										1.10	
3	X	24	15,600										1.10	
4	X	24	10,000										1.00	Replaced stenner tubings, collected Bac - T's
5	X	24	18,000										1.20	
6	X	24	17,000										1.20	
7		24	14,000											
8	X	24	13,000										1.10	
9	X	24	13,000										1.10	
10	X	24	15,000										1.20	
11	X	24	17,000										1.20	
12	X	24	12,000										1.20	
13	X	24	14,000										1.10	
14		24	16,000											
15	X	24	15,000										1.10	
16	X	24	16,000										1.10	
17	X	24	19,000										1.10	
18	X	24	11,000										1.30	
19	X	24	16,000										0.90	
20	X	24	19,000										1.10	Cleaned quill, replaced stenner tubing
21		24	15,000											
22	X	24	14,000										1.00	
23	X	24	14,000										1.00	
24	X	24	16,000										1.30	
25	X	24	14,000										1.20	
26	X	24	22,000										1.30	
27	X	24	14,000										1.20	
28		24	14,000											
29	X	24	14,000										1.10	
30	X	24	13,000										1.10	
31	X	24	15,000										1.20	
Total			466,500											
Average			15,048											
Maximum			22,000											

** 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

PWS Identification Number: 3590762	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm	Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

Seminole County

LINCOLN HEIGHTS

25-30.440 (4)

NONE

O
A
K
L
A
N
D

2007

604

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Allan Finch · 1-31-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilites. Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	87,000										1.3	
2	24	72,000										1.4	
3	24	62,000										1.2	
4	24	75,000										1.3	
5	24	54,000										1.2	
6	24	71,000										1.4	
7	24	71,500											
8	24	71,500										1.3	
9	24	60,000										1.3	BACT'S
10	24	66,000										1.4	
11	24	80,000										1.3	
12	24	64,000										1.4	
13	24	74,000											
14	24	73,000										1.5	
15	24	78,000										1.4	
16	24	60,000										1.3	
17	24	69,000										1.4	
18	24	95,000										1.3	
19	24	64,000										1.2	
20	24	73,000										1.2	
21	24	85,000										1.3	
22	24	85,000										1.3	
23	24	59,000										1.3	
24	24	51,000										1.4	Nitrate Sample
25	24	74,000										1.2	
26	24	47,000										1.3	
27	24	66,000										1.3	
28	24	68,500											
29	24	68,500										1.2	
30	24	63,000										1.2	
31	24	66,000										1.3	
Total		2,145,000											
Average		69,225											
Maximum		87,000											

** 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

FILE COPY

See page 4 for instructions. 604

I. General Information for the Month/Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13091	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
K. Sillitoe 3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-7806~~ C-13091

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	90,000										1.2	
2	24	85,000										1.1	
3	24	90,500											
4	24	90,500										1.0	
5	24	70,000										1.2	
6	24	111,000										1.8	Boil water BACT's, Flushed 10,000 gal
7	24	93,000										1.6	Boil Water BACT's
8	24	94,000										1.4	Boil water lifted
9	24	73,000										1.5	
10	24	93,500											
11	24	93,500										1.3	
12	24	91,000										1.3	
13	24	56,000										1.2	BACT'S
14	24	58,000										1.3	
15	24	73,000										1.2	
16	24	54,000										1.3	
17	24	63,000											
18	24	63,000										1.3	
19	24	76,000										1.4	
20	24	57,000										1.3	
21	24	76,000										1.3	
22	24	92,000										1.2	
23	24	60,000										1.2	
24	24	95,000										1.3	
25	24	72,000											
26	24	72,000										1.6	
27	24	65,000										1.4	
28	24	90,000										1.4	
29	24												
30	24												
31	24												
Total		2,157,000											
Average		77,035											
Maximum		111,000											

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

604

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Allan Finch 4-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	75,000										1.1	
2	24	61,000										1.2	
3	24	63,000										1.3	
4	24	63,000										1.2	
5	24	79,000										1.6	
6	24	68,000										1.6	BACT'S
7	24	78,000										1.6	
8	24	74,000										1.3	
9	24	83,000											
10	24	98,000										1.5	
11	24	98,000										1.3	
12	24	91,000										1.3	
13	24	74,000										1.4	WELL BACT
14	24	102,000										1.2	
15	24	104,000										1.4	
16	24	70,000											
17	24	75,000										1.4	
18	24	75,000										1.4	
19	24	86,000										1.3	
20	24	90,000										1.2	
21	24	73,000										1.5	
22	24	97,000										1.1	
23	24	85,000										1.3	
24	24	105,000											
25	24	99,500										1.2	
26	24	99,500										1.2	
27	24	84,000										1.3	
28	24	116,000										1.1	
29	24	123,000										1.3	
30	24	110,000											
31	24	87,000											
Total		2,675,000	2,675,000										
Average		86,290											
Maximum		123,000											

** 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

604

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 5-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	86,000										0.9	
2	24	122,000										1.3	
3	24	103,000										1.4	
4	24	82,000										1.4	
5	24	132,000										1.2	
6	24	74,000										1.3	
7	25	88,000										1.1	
8	24	86,000										1.2	
9	24	93,000										1.3	BACT'S
10	24	60,000										1.3	
11	24	60,000										1.1	
12	24	63,000										1.2	
13	24	76,000											
14	23	90,500										1.2	
15	24	90,500										1.2	
16	24	64,000										1.3	
17	24	60,000										1.4	
18	24	90,000										1.4	
19	24	76,000										1.2	Replace PRV, Freeze valves
20	24	90,000										1.5	
21	23	69,000											
22	24	93,000										1.4	
23	24	93,000										1.3	
24	24	90,000										1.4	
25	24	99,000										1.4	
26	24	105,000										1.3	
27	24	88,000											
28	24	93,500										1.3	
29	24	93,500										1.3	
30	24	119,000											
31	24												
Total		1,621000											
Average		97,366											
Maximum		132,000											

** 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

624

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3500912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 6-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	79000										1.3	
2	24	124,000										1.4	
3	24	112,000										1.4	
4	24	97,000										1.2	
5	24	110,500											
6	24	110,500										1.3	
7	24	83,000										1.3	
8	24	68,000										1.4	
9	24	77,000										1.3	
10	24	106,000										1.4	
11	24	79,000										1.3	
12	24	99,500											
13	24	99,500										1.3	Bacti's
14	24	94,000										1.4	
15	24	73,000										1.3	Boil Water Bacti's
16	24	96,000										1.2	Boil Water Bacti's
17	24	96,000										1.8	Boil Water
18	24	74,000										0.9	Boil Water
19	24	75,000											Boil Water
20	24	78,000										1.1	Boil Water Rescinded
21	24	103,000										1.1	
22	24	74,000										1.2	
23	24	112,000										1.4	
24	24	49,000										1.2	
25	24	73,000										1.3	
26	24	83,000										1.1	
27	24	101,500											
28	24	101,500										1.2	
29	24	100,000										1.1	
30	24	90,000										1.3	
31	24	131,000										1.2	
Total		2,962,000	2,962,000										
Average		95,612											
Maximum		131,000											

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

604

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 7-2-07	Allan Finch	C-7806
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	89,000										1.0	
2	24	64,500										1.0	
3	24	64,500										1.0	
4	24	91,000										1.2	
5	24	90,000										1.2	BACTS
6	24	96,000										1.3	
7	24	70,000										1.2	
8	24	71,000										1.2	
9	24	70,000										1.1	
10	24	102,000											
11	24	102,000										1.1	Main Break, Boil Water BACT'S, Flushed System
12	24	200,000										1.2	Boil Water BACT'S
13	24	70,000										1.1	Boil water lifted
14	24	79,000										1.1	
15	24	52,000										1.2	
16	24	91,000										1.0	
17	24	98,500											
18	24	98,500										1.1	
19	24	72,000										1.1	
20	24	70,000										1.2	
21	24	70,000										1.0	
22	24	75,000										1.0	
23	24	100,000										1.0	
24	24	91,000											
25	24	91,000										0.9	
26	24	59,000										0.9	
27	24	57,000										1.2	
28	24	105,000										1.1	
29	24	69,000										1.2	
30	24	111,000											
31	24												
Total		2,584000											
Average		86,133											
Maximum		200,000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225		Total Population Served at End of Month: 788	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13093	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 8-1-07
Signature and Date

Allan Finch
Printed or Typed Name

FILE COPY

C-7806
License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	112,000										1.3	
2	24	73,000										1.3	
3	24	70,000										1.2	Soil Water Pipe's, Broken Sprinkler Head
4	24	65,000										1.2	Soil Water Pipes
5	24	72,000										1.0	Soil Water Leak
6	24	58,000										0.9	
7	24	67,500											
8	24	67,500										1.0	
9	24	102,000										1.0	
10	24	74,000										1.1	Possible Broken Pipe's
11	24	76,000										1.2	
12	24	99,000										1.2	
13	24	97,000										1.1	
14	24	79,000											
15	24	79,000										1.0	
16	24	82,000										1.0	
17	24	77,000										1.1	
18	24	106,000										1.2	
19	24	81,000										1.2	
20	24	79,000										1.2	
21	24	77,000										1.0	
22	24	75,000											
23	24	75,000										0.9	
24	24	52,000										0.9	
25	24	67,000										1.4	
26	24	81,000										1.2	
27	24	53,000										1.0	
28	24	68,000											
29	24	65,000										1.5	
30	24	73,000										1.4	
31	24	71,000										1.4	
Total		2,371,000											
Average		76,483											
Maximum		112,000											

** 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.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun

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 9-3-07
Signature and Date

Allan Finch
Printed or Typed Name

FILE COPY

C-7806
License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	54,000										1.3	
2	24	63,000										1.2	
3	24	41,000										1.2	
4	24	67,000											
5	24	63,000										1.2	
6	24	78,000										1.3	
7	24	77,000										1.3	BACT'S
8	24	93,000										1.3	
9	24	59,000										1.4	
10	24	63,000										1.1	TTHM'S, HAA'S
11	24	96,500											
12	24	96,500										1.4	
13	24	84,000										1.4	
14	24	66,000										1.3	
15	24	103,000										1.3	
16	24	107,000										1.3	
17	24	102,000										1.3	
18	24	104,500											
19	24	104,500										1.3	
20	24	113,000										1.4	
21	24	102,000										1.3	
22	24	141,000										1.6	
23	24	103,000										1.3	
24	24	100,000										1.4	
25	24	90,500											
26	24	90,500										1.3	
27	24	67,000										1.3	
28	24	65,000										1.4	
29	24	95,000										1.3	
30	24	84,000										1.1	
31	24	78,000										1.0	
Total		2,627,000											
Average		84,741											
Maximum		141,000											

** 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.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs		State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 10-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	82,000											
2	24	82,000										1.0	
3	24	46,000										1.0	
4	24	81,000										1.1	BACT'S
5	24	111,000										1.2	
6	24	101,000										1.0	
7	24	96,000										1.3	
8	24	83,000											
9	24	93,000										1.2	
10	24	78,000										1.3	
11	24	65,000										1.2	
12	24	83,000										1.2	
13	24	70,000										1.1	
14	24	58,000										1.0	
15	24	54,000											
16	24	54,000										1.0	
17	24	86,000										1.1	
18	24	61,000										1.1	
19	24	67,000										1.0	
20	24	76,000										1.2	
21	24	56,000										1.0	
22	24	57,000											
23	24	57,000										1.0	
24	24	69,000										1.0	
25	24	49,000										1.1	
26	24	74,000										0.9	
27	24	78,000										0.7	
28	24	59,000										1.0	
29	24	57,000											
30	24	57,000										0.9	
31	24												
Total		2,125,000											
Average		70,433											
Maximum		111,000											

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

604

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 11-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	61,000										1.0	
2	24	45,000										0.9	
3	24	59,000										1.4	BACT'S
4	24	57,000										1.4	
5	24	53,000										1.2	
6	24	56,500											
7	24	56,500										1.4	
8	24	51,000										1.4	
9	24	46,000										1.3	
10	24	70,000										1.3	
11	24	74,000										1.0	
12	24	58,000										1.1	
13	24	73,500											
14	24	73,500										1.0	
15	24	74,000										1.1	
16	24	68,000										1.0	
17	24	90,000										1.2	
18	24	98,000										1.6	
19	24	69,000										1.2	
20	24	76,500											
21	24	76,500										1.3	
22	24	58,000										1.2	
23	24	40,000										1.2	
24	24	85,000										1.3	
25	24	52,000										1.1	
26	24	70,000										1.3	
27	24	77,000										1.3	
28	24	45,500										1.3	
29	24	45,500										1.3	
30	24	45,000										1.2	
31	24	60,000										1.3	
Total		1958000											
Average		~~63,161~~										63.161 MGS	
Maximum		~~73,161~~										98.000 MGS	

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

FILE COPY

11-27-07 Daily Flow Entered

604

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 12-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	44,000										1.3	
2	24	44,000										1.2	
3	24	56,000										~~1.3~~	
4	24	56,000										1.3	
5	24	59,000										1.3	
6	24	54,000										1.4	
7	24	80,000										1.3	BACT'S
8	24	50,000										1.3	
9	24	74,000										1.4	
10	24	134,000 66,000											
11	24	66,000 66,000										1.4	
12	24	79,000										1.4	
13	24	74,000										1.3	
14	24	96,000										1.4	
15	24	97,000										1.4	
16	24	69,000										1.5	
17	24	74,000											
18	24	74,000										1.3	
19	24	87,000										1.3	
20	24	71,000										1.4	
21	24	113,000										1.2	
22	24	94,000										1.3	
23	24	86,000										1.3	
24	24	79,000										1.4	
25	24	88,000											
26	24	95,000										1.3	
27	24	72,000										1.4	
28	24	93,000										1.4	
29	24	103,000										1.1	
30	24	46,000										1.1	
31	24												
Total		2,215,000	12-11-07 PW mar										
Average		73,833											
Maximum		113,000											

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun

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 1-7-08

(Signature and Date)

Allan Finch

(Printed or Typed Name)

C-7806

(License Number)

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: DECEMBER 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	72,000											
2	24	72,000										1.30	
3	24	55,000										1.30	
4	24	63,000										1.20	
5	24	87,000										1.20	
6	24	94,000										1.30	
7	24	60,000										1.10	
8	24	86,000											
9	24	86,000										1.20	
10	24	92,000										1.20	
11	24	73,000										1.30	
12	24	87,000										1.20	
13	24	109,000										1.30	
14	24	62,000										1.30	
15	24	65,500											
16	24	65,500										1.30	
17	24	56,000										1.30	
18	24	54,000										1.40	
19	24	61,000										1.40	
20	24	81,000										1.30	
21	24	57,000										1.30	
22	24	79,000										1.30	
23	24	55,000											
24	24	55,000										1.40	
25	24	55,000										1.30	
26	24	75,000										1.30	
27	24	76,000										1.40	
28	24	62,000										1.40	
29	24	70,500											
30	24	70,500										1.40	
31	24	55,000										1.30	
Total		2,191,000											
Average		70,677											
Maximum		109,000											

** 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

PWS Identification Number: 3590912	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:* DECEMBER 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

2008

604 VPA

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13091	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590912	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	64,000										1.40	
2	24	86,000										1.50	
3	24	61,000										1.40	
4	24	62,000										1.30	
5	24	2,500											
6	24	2,500										1.20	
7	24	67,000										1.60	
8	24	48,000										1.40	
9	24	84,000										1.50	
10	24	75,000										1.80	
11	24	72,000	79,000 on Hourly chart day 11									1.60	Replaced Stenner pump tubings
12	24	69,000											
13	24	69,000										1.50	
14	24	63,000										2.00	
15	24	48,000										2.00	Bac-T sampling
16	24	66,000										1.80	
17	24	62,000										1.50	
18	24	52,000										1.50	
19	24	52,000											
20	24	52,000										1.50	
21	24	51,000										1.40	
22	24	51,000										1.30	
23	24	58,000										1.20	
24	24	60,000										1.30	
25	24	53,000										1.40	
26	24	63,500											
27	24	63,500										1.60	
28	24	35,000										1.40	
29	24	51,000										1.30	installed new well flowmeter
30	24	68,600										1.40	
31	24	73,600										1.40	
Total		1,790,200											
Average		57,748											
Maximum		86,000											

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

FILE COPY

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225		Total Population Served at End of Month: 788	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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 repon. 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.

Signature and Date	Printed or Typed Name	License Number
3-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590912	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	57,500										1.10	
2	24	53,900											
3	24	53,900										1.00	Plant on interconnect. 70,000 gallons
4	24	0										0.80	Plant on interconnect. 61,000 gallons
5	24	70,000										1.20	Plant back online
6	24	61,000										1.40	Collected distribution Bac- T samples
7	24	82,200										1.40	Collected Well Bac - T sample
8	24	66,700										1.10	
9	24	81,500											
10	24	81,500										1.30	
11	24	51,200										1.30	
12	24	62,600										1.30	
13	24	64,500										1.20	
14	24	77,100										1.40	
15	24	39,800										1.30	
16	24	69,500										1.40	
17	24	80,750											
18	24	80,750										1.60	
19	24	55,600										1.40	
20	24	71,100										1.60	
21	24	69,200										1.40	
22	24	54,000										1.40	
23	24	76,800										1.30	
24	24	53,150											
25	24	53,150										1.30	
26	24	78,600										1.40	
27	24	61,300										1.30	
28	24	62,400										1.30	
29	24	64,700										1.30	
30	24												
31	24												
Total		1,834,400											
Average		63,255											
Maximum		82,200											

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

604

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	70,200											
2	24	70,200										1.40	
3	24	66,800										1.30	
4	24	66,200										1.30	
5	24	75,700										1.30	Collected Bac - T, SO2/NO3, Hardness samples
6	24	57,400										1.10	
7	24	47,100										1.20	
8	24	68,200											
9	24	68,200										1.40	
10	24	50,900										1.30	Collected replacement Bac-T for 631 Woodley
11	24	56,400										1.30	
12	24	61,700										1.40	
13	24	61,400										1.30	
14	24	83,800										1.30	
15	24	62,950											
16	24	62,950										1.30	
17	24	77,200										1.20	
18	24	56,600										1.30	
19	24	82,700										1.30	Replaced PRV, plant on interconnect, flushed hydrants
20	24	81,300										1.20	
21	24	54,100										1.40	
22	24	74,100										1.40	
23	24	73,950											
24	24	73,950										1.50	
25	24	58,000										1.40	
26	24	88,200										1.30	
27	24	85,800										1.30	
28	24	67,000											
29	24	101,200										1.20	
30	24	101,200										1.20	
31	24	82,700										1.30	
Total		2,188,100											
Average		70,583											
Maximum		101,200											

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

604

FILE COPY

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) in 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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	63,800										1.20	
2	24	82,100										1.40	Replaced stenner tubings, collected Hac-T samples
3	24	51,600										1.20	
4	24	75,500										1.20	
5	24	70,150											
6	24	70,150										0.80	Replaced day tank suction line - leaking
7	24	52,500										0.70	
8	24	47,300										1.00	
9	24	57,400										1.10	
10	24	57,700										1.10	
11	24	75,200										0.90	
12	24	80,400											
13	24	80,400										0.90	
14	24	49,800										1.10	
15	24	56,400										1.00	
16	24	90,800										1.30	
17	24	62,500										1.10	
18	24	89,100										1.20	
19	24	111,750											
20	24	111,750										1.20	
21	24	84,200										1.30	
22	24	86,500										1.20	
23	24	118,700										1.20	
24	24	111,400										1.10	
25	24	96,900										1.00	
26	24	105,500										1.00	
27	24	118,800											
28	24	118,800										0.90	
29	24	84,900										0.70	
30	24	98,400										1.30	
31													
Total		2,360,400											
Average		82,013											
Maximum		118,800											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3500912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri, Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Longano	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13093	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 5/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	106,100										1.40	
2	24	96,200										1.40	
3	24	115,600											
4	24	115,600										1.50	
5	24	73,800										1.40	
6	24	77,600										1.40	Collected Bac - T samples
7	24	100,600										1.30	
8	24	134,400										1.30	
9	24	76,200										1.10	
10	24	119,550											
11	24	119,550										1.00	
12	24	115,700										1.10	
13	24	112,100										1.10	
14	24	108,700										1.40	
15	24	148,800										1.20	
16	24	139,600										1.20	Greased High Service Pumps
17	24	118,100											
18	24	118,100										1.30	
19	24	111,000										1.20	
20	24	85,800										1.20	
21	24	111,100										1.10	
22	24	117,900										1.20	
23	24	77,500										1.20	
24	24	75,400											
25	24	75,400										1.10	
26	24	69,100										1.00	
27	24	79,200										1.00	
28	24	101,900										1.10	
29	24	118,600										1.20	Fixed outside vent for aeration motor at GST
30	24	75,000										1.10	
31	24	119,600											
Total		~~3,993,200~~ 3,212,300											
Average		~~103,110~~ 103,622											
Maximum		148,800											

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

604

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Silhive	A	12749	Thur - Sat. Days
	Alex Toscano	C	13756	Mon. - Fri. Days
	Kelly Silhive	B	13094	Mon. - Fri. Days
	John Collier	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
7-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3500912 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	119,000										1.00	
2	24	80,000										1.10	
3	24	103,400										1.10	Collected Bac - T samples
4	24	94,800										1.00	Power outage, interconnect on (11726000)
5	24	112,300										0.90	
6	24	100,300										0.90	Collected repeat Bac - Ts for Oak Lane
7	24	119,100											
8	24	119,400										1.20	
9	24	121,900										1.00	
10	24	92,300										0.90	Power outage, interconnect on (11728000)
11	24	92,900										1.50	
12	24	74,400										1.20	
13	24	63,800										1.20	
14	24	59,700											
15	24	59,700										1.20	
16	24	62,800										1.10	
17	24	47,300										1.10	Replaced water check valves on both HSP's.
18	24	50,900										1.20	
19	24	91,800										1.00	
20	24	81,700										1.00	
21	24	87,200										1.00	
22	24	59,950											
23	24	59,950										0.70	
24	24	43,900										0.90	
25	24	61,700										0.90	
26	24	66,000										0.90	Replaced sternner tubes
27	24	45,500										0.90	
28	24	63,400											
29	24	63,400										1.00	
30	24	77,000										1.00	
31													
Total		2,275,800											
Average		75,860											
Maximum		121,900											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Tony Sullivoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sullivoe	B	13094	Mon. - Fri. Days
	John Cotter	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
	Elisa Williams	C-14846

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	69,400										1.00	Locke Well fixing HS pump # 2 leak
2	24	67,100										1.00	
3	24	70,300										0.90	
4	24	57,400										0.90	
5	24	59,300											
6	24	59,300										0.90	
7	24	84,900										0.80	
8	24	76,400										0.60	Huntington onsite starting prep work for fixing roof
9	24	65,600										1.00	Collected Bac - T samples
10	24	71,800										0.80	Huntington completed plant roof repair
11	24	66,700										0.80	
12	24	65,150											
13	24	65,150										0.80	
14	24	66,900										0.80	Collected repeat Bac - T samples (5)
15	24	51,900										0.80	Tri County Fire Eqpt. serviced fire extinguisher
16	24	38,400										0.40	
17	24	59,100										0.50	
18	24	58,500										0.80	
19	24	48,900										0.80	
20	24	69,400											
21	24	69,400										1.00	Collected TTHM's and HAA5 samples
22	24	71,000										1.10	
23	24	71,700										1.30	Applied seal coat on floors
24	24	50,800										1.30	Cut tree limbs, patched crack on GST roof and side
25	24	51,900										1.30	
26	24	51,750											
27	24	54,750										1.30	
28	24	69,900										1.00	
29	24	51,600										1.00	
30	24	56,800										1.00	
31		71,700										1.10	
Total		1,965,300											
Average		63,396											
Maximum		81,900											

** 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.

FILE COPY

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sallstoe	A	12749	Thur. - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sallstoe	B	13693	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 9-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590912 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	55,500										1.00	Started GST roof repair
2	24	71,650											
3	24	71,650										1.00	
4	24	75,500										1.00	Repaired GST Fan Blower
5	24	68,300										1.10	
6	24	73,200										1.20	
7	24	110,500										1.20	Hac - Ts, completed repair of GST roof and fan blower
8	24	67,900										1.00	
9	24	76,750											
10	24	76,750										1.00	
11	24	82,100										0.90	
12	24	64,400										1.10	
13	24	68,900										1.10	
14	24	69,600										0.90	Greased High Service Pumps
15	24	59,600										1.00	
16	24	75,400										0.90	
17	24	63,350											
18	24	63,350										0.80	
19	24	52,800										0.80	
20	24	53,600										0.60	
21	24	57,600										0.90	
22	24	19,200										0.60	Power outage, plant on inter-connect
23	24	16,000										0.80	Plant back online
24	24	56,000											
25	24	56,000										1.00	
26	24	42,800										1.00	
27	24	57,500										0.90	
28	24	72,700										0.80	
29	24	50,700										0.80	Replaced steamer tubings
30	24	59,600										1.00	
31	24	60,300										1.00	
Total		1,949,200											
Average		62,877											
Maximum		110,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590917
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225		Total Population Served at End of Month: 788	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Silfhoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Silfhoe	B	13094	Mon - Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
By Williams 10/3/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	60,500										1.00	
2	24	71,000										1.00	Huntington onsite repairing roof leak
3	24	52,000										2.10	
4	24	70,000										1.10	Replaced door lock in high service room
5	24	66,000										1.00	
6	24	54,000										1.10	Sprayed round up around fence
7	24	63,500											
8	24	63,500										1.10	
9	24	61,000										1.10	Collected Bac - T samples
10	24	61,000										1.00	D. Hanna of FRWA testing Well meter accuracy
11	24	64,000										0.90	
12	24	38,000										0.70	
13	24	50,000											
14	24	50,000										0.70	
15	24	85,000										1.40	
16	24	50,000										1.20	
17	24	55,000										0.70	Cleaned Aerators
18	24	67,000										0.70	
19	24	62,000										0.80	Repainted pipes
20	24	63,000										0.90	
21	24	59,000											
22	24	59,000										0.90	
23	24	41,000										0.90	
24	24	51,000										1.00	
25	24	58,000										1.00	Repainted pipes
26	24	68,000										0.90	
27	24	58,000										0.90	
28	24	70,500											
29	24	70,500										0.70	
30	24	50,000										0.70	
31													
Total		1,794,500											
Average		59,816											
Maximum		85,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sullivan	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sullivan	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	51,000										0.80	
2	24	64,000										0.80	
3	24	64,000										1.40	Serviced air compressor
4	24	56,000										1.40	
5	24	77,500											
6	24	77,500										0.40	Replaced day tank tubing - leaking filled bleach lines
7	24	76,000										1.50	
8	24	61,000										1.50	
9	24	58,000										1.60	DEP Sanitary Survey
10	24	47,000										1.60	
11	24	55,000										1.50	
12	24	64,500											
13	24	64,500										1.30	Collected Bac - T samples
14	24	52,000										1.20	Replaced day tank tubing
15	24	46,000										1.30	
16	24	75,000										1.00	
17	24	68,000										1.60	
18	24	76,000											
19	24	76,000										1.20	
20	24	60,000										1.10	
21	24	63,000										0.90	
22	24	79,000										1.00	Replaced stenner tubings, replaced Interconnect meter
23	24	81,000										1.30	and installed new check valves. Serviced air compressor
24	24	43,000										1.20	
25	24	50,000										1.10	
26	24	68,500											
27	24	68,500										1.00	Flushed 2" blow-off at Oraloke/Kathy - 3,500 gals
28	24	62,000										0.80	
29	24	64,000										1.50	
30	24	28,000										1.40	Replaced light fixture at high service pump room
31	24	57,000										1.30	
Total		1,983,000											
Average		63,967											
Maximum		81,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Mey Lozano	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 12-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590912	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	67,000										1.30	
2	24	81,000											
3	24	82,000										1.30	
4	24	61,000										1.30	
5	24	58,000										1.20	Collected fiac - T samples
6	24	73,000										1.20	
7	24	65,000										1.20	
8	24	72,000										1.20	
9	24	86,000											
10	24	85,000										1.10	
11	24	71,000										1.10	
12	24	69,000										1.20	
13	24	99,000										1.10	
14	24	59,000										0.70	
15	24	78,000											
16	24	78,000										1.00	
17	24	74,000										1.00	Flushed 2" blow - offs 10,300 gals
18	24	77,000										1.00	
19	24	76,000										1.00	
20	24	90,000										1.10	
21	24	58,000										1.10	
22	24	60,000										1.10	
23	24	93,000											
24	24	92,000										1.00	
25	24	72,000										1.00	
26	24	79,000										1.30	
27	24	80,000										1.30	
28	24	83,000										1.20	
29	24	67,000										1.20	
30	24	79,000										1.30	
31													
Total		2,265,000											
Average		75,466											
Maximum		99,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14816	Mon. - Fri. Days
Other Operators:	Terry Sillaste	A	12749	Thur. - Sat. Days
	Alex Lucenzo	C	13756	Mon. - Fri. Days
	Kathy Sillaste	B	13084	Mon. - Fri. Days
	John Cotter	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number

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

PWS Identification Number: 3590912 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	78,000										1.30	
2	24	46,000										1.20	Replaced Warning signs on the fence.
3	24	64,000										1.20	
4	24	69,000										1.20	Collected Bac - T samples
5	24	67,000										1.10	
6	24	65,000										1.10	
7	24	68,000											
8	24	68,000										1.10	
9	24	62,000										1.10	
10	24	77,000										1.20	
11	24	70,000										1.20	
12	24	51,000										1.20	
13	24	48,000										1.20	
14	24	60,000											
15	24	67,000										1.10	
16	24	58,000										1.20	
17	24	60,000										1.10	
18	24	79,000										1.00	
19	24	58,000										1.00	
20	24	67,000										0.90	
21	24	71,000											
22	24	74,000										0.90	
23	24	51,000										1.10	
24	24	69,000										1.20	
25	24	82,000										1.10	
26	24	53,000										1.00	
27	24	66,000										1.00	
28	24	81,000											
29	24	80,000										1.20	
30	24	59,000										1.20	Sprayed weed defeat around fences
31	24	64,000										1.10	
Total		2,031,000											
Average		65,516											
Maximum		82,000											

* *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

PWS Identification Number: 3590912	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

PARK RIDGE

2007

608

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13684	Mon- Fri 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.

Allan Finch 1-31-2007

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	19,000										0.9	
2	24	19,000										0.9	
3	24	18,000										1.0	
4	24	19,000										1.1	
5	24	18,000										1.1	
6	24	19,000											
7	24	20,000										1.3	
8	24	19,000										1.2	
9	24	16,000										1.1	BACT's
10	24	20,000										1.3	
11	24	17,000										1.2	
12	24	15,000										1.1	
13	24	17,000											
14	24	17,000										1.0	
15	24	16,000										1.0	
16	24	19,000										0.9	
17	24	16,000										1.0	
18	24	13,000										1.1	
19	24	14,000										1.0	
20	24	15,000										1.0	
21	24	13,000											
22	24	18,000										1.1	
23	24	19,000										1.1	
24	24	16,000										1.0	Nitrate Sample
25	24	16,000										1.1	
26	24	16,000										1.1	
27	24	17,000										1.1	
28	24	17,000											
29	24	17,000										1.0	
30	24	16,000										1.1	
31	24	16,000										1.1	
Total		526,000											
Average		16,967											
Maximum		20,000											

* *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

FILE COPY

See page 4 for instructions. 6098

I. General Information for the Month Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104		Total Population Served at End of Month: 364	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive		City: Sanford	State: Fl Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri 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.

Signature and Date	Printed or Typed Name	License Number
Kathy Sillitoe 3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-7806~~ C-13094

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

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

PWS Identification Number: 3590993 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	15,000										1.6	
2	24	14,000										1.0	
3	24	17,000											
4	24	17,000										1.0	
5	24	15,000										0.5	
6	24	25,000										0.9	
7	24	45,000										1.1	BACT'S, Flushed 10,000 gal
8	24	18,000										0.5	
9	24	19,000										1.1	TTHM'S
10	24	24,000											
11	24	24,000										0.5	
12	24	10,000										1.2	
13	24	17,000										0.7	
14	24	20,000										0.5	
15	24	18,000										1.0	
16	24	13,000										0.9	
17	24	20,000											
18	24	26,000										1.0	
19	24	14,000										1.6	
20	24	14,000										1.3	
21	24	18,000										1.1	
22	24	17,000										1.2	
23	24	17,000										1.1	
24	24	29,000										1.9	
25	24	23,000											
26	24	22,000										1.6	
27	24	20,000										1.2	
28	24	20,000										1.0	
29	24												
30	24												
31	24												
Total		543,000											
Average		19,392											
Maximum		45,000											

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

water

Temp POE
2/4 Temp 24.2 phos resid
2/4 pH 8.2 1.5
2/22 Temp 24.8 phos resid
pH 8.4 1.4

2 standards
2/4 Temp 24.4 phos residual
2/4 pH 8.3 1.2
2/22 Temp 25.1 phos residual
2/22 pH 8.3 1.3

608

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13694	Mon- Fri 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.

Allan Finch 4-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	22,000										0.9	
2	24	22,000										1.0	
3	24	24,000											
4	24	24,000										1.0	
5	24	22,000										0.8	
6	24	18,000										0.6	
7	25	22,000										1.0	REACT'S
8	24	20,000										0.7	
9	24	24,000										0.8	
10	24	20,000											
11	24	20,000										0.9	
12	24	24,000										1.0	
13	24	20,000										1.0	
14	24	23,000										1.1	
15	24	22,000										1.0	
16	24	18,000										0.9	
17	24	23,000											
18	24	23,000										1.0	
19	24	14,000										1.1	
20	24	18,000										1.0	
21	24	20,000										1.1	
22	24	20,000										1.1	
23	24	24,000										1.0	
24	24	32,000										1.3	
25	24	25,000											
26	24	25,000										1.2	
27	24	25,000										1.1	
28	24	24,000										1.1	
29	24	26,000										1.0	
30	24	22,000										0.8	
31	24	36,000											
Total		702,000											
Average		22,645											
Maximum		36,000											

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

608

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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 5-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	36,000										1.0	
2	24	19,000										1.0	
3	24	33,000										1.1	BACT's
4	24	42,000										1.1	
5	24	32,000										1.0	
6	24	36,000										1.1	
7	24	39,000											
8	24	39,000										1.1	
9	24	25,000										1.2	
10	24	26,000										1.1	
11	24	18,000										1.1	
12	24	20,000										1.0	
13	24	26,000										1.0	
14	24	23,000											
15	24	23,000										1.1	
16	24	12,000										1.0	
17	24	28,000										1.1	
18	24	32,000										1.1	Flushed 1000 gals
19	24	26,000										1.1	Replaced PRV, exercise valves, FTHMS
20	24	24,000										1.2	
21	24	39,000										1.2	
22	24	21,000											
23	24	21,000										1.3	
24	24	24,000										1.2	
25	24	24,000										1.2	
26	24	20,000										1.3	
27	24	26,000										1.3	
28	24	36,000											Power Loss, Boil Water
29	24	36,000										1.5	BMT's Boil Water
30	24	20,000										1.4	BMT's Boil Water
31	24												
Total		814,000											
Average		27,133											
Maximum		42,000											

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

608

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge		PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs / State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl / Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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 6-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	26,000										1.4	Bo.1 Water BACTS
2	24	24,000										1.2	Bo.1 Water BACTS
3	24	25,000										1.2	Bo.1 water Lifted
4	24	24,000										1.3	
5	24	33,000											
6	24	33,000										1.3	
7	24	18,000										1.4	
8	24	20,000										1.4	Routine BACT'S
9	24	28,000										1.3	
10	24	25,000										1.2	
11	24	22,000										1.2	
12	24	21,500											
13	24	21,500										1.3	
14	24	12,000										1.2	
15	24	17,000										1.2	
16	24	18,000										1.3	Bo.1 Water BACT'S, Lost of FPL Power
17	24	22,000										1.2	Bo.1 Water BACT'S
18	24	24,000										1.3	Boil Water BACT'S, Bo.1 Water Lifted
19	24	27,500											
20	24	27,500										1.3	
21	24	19,000										1.3	BACT'S Boil Water, Loss of FPL Power
22	24	20,000										1.2	Bo.1 Water BACT'S
23	24	24,000										1.3	Boil Water BACT'S, Loss of FPL Power
24	24	22,000										1.3	Bo.1 Water BACT'S
25	24	22,000										1.2	Boil Water Lifted
26	24	24,000										1.1	
27	24	25,500											
28	24	25,500										1.2	
29	24	31,000										1.3	
30	24	30,000										1.3	
31	24	16,000										1.3	
Total		736,000											
Average		23,598											
Maximum		33,000											

Poly.
5-4-07 P.O.E Temp. 25.0°C, 8.6 pH, 1.5 ppm
Remote Temp. 24.9°C, 8.7 pH, 1.4 ppm
5-31-07 P.O.E Temp. 25.2°C, 8.7 pH, 1.4 ppm
Remote Temp. 25.1°C, 8.7 pH, 1.3 ppm

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

608

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 7-2-07	Allan Finch	C-7806

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	25,000										1.2	
2	24	22,000											
3	24	22,000										1.2	
4	24	16,000										1.2	BACT's
5	24	20,000										1.1	
6	24	36,000										1.2	
7	24	14,000										1.3	
8	24	20,000										1.2	
9	24	18,000										1.2	
10	24	22,000											
11	24	22,000										1.3	
12	24	20,000										1.2	
13	24	19,000										1.2	
14	24	18,000										1.2	
15	24	9,000										1.1	
16	24	22,000										1.1	
17	24	27,500											
18	24	27,500										1.2	
19	24	20,000										1.2	
20	24	20,000										1.1	
21	24	25,000										1.2	
22	24	31,000										1.4	
23	24	27,000										1.2	
24	24	21,000											
25	24	21,000										1.2	Flushed 2000 gal
26	24	22,000										0.5	
27	24	25,000										1.3	
28	24	34,000										1.4	
29	24	14,000										1.3	Flushed 2000 gal
30	24	34,000											
31	24												
Total		~~922,000~~ 661,000											
Average		~~30,766~~ 22,033											
Maximum		34,000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104		Total Population Served at End of Month: 364	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive		City: Sanford	State: Fl / Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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 8-1-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

FILE COPY

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	34,000										1.4	
2	24	12,000										1.4	
3	24	18,000										1.2	
4	24	20,000										1.3	
5	24	26,000										1.3	Called BBCT's
6	24	15,000										1.4	
7	24	28,000											
8	24	28,000										1.3	
9	24	16,000										1.3	
10	24	22,000										1.4	
11	24	22,000										0.4	Flushed 2000 gals.
12	24	23,000										1.4	
13	24	20,000										1.5	
14	24	26,500											
15	24	26,500										1.5	
16	24	14,000										1.4	
17	24	15,000										1.4	
18	24	15,000										1.5	
19	24	14,000										1.5	
20	24	17,000										1.4	
21	24	22,000										1.3	
22	24	16,500											
23	24	16,500										0.6	
24	24	16,000										1.5	
25	24	24,000										1.5	
26	24	17,000										1.3	
27	24	15,000										1.3	
28	24	21,000											
29	24	21,000										1.2	
30	24	13,000										1.3	
31	24	18,000										1.4	
Total		611,000											
Average		19,709											
Maximum		34,000											

** 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.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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 9-3-07

Signature and Date

Allan Finch

Printed or Typed Name

FILE COPY

C-7806

License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*: CT Calculations: 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	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	19,000										1.3	
2	24	14,000										1.4	
3	24	19,000										1.3	
4	24	22,000											BACT'S
5	24	32,000										1.2	
6	24	20,000										1.3	
7	24	29,000										1.3	TTHM'S, THM'S
8	24	14,000										1.4	
9	24	30,000										1.4	
10	24	18,000										1.3	
11	24	25,000											
12	24	29,000										1.3	
13	24	26,000										1.4	
14	24	16,000										1.5	
15	24	29,000										1.4	
16	24	17,000										1.5	
17	24	26,000										1.5	
18	24	28,000											
19	24	29,000										1.4	
20	24	29,000										1.4	
21	24	27,000										1.3	
22	24	19,000										1.3	
23	24	26,000										1.4	
24	24	26,000										1.4	
25	24	24,000										1.3	
26	24	15,000											
27	24	15,000										1.3	
28	24	17,000										1.4	
29	24	18,000										1.3	
30	24	16,000										1.3	
31	24	17,000										1.3	
Total		680000											
Average		21,935											
Maximum		30000											

POE

8/7/07 Temp: 27.2 pH: 8.7 Phos: 1.5

8/31/07 Temp: 27.4 pH: 8.8 phos: 1.6

DUP

Temp: 27.6 pH: 8.6 phos: 1

Temp 31.1 pH: 8.6 phos: 1

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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 10-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) of 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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	25,500											
2	24	25,500										1.0	
3	24	21,000										1.1	
4	24	29,000										1.2	BACT'S
5	24	24,000										1.1	
6	24	24,000										1.5	
7	24	17,000										1.4	
8	24	21,000											
9	24	24,000										1.5	Boil Water BACT's
10	24	15,000										1.4	Boil Water BACT's
11	24	27,000										1.1	Flushed 3000 gal's
12	24	14,000										0.9	Lift Boil Water
13	24	19,000										0.9	TTHM'S
14	24	17,000										0.8	
15	24	22,000											
16	24	22,000										1.3	
17	24	17,000										1.3	
18	24	24,000										1.2	
19	24	15,000										1.2	
20	24	14,000										1.3	
21	24	16,000										1.2	
22	24	17,500											
23	24	17,500										0.9	
24	24	15,000										0.7	
25	24	16,000										1.4	
26	24	22,000										1.3	
27	24	15,000										1.2	
28	24	16,000										1.2	
29	24	20,000											
30	24	20,000										1.5	
31	24												
Total		590000											
Average		19,666											
Maximum		29,000											

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

608

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13994	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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 11-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

FILE COPY

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	19,000										1.4	
2	24	12,000										1.3	
3	24	15,000										1.3	BACT'S
4	24	16,000										1.3	
5	24	13,000										1.2	
6	24	29,500											
7	24	20,500										1.3	
8	24	16,000										1.3	
9	24	20,000										1.2	
10	24	11,000										1.4	
11	24	27,000										1.4	
12	24	22,000										1.3	
13	24	21,000											
14	24	21,000										1.3	
15	24	15,000										1.3	
16	24	24,000										1.3	
17	24	14,000										1.2	
18	24	26,000										1.3	
19	24	19,000										1.2	
20	24	19,000											
21	24	19,000										1.2	
22	24	9,000										1.2	
23	24	16,000										1.3	
24	24	19,000										1.3	
25	24	12,000										1.2	
26	24	14,000										1.3	
27	24	23,000										1.1	
28	24	16,500											
29	24	16,500										1.3	
30	24	16,000										1.4	
31	24	15,000										1.3	
Total		550000											
Average		17,741											
Maximum		27000											

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

FILE COPY

11-27-07 Daily flow entered

608

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590093
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs, Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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.

12-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	19,000										1.4	
2	24	21,000										1.3	
3	24	19,000											
4	24	19,000										1.5	
5	24	20,000										1.4	BACT'S
6	24	19,000										1.4	
7	24	31,000										1.3	
8	24	25,000										1.7	
9	24	29,000										1.5	
10	24	30,000											
11	24	30,000										1.4	
12	24	32,000										1.4	
13	24	37,00										1.3	
14	24	54,000										1.4	Water main break
15	24	20,000										1.3	
16	24	18,000										1.4	
17	24	21,500											
18	24	21,500										1.4	
19	24	20,000										1.4	
20	24	30,000										1.3	
21	24	31,000										1.3	
22	24	14,000										1.3	
23	24	17,000										1.4	
24	24	28,000										1.5	
25	24	23,500											
26	24	23,500										1.4	
27	24	13,000										1.3	
28	24	25,000										1.3	
29	24	22,000										1.4	
30	24	22,000										1.3	
31	24												
Total		733,000	12-11-07 Mon AM										
Average		24,433											
Maximum		54,000											

** 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

65

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs, Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun

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 1-7-08

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: DECEMBER 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	24000											
2	24	24,000										1.40	
3	24	28,000										1.30	
4	24	19,000										1.30	
5	24	20,000										1.40	
6	24	22,000										1.30	BACTS
7	24	26,000										1.30	
8	24	23,000											
9	24	23,000										1.30	
10	24	25,000										1.30	
11	24	24,000										1.20	
12	24	15,000										1.30	12/12/07 POE temp=21.7 PH=8.6 Phos Resid=1.5
13	24	26,000										1.30	12/12/07 Dist. temp=21.5 PH=8.8 Phos Resid=1.4
14	24	17,000										1.20	
15	24	22,500											
16	24	22,500										1.30	
17	24	20,000										1.30	
18	24	18,000										1.40	
19	24	14,000										1.30	
20	24	19,000										1.30	
21	24	16,000										1.40	
22	24	15,000										1.50	
23	24	20,500											
24	24	20,500										1.40	
25	24	18,000										1.40	
26	24	20,000										1.30	
27	24	23,000										1.40	12/28/07 POE temp=22.0 PH=8.5 Phos resid=1.4
28	24	18,000										1.30	12/28/07 Dist. temp=21.9 PH=8.7 Phos resid=1.2
29	24	22,500											
30	24	22,500										0.80	
31	24	14,000										1.4	
Total		642,000											
Average		20,709											
Maximum		28,000											

** 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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * DECEMBER 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.40
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

2008

608 pd

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590093
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
2-5-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	21,000										1.30	
2	24	22,000										1.40	
3	24	23,000										1.00	
4	24	21,000										1.20	
5	24	26,000											
6	24	26,000										1.30	
7	24	16,000										1.10	
8	24	20,000										1.00	
9	24	18,000										1.00	Bac-T sampling
10	24	16,000										1.10	Phosphate test - Dist. - 1.0 POE - 1.1
11	24	14,000										1.00	
12	24	20,500											
13	24	20,500										1.10	
14	24	10,000										1.00	
15	24	16,000										0.90	
16	24	16,000										0.90	
17	24	18,000										0.90	
18	24	11,000										0.90	
19	24	20,500											
20	24	20,500										1.00	
21	24	8,000										1.10	High service pump # 1 out of service - bad motor
22	24	18,000										1.00	High service pump # 1 back online - replaced motor
23	24	17,000										1.10	
24	24	13,000										1.00	
25	24	18,000										1.40	
26	24	14,000											
27	24	14,000										1.30	
28	24	20,000										1.20	
29	24	19,000										1.10	
30	24	12,000										1.10	Phosphate test - Dist. - 1.4 POE - 1.4
31	24	14,000										1.00	Replaced steamer pump tubings and PRV, exercise
Total		543,000											
Average		17,516											
Maximum		26,000											

** 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

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Silltoe	A	12749	Thurs. Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Silltoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Fusch	C	7806	Mon. - Fri. 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.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	16,000										0.80	Replaced Stenner pump discharge tubing
2	24	21,500										1.00	
3	24	21,500										1.10	
4	21	12,000										1.00	
5	24	14,000										1.10	Collected Bac - T samples
6	24	19,000										1.00	
7	24	21,000										0.90	Phosphate test - Dist. 14 POE - 15
8	24	14,000											
9	24	17,500										0.90	
10	24	17,500										0.90	
11	24	25,000										1.10	
12	24	14,000										1.00	
13	24	12,000										0.90	
14	24	18,000										0.90	
15	24	15,000										1.00	
16	24	14,000											
17	24	22,000										1.00	
18	24	22,000										1.10	
19	24	23,000										1.00	
20	24	20,000										1.10	Phosphate test - Dist. 14 POE - 15
21	24	22,000										1.00	
22	24	32,000										1.00	
23	24	1,000											
24	24	17,000										0.90	
25	24	17,000										0.90	
26	24	16,000										0.80	
27	24	15,000										0.90	
28	24	12,000										1.00	
29	24	13,000											
30	24												
31	24												
Total		504,000											
Average		17,379											
Maximum		32,000											

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

608

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	21,500											
2	24	21,500										1.00	
3	24	20,000										0.70	
4	24	11,000										0.80	
5	24	18,000										0.90	Collected Bac - Ts, Hardness, NO2/NO3 samples
6	24	13,000										1.00	
7	24	16,000										0.80	Phosphate test - Dist - 1.4 POE - 1.5
8	24	16,000											
9	24	16,000										1.00	
10	24	17,000										1.00	
11	24	11,000										1.00	
12	24	19,000										0.90	
13	24	16,000										1.00	
14	24	17,000										0.90	
15	24	19,500											
16	24	19,500										1.00	
17	24	12,000										1.10	
18	24	16,000										1.10	
19	24	13,000										1.10	
20	24	19,000										1.10	
21	24	14,000										1.00	
22	24	21,000										1.00	
23	24	16,000											
24	24	16,000										1.10	Phosphate test - Dist 1.5 POE - 1.5
25	24	17,000										1.00	
26	24	16,000										1.00	
27	24	19,000										0.90	
28	24	18,000										0.90	
29	24	25,000											
30	24	25,000										1.00	
31	24	8,000										0.90	
Total		527,000											
Average		17,000											
Maximum		25,000											

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

608

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590093
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs, Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
E. Williams 5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	15,000										1.00	
2	24	16,000										1.00	Collected Bac-T's. Phosphate test - Dist-1.4 POE-1.3
3	24	14,000										0.90	
4	24	17,000										0.70	Replaced stemmer tubings, bleach lines
5	24	18,500											Replaced stemmer pump # 1 with a brand new one
6	24	18,500										0.60	
7	24	12,000										2.00	
8	24	9,000										2.00	Cleaned Actators
9	24	14,000										1.50	
10	24	15,000										1.10	Replumbed bleach line that goes to the GST
11	24	16,000										0.70	
12	24	22,000											
13	24	22,000										0.80	
14	24	11,000										2.20	Replumbed bleach line to the aerator, added check
15	24	16,000										1.30	
16	24	13,000										0.70	Phosphate test Dist - 1.3 POE - 1.3
17	24	17,000										0.50	
18	24	17,000										0.70	
19	24	23,500											
20	24	23,500										0.70	
21	24	15,000										0.50	
22	24	20,000										1.00	
23	24	22,000										1.00	
24	24	17,000										1.00	
25	24	22,000										1.00	Installed needle valve to the GST bleach line
26	24	27,000											
27	24	27,000										1.00	
28	24	20,000										0.90	
29	24	16,000										0.90	
30	24	17,000										0.70	Replaced discharge line on pump #2 - leaking
31													
Total		533,000											
Average		17,766											
Maximum		27,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590093
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 104	Total Population Served at End of Month: 364		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C B [illegible]	13093	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7896	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
Eliswilliams 5/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	24,000										0.50	Collected Bac - T samples, replaced strainer fabrics
2	24	20,000										1.00	
3	24	24,500											
4	24	24,500										1.00	
5	24	20,000										0.80	
6	24	22,000										0.70	
7	24	24,000										0.70	
8	24	22,000										0.60	
9	24	20,000										0.60	Phosphate test Dist - 1.3 POE - 1.4
10	24	27,000											
11	24	27,000										0.60	
12	24	12,000										0.50	
13	24	20,000										1.00	
14	24	27,000										1.10	
15	24	23,000										1.10	
16	24	28,000										1.10	
17	24	28,500											
18	24	28,500										1.10	
19	24	15,000										0.90	
20	24	17,000										0.90	
21	24	16,000										1.00	Greased High Service Pumps
22	24	30,000										0.80	Phosphate test Dist - 1.3 POE - 1.4
23	24	10,000										0.80	
24	24	20,000										0.90	
25	24	17,000											
26	24	17,000										0.60	Installed new pressure gage on bleach line to GST
27	24	21,000										1.20	
28	24	15,000										1.10	
29	24	22,000										1.10	
30	24	26,000										1.20	
31	24	25,000											
Total		~~648,000~~	473,000										
Average		~~21,600~~	21,709										
Maximum		30,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 105	Total Population Served at End of Month: 367		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Sillmon	A	12749	Thurs. Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillmon	B	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
7-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	29,000										1.20	
2	24	28,000										1.10	
3	24	25,000										1.20	Collected Bac - T samples
4	24	29,000										1.10	
5	24	36,000										1.10	
6	24	30,000										1.20	
7	24	41,500											
8	24	41,500										0.70	
9	24	24,000										0.50	
10	24	31,000										2.00	
11	24	31,000										1.80	
12	24	23,000										1.70	
13	24	28,000										1.70	Phosphate Test PDE - 1.5 Dist. - 1.5
14	24	33,500											
15	24	33,500										1.70	
16	24	12,000										1.20	
17	24	17,000										1.00	
18	24	18,000										0.70	
19	24	21,000										1.00	
20	24	10,000										0.90	
21	24	21,000											
22	24	21,000										1.00	
23	24	13,000										0.50	
24	24	18,000										1.30	
25	24	15,000										1.30	
26	24	21,000										1.20	
27	24	12,000										1.20	Phosphate Test PDE - 1.4 Dist - 1.5
28	24	22,000											
29	24	22,000										1.20	
30	24	11,000										1.10	
31													
Total		724,000											
Average		24,133											
Maximum		41,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 105	Total Population Served at End of Month: 367		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Silliroe	A	12749	Thurs, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Silliroe	B	13694	Mon- Fri Days
	John Cuffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	23,000										1.00	Collected Bac - T samples
2	24	18,000										1.00	
3	24	26,000										1.20	Phosphate Test POE - 1.2 Dist - 1.3
4	24	19,000										1.30	Flushed ORP, serviced air compressor
5	24	27,500											
6	24	27,500										1.30	
7	24	21,000										1.10	
8	24	12,000										1.10	
9	24	15,000										1.10	
10	24	15,000										1.10	
11	24	17,000										1.00	Distributed lead and copper bottles
12	24	22,000											
13	24	22,000										1.30	
14	24	10,000										1.00	
15	24	15,000										1.00	
16	24	15,000										1.00	
17	24	15,000										1.00	Phosphate Test POE - 1.4 Dist - 1.4
18	24	15,000										0.90	
19	24	19,000										0.90	Completed lead and copper, sent to lab
20	24	18,000											
21	24	18,000										0.80	[illegible]
22	24	22,000										1.00	
23	24	19,000										1.20	
24	24	10,000										1.20	
25	24	19,000										1.10	
26	24	16,500											
27	24	16,500										1.00	
28	24	17,000										0.90	
29	24	12,000										0.90	Applied seal coat on floors
30	24	19,000										0.90	Applied seal coat on floors
31	24	15,000										0.90	
Total		548,000											
Average		18,000											
Maximum		27,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 105	Total Population Served at End of Month: 367		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Sullivan	A	12349	Thurs, Fri & Sat Days
	Alex Lacayo	C	13756	Mon- Fri Days
	Kathy Sillitoe	B	13091	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 9-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	19,000										0.70	
2	24	16,000											
3	24	16,000										0.90	
4	24	19,000										0.70	
5	24	15,000										1.00	Bac- T samples, Phosphate test POE - 1.4 Dist - 1.4
6	24	16,000										1.10	
7	24	27,000										1.00	
8	24	13,000										1.00	
9	24	18,000											
10	24	18,000										1.10	
11	24	10,000										1.00	
12	24	21,000										0.90	
13	24	18,000										0.90	
14	24	12,600										0.70	Replaced steamer tubings, greased HSP's, serviced A/C
15	24	15,000										0.70	
16	24	13,000										0.70	
17	24	18,000											
18	24	18,000										0.90	
19	24	17,000										0.90	
20	24	13,000										0.80	Phosphate Test POE - 1.3 Dist. - 1.5
21	24	17,000										0.80	
22	24	33,000										0.80	Water loss = 16,000 line leak unknown
23	24	55,000										0.50	Water loss = 35,000 line leak unknown
24	24	44,000											Water Loss = 26,000 line leak unknown
25	24	44,000										0.40	Water loss = 26,000 line leak unknown
26	24	47,000										0.60	Water loss = 29,000 line leak unknown
27	24	42,000										1.30	Water loss =24,000 line leak unknown
28	24	45,000										1.30	Water loss= 26,000 line leak repair Canel Street
29	24	18,000										1.20	Washed Hydro tank, GST and aerators
30	24	15,000										1.10	
31	24	15,000										1.10	
Total		697,000											
Average		22,483											
Maximum		55,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590093
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 105	Total Population Served at End of Month: 367		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(3), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14836	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	B	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 10/3/08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	15,000										0.90	
2	24	19,000										0.90	
3	24	17,000										0.90	
4	24	13,000										1.00	Collected Bac - T samples, Flushing - 6,000 gallons
5	24	17,000										0.90	Phosphate Test Dist 1.1 POE 1.4, THM/HAA5
6	24	16,000										0.90	
7	24	19,000											
8	24	19,000										0.80	
9	24	21,000										0.80	
10	24	18,000										0.80	D. Hanna of FRWA testing Well meter accuracy
11	24	23,000										0.80	
12	24	15,000										0.80	
13	24	20,000											
14	24	20,000										1.40	
15	24	11,000										0.80	Serviced Air Compressor
16	24	17,000										0.80	Phosphate Test Dist 1.5 POE 1.5
17	24	27,000										0.80	Seminole Health Dept sampling Well
18	24	14,000										0.70	
19	24	15,000										0.90	
20	24	18,000										0.90	
21	24	18,000											
22	24	18,000										0.80	
23	24	15,000										0.80	
24	24	15,000										0.80	
25	24	16,000										0.80	Thompson Electric installed new GFI Breaks
26	24	17,000										0.70	Flushed 2" blow off at Ft. Mannie - 2,000 gals
27	24	15,000										0.80	
28	24	17,000											
29	24	17,000										0.80	
30	24	17,000										1.00	
31													
Total		519,000											
Average		17,300											
Maximum		27,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 105	Total Population Served at End of Month: 367		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	B	13094	Mon- Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 11-21-08	Elisa Williams	C-14846

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	21,000										0.90	
2	24	17,000										0.80	
3	24	15,000										0.90	
4	24	23,000										1.00	
5	24	18,500											
6	24	18,500										0.90	Replaced ORP plug outlet
7	24	17,000										0.90	
8	24	21,000										0.90	Bac-Ts, DEP Sanitary Survey, flushed - 3,000 gals
9	24	14,000										0.70	Flushed 2" BO at Lakeside and Canal - 4,000 gals
10	24	21,000										0.70	Phosphate Test POE - 1.5 Dist - 1.5
11	24	15,000										0.80	
12	24	18,000											
13	24	18,000										0.70	
14	24	20,000										0.60	
15	24	17,000										0.60	Serviced air compressor
16	24	17,000										0.60	Flushed 2" blow-offs - 6,000 gals
17	24	21,000										0.70	Flushed 2" blow-offs - 4,000 gals
18	24	19,500											
19	24	19,500										1.00	
20	24	24,000										0.80	Flushed 2" blow-offs - 4,000 gals. Cleaned ORP
21	24	17,000										0.70	Flushed 2" BO-4,000 gal. Phosphate POE-1.5 Dist-1.5
22	24	22,000										0.80	Flushed 2" blow-offs - 3,000 gals
23	24	21,000										0.70	Flushed 2" blow-offs - 6,000 gals
24	24	26,000										0.80	
25	24	19,000										0.70	
26	24	18,500											
27	24	18,500										0.60	Flushed 2" blow-offs - 3,500 gals.
28	24	23,000										0.80	
29	24	19,000										0.80	
30	24	20,000										1.30	
31	24	19,000										1.30	
Total		593,000											
Average		19,161											
Maximum		26,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 105	Total Population Served at End of Month: 367		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon- Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thurs. Fri & Sat Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	B	13094	Mon- Fri Days
	John Collee	C	6614	Sat-Sun
	Allan Lisch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature]	Elisa Williams	C-14846

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

PWS Identification Number: 3590993 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	19,000										0.90	
2	24	21,500											
3	24	21,500										0.90	
4	24	19,000										0.90	Collected Bac - T samples
5	24	15,000										1.00	
6	24	15,000										1.00	
7	24	20,000										0.90	Phosphate Test POE - 1.4 Dist - 1.4
8	24	18,000										0.90	
9	24	20,000											
10	24	20,000										0.80	
11	24	10,000										0.80	
12	24	13,000										0.80	
13	24	17,000										0.90	
14	24	15,000										0.80	
15	24	17,500											
16	24	17,500										1.10	
17	24	19,000										1.10	
18	24	18,000										1.20	
19	24	17,000										1.20	
20	24	18,000										1.10	Phosphate Test POE - 1.4 Dist - 1.4
21	24	17,000										1.10	
22	24	15,000										1.10	
23	24	15,500											
24	24	15,500										1.20	
25	24	15,000										1.20	
26	24	15,000										1.20	
27	24	20,000										1.20	
28	24	17,000										1.20	
29	24	15,000										1.20	
30	24	17,500										1.20	
31													
Total		513,500											
Average		17,116											
Maximum		21,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 105	Total Population Served at End of Month: 367		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sullivan	A	12749	Thurs, Fri & Sat. Days
	Alex Locatto	C	13756	Mon-Fri Days
	Kathy Sullivan	H	13694	Mon-Fri Days
	John Cuffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3590993 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hour, 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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	17,500										1.20	Greased High Service Pumps
2	24	16,000										1.20	
3	24	13,000										1.20	Collected Bac - T samples
4	24	18,000										1.20	
5	24	10,000										1.20	
6	24	23,000										1.20	
7	24	18,000											
8	24	14,000										1.20	Environmental Compliance onsite testing
9	24	21,000										1.10	Phosphate Test POE - 1.4 Dist - 1.4
10	24	18,000										1.10	
11	24	17,000										1.10	
12	24	14,000										1.10	
13	24	15,000										1.00	
14	24	16,000											
15	24	16,000										1.10	
16	24	8,000										1.10	
17	24	23,000										1.20	
18	24	18,000										1.20	Phosphate Test POE - 1.5 Dist - 1.5
19	24	18,000										1.10	
20	24	20,000										1.10	
21	24	16,000											
22	24	16,000										0.90	
23	24	14,000										0.90	
24	24	15,000										0.90	
25	24	17,000										1.00	
26	24	15,000										1.00	
27	24	15,000										0.90	
28	24	16,000											
29	24	16,000										1.00	
30	24	18,000										1.00	
31	24	14,000										0.90	
Total		498,500											
Average		16,080											
Maximum		23,000											

** 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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm	Acrylamide Level, %†
	-

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm	Epichlorohydrin Level, %†
-	-

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2: 0.68
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2: -

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

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

PHILLIPS

2007

610

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sullivan	A	12749	Thur Fri & Sat Days
	Alex Lourenco	C	13756	Mon-Fri Days
	Kathy Sullivan	C	13094	Mon-Fri 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.

Allan Finch 1-31-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	22,000										1.1	
2	24	20,000										1.0	
3	24	24,000										1.0	Flushed 2000 gal.
4	24	23,000										1.1	
5	24	17,000										0.9	
6	24	43,000											
7	24	44,000										0.6	
8	24	22,000										0.9	
9	24	27,000										1.1	BACT's
10	24	25,000										1.2	
11	24	15,000										1.1	
12	24	24,000										0.8	Flushed 3,500 gal.
13	24	27,000											
14	24	26,000										0.8	
15	24	29,000										1.0	
16	24	25,000										1.0	
17	24	24,000										1.1	
18	24	20,000										1.0	
19	24	35,000										0.9	
20	24	29,000										0.9	
21	24	32,000											
22	24	32,000										1.1	
23	24	18,000										0.9	
24	24	22,000										1.0	Nitrate Sample
25	24	18,000										1.0	
26	24	22,000										0.9	
27	24	24,000										1.1	
28	24	23,500											
29	24	23,500										0.9	
30	24	15,000										1.0	
31	24	22,000										0.9	
Total		770,000											
Average		24,838											
Maximum		44,000											

44,000 KAS

* *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

FILE COPY

See page 4 for instructions. 610

I. General Information for the Month/Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri, & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri 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.

Signature and Date	Printed or Typed Name	License Number
3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-7806~~ C-13094

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	24,000										0.9	
2	24	22,000										0.5	Flushed 500 gal.
3	24	27,000											
4	24	23,000										1.0	
5	24	23,000										1.4	
6	24	20,000										1.5	
7	24	19,000										1.4	BACT'S
8	24	23,000										1.5	
9	24	16,000										1.6	
10	24	24,500											
11	24	29,500										1.3	
12	24	25,000										1.4	
13	24	15,000										1.4	
14	24	23,000										1.3	
15	24	22,000										1.4	
16	24	22,000										1.4	
17	24	21,000											
18	24	27,000										1.4	
19	24	22,000										1.0	
20	24	19,000										1.3	
21	24	25,000										1.4	
22	24	22,000										1.5	
23	24	32,000										1.6	
24	24	44,000										1.6	
25	24	33,000											
26	24	33,000										2.0	
27	24	30,000										2.0	
28	24	33,000										1.6	
29	24												
30	24												
31	24												
Total		715,000											
Average		25,535											
Maximum		44,000											

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

610

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sullivee	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sullivee	C	13093	Mon-Fri 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.

Allan Finch 4-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	23,000										1.6	
2	24	26,000										1.6	
3	24	29,000											
4	24	29,000										1.5	
5	24	31,000										1.4	
6	24	16,000										1.4	
7	24	31,000										1.6	BACT
8	24	31,000										1.2	
9	24	31,000										1.2	
10	24	25,000											
11	24	25,000										1.5	
12	24	36,000										1.1	
13	24	29,000										1.2	
14	24	41,000										1.4	Well BACT Flushed 1,500 gal.
15	24	25,000										1.3	
16	24	32,000										1.3	
17	24	29,500											
18	24	29,500										1.5	
19	24	29,000										1.5	
20	24	21,000										1.4	
21	24	32,000										1.4	
22	24	31,000										1.5	Replaced PRV
23	24	29,000										1.3	
24	24	34,000										1.5	
25	24	30,500											
26	24	30,500										1.5	
27	24	26,000										1.5	
28	24	35,000										1.5	
29	24	33,000										1.5	
30	24	38,000										1.5	
31	24	35,000											
Total		927,000	927,000										
Average		29,903											
Maximum		41,000											

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

610

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 5-2-07	Allan Finch	C-7806

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	39,000										1.4	
2	24	34,000										1.4	
3	24	57,000										1.5	BACT's
4	24	24,000										1.4	
5	24	34,000										1.4	
6	24	35,000										1.3	
7	24	41,500											
8	24	41,500										1.4	
9	24	39,000										1.4	
10	24	26,000										1.3	
11	24	27,000										1.4	
12	24	22,000										1.3	
13	24	36,000										1.4	Flushed 1000 gal
14	24	26,000											
15	24	26,000										1.4	Power Outage
16	24	22,000										1.4	
17	24	21,000										1.3	
18	24	39,000										1.5	
19	24	34,000										1.4	
20	24	23,000										1.4	
21	24	51,000										1.4	
22	24	36,000											
23	24	36,000										1.3	
24	24	31,000										1.4	Flushed 2000 gal
25	24	45,000										1.2	
26	24	36,000										1.2	
27	24	42,000										1.3	Flushed 5000 gal
28	24	54,000											
29	24	54,000										1.3	
30	24	50,000										1.4	
31	24												
Total		1,089,000											
Average		36,300											
Maximum		57,000											

** 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

VIU

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 6-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	41,000										1.4	
2	24	53,000										1.3	Flushed 1000 gals
3	24	40,000										1.3	BACTS
4	24	50,000										1.4	
5	24	47,500											
6	24	47,500										1.3	
7	24	39,000										1.7	
8	24	37,000										1.4	
9	24	40,000										1.3	
10	24	44,000										1.4	
11	24	31,000										1.4	Flushed 2000 gals
12	24	41,500											
13	24	41,500										1.5	
14	24	32,000										1.3	
15	24	32,000										1.4	
16	24	37,000										1.4	
17	24	37,000										1.3	
18	24	36,000										1.3	
19	24	34,000											
20	24	34,000										1.5	
21	24	39,000	59,000									1.4	
22	24	39,000										1.3	
23	24	37,000										1.4	
24	24	29,000										1.3	
25	24	24,000										1.5	
26	24	29,000										1.2	
27	24	29,500											
28	24	29,500										1.3	
29	24	44,000										1.3	
30	24	42,000										1.4	
31	24	36,000										1.3	
Total		1163,000											
Average		37,516											
Maximum		53,000											

** 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

610

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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 7-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	47,000										1.4	
2	24	25,000										1.5	
3	24	25,000										1.4 1.5	
4	24	24,000										1.4	BACT'S
5	24	27,000										1.4	
6	24	31,000										1.3	
7	24	22,000										1.3	
8	24	34,000										1.4	Flushed 3000 gal.
9	24	23,000											
10	24	39,000										1.3	
11	24	35,000										1.4	
12	24	31,000										1.4	Flushed 2000 gal.
13	24	29,000										1.3	
14	24	23,000										1.3	
15	24	23,000										1.2	
16	24	26,000											
17	24	37,500										1.3	
18	24	37,500										1.4	
19	24	31,000										1.4	
20	24	25,000										1.3	
21	24	27,000										1.4	Flushed 2,500 gal.
22	24	21,000										1.4	
23	24	46,000											
24	24	34,000										1.4	
25	24	34,000										1.3	
26	24	29,000										1.4	
27	24	33,000										1.4	
28	24	45,000										1.3	Flushed 3000 gal.
29	24	25,000											
30	24	35,000											
31	24												
Total		923,000											
Average		30,766											
Maximum		47,000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13091	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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 8-1-07
Signature and Date

Allan Finch
Printed or Typed Name

FILE COPY

C-7806
License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	35000										1.5	
2	24	29,000										1.4	
3	24	23,000										1.4	
4	24	24,000										1.3	
5	24	13,000										1.4	BACT's
6	24	19,000										1.4	Flushed 350 gal.
7	24	31,500										1.5	
8	24	31,500										1.1	Replaced BAC's Flushed 350 gal.
9	24	36,000										1.2	Replaced BAC's
10	24	39,000										1.2	
11	24	35,000										1.3	Flushed 350 gal. Replaced BAC's
12	24	26,000										1.4	
13	24	26,000											
14	24	35,000										1.2	
15	24	35,000										1.3	
16	24	24,000										1.4	
17	24	35,000										0.5	
18	24	23,000										1.6	Flushed 350 gal
19	24	18,000										1.2	
20	24	22,000										1.3	
21	24	30,000											
22	24	23,000										1.4	
23	24	22,000										1.3	
24	24	26,000										1.3	
25	24	17,000										1.3	
26	24	33,000										1.3	Flushed 350 gal.
27	24	32,000											
28	24	40,500										1.2	
29	24	40,500										1.3	
30	24	33,000										1.3	
31	24	37,000											
Total		935,000 ✓											
Average		29,548											
Maximum		40500											

** 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

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

See page 4 for instructions.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri, & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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 9-3-07
Signature and Date

Allan Finch
Printed or Typed Name

FILE COPY

C-7806
License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	33,000										0.6	
2	24	31,000										1.2	
3	24	27,000										1.7	Flushed 2,500 gals.
4	24	36,500											
5	24	36,500										0.7	
6	24	31,000										0.4	
7	24	31,000										1.2	Bact's
8	24	39,000										1.3	
9	24	23,000										1.3	
10	24	34,000										1.4	Flushed 2,500 gals, TTHM's, HAA's
11	24	35,500											
12	24	35,600										1.2	
13	24	29,000										1.3	
14	24	22,000										1.4	
15	24	27,000										1.4	
16	24	31,000										1.4	
17	24	25,000										1.3	
18	24	29,500											
19	24	29,500										1.3	
20	24	32,000										1.3	
21	24	31,000										1.4	
22	24	26,000										1.4	
23	24	45,000										1.4	Flushed 3500 gals
24	24	29,000										1.3	
25	24	45,000										1.3	
26	24	18,500											
27	24	19,500										1.4	
28	24	22,000										1.4	
29	24	22,000										1.4	
30	24	24,000										1.3	Flushed 2,500 gals.
31	24	24,000										1.3	
Total		925,000 ✓											
Average		29,838											
Maximum		45,000											

** 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.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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 10-1-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	23 500											
2	24	23,500										1.3	
3	24	17,000										1.4	
4	24	26,000										1.4	BACT'S
5	24	23,000										1.3	
6	24	31,000										1.4	
7	24	21,000										1.3	
8	24	31,000											
9	24	31,000										1.4	
10	24	33,000										1.4	
11	24	20,000										1.4	
12	24	23,000										1.3	
13	24	33,000										1.4	Flushed 2500 gals.
14	24	15,000										1.3	
15	24	27,500											
16	24	27,500										1.5	
17	24	30,000										1.3	
18	24	24,000										1.3	
19	24	21,000										1.4	
20	24	19,000										1.3	
21	24	19,000										1.4	Flushed 2000 gal
22	24	24,500											
23	24	24,500										1.5	
24	24	15,000										1.4	
25	24	18,000										1.3	
26	24	19,000										1.3	
27	24	19,000										1.4	Flushed 2,500 gal
28	24	22,000										1.4	
29	24	21,500											
30	24	21,500										1.4	
31	24												
Total		704,000 ✓											
Average		23,466											
Maximum		33,000											

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

610

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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 11-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

FILED

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	30,000										1.4	
2	24	12,000										1.3	
3	24	11,000										1.3	BACT'S
4	24	27,000										1.4	Flow master O.O.S.
5	24	27,000										1.4	
6	24	32,000											
7	24	32,000										1.5	
8	24	27,000										1.3	
9	24	33,000										1.4	
10	24	29,000										1.4	
11	24	32,000										1.3	
12	24	25,000										1.3	Flushed 2000 gal.
13	24	30,000											
14	24	30,000										1.3	
15	24	31,000										1.4	
16	24	33,000										1.3	
17	24	29,000										1.3	
18	24	34,000										1.4	
19	24	22,000										1.3	
20	24	23,500											
21	24	23,500										1.4	
22	24	19,000										1.4	
23	24	19,000										1.4	
24	24	28,000										1.3	
25	24	23,000										1.3	
26	24	24,000										1.4	Flushed 2,500 gals
27	24	21,000										1.5	
28	24	22,500											
29	24	22,500										1.4	
30	24	16,000										1.3	
31	24	30,000										1.3	
Total		806000											
Average		25,806											
Maximum		34,000											

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

FILE COPY

11-07 Daily flow sheet

610

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12719	Thur. Fri. & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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 12-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	22,000										1.3	Flow meter O.O.S.
2	24	26,000										1.4	Flow meter O.O.S.
3	24	25,000										1.5	Flow meter O.O.S.
4	24	25,000										1.5	Flow meter O.O.S.
5	24	30,000										1.4	BACTS, Flow meter O.O.S.
6	24	22,000										1.4	Flow meter O.O.S.
7	24	26,000										1.3	Flow meter O.O.S.
8	24	35,000										1.5	Flow meter O.O.S.
9	24	37,000										1.4	Flow meter O.O.S.
10	24	32,500											Flow meter O.O.S.
11	24	32,500										1.5	Flow meter O.O.S.
12	24	30,000										1.5	Flow meter B.T.S.
13	24	23,000										1.4	
14	24	23,600										1.4	
15	24	31,000										1.5	
16	24	27,000										1.5	
17	24	29,000											
18	24	29,000										1.3	
19	24	32,000										1.3	
20	24	18,000										1.4	
21	24	24,000										1.3	
22	24	20,000										1.2	
23	24	26,000										1.3	
24	24	21,000										1.3	
25	24	26,000											
26	24	26,000										1.2	
27	24	15,000										1.2	
28	24	22,000										1.3	
29	24	24,000										1.2	
30	24	26,000										1.3	
31	24												
Total		779,000	12-11-07 Mon PM										
Average		25,966											
Maximum		37,000											

** 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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun

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.

Signature and Date	Printed or Typed Name	License Number
1-7-08	Allan Finch	C-7806

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

PWS Identification Number: 3591008	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: DECEMBER 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ 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) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	19,000											
2	24	19,000										1.30	
3	24	27,000										1.20	
4	24	15,000										1.20	
5	24	22,000										1.30	
6	24	19,000										1.40	BACTS
7	24	25,000										1.40	
8	24	17,000											
9	24	17,000										1.30	
10	24	29,000										1.30	
11	24	12,000										1.20	
12	24	25,000										0.90	
13	24	21,000										1.50	
14	24	20,000										1.40	
15	24	16,500											
16	24	16,500										1.70	
17	24	24,000										1.70	
18	24	13,000										1.60	
19	24	22,000										0.90	
20	24	16,000										1.30	
21	24	23,000										1.30	
22	24	10,000										1.50	
23	24	23,500											
24	24	23,500										1.30	
25	24	12,000										1.40	
26	24	23,000										1.40	
27	24	18,000										1.40	
28	24	30,000										1.30	
29	24	20,500											
30	24	20,500										1.40	
31	24	26,000										1.30	
Total		623,000 ✓											
Average		20,096											
Maximum		30,000											

** 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

PWS Identification Number: 3591008	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * DECEMBER 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.60
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

2008

G19 P1

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13091	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
2-5-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591008 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	12,000										1.30	
2	24	31,000										1.50	
3	24	25,000										2.80	
4	24	25,000										2.70	
5	24	23,000											
6	24	23,000										1.30	
7	24	35,000										2.00	
8	24	19,000										0.50	
9	24	23,000										2.50	Hac-U sampling
10	24	18,000										2.50	
11	24	22,000										2.50	Replaced Stenner pump rollers and tubines
12	24	25,500											
13	24	25,500										1.00	
14	24	18,000										0.60	
15	24	15,000										0.50	
16	24	21,000										0.50	
17	24	16,000										0.50	
18	24	18,000										1.00	Air Compressor Maintenance
19	24	22,500											
20	24	22,500										1.00	
21	24	21,000										1.20	
22	24	17,000										0.70	
23	24	21,000										0.70	Replumbed Sodium Hypochlorite/POU discharge lines
24	24	13,000										1.00	Replaced PRV, exercised valves
25	24	20,000										2.10	
26	24	10,000											
27	24	10,000										2.20	
28	24	23,000										2.00	
29	24	33,000										1.90	
30	24	17,000										1.80	
31	24	23,000										1.50	
Total		648,000											
Average		20,903											
Maximum		35,000											

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

6/10

FILE COPY

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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13091	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 3-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591008	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	19,000										1.50	
2	24	22,000											
3	24	22,000										1.50	
4	24	24,000										1.80	
5	24	25,000										1.60	
6	24	26,000										1.50	Collected Bac - T samples
7	24	26,000										1.40	Installed 3" tap on Well for chlorine injection
8	24	21,000										1.30	
9	24	19,500											
10	24	19,500										1.30	
11	24	31,000										1.30	
12	24	20,000										1.20	Connected chlorine line to the Well
13	24	20,000										1.20	
14	24	13,000										1.30	
15	24	19,000										1.40	
16	24	17,000										0.90	
17	24	25,500											
18	24	25,500										1.00	
19	24	19,000										1.00	
20	24	33,000										1.10	
21	24	33,000										1.00	
22	24	32,000										1.10	
23	24	21,000										0.90	
24	24	20,500											
25	24	20,500										1.00	
26	24	20,000										0.90	
27	24	21,000										1.00	
28	24	18,000										1.00	
29	24	19,000										1.10	
30	24												
31	24												
Total		642,000											
Average		22,137											
Maximum		33,000											

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

610

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591008	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	30,000											
2	24	30,000										1.00	
3	24	26,000										1.10	
4	24	13,000										1.00	
5	24	13,000										1.50	Collected Bac - T's, Hardness, NO2/NO3 samples
6	24	17,000										1.30	
7	24	16,000										1.10	Replaced Stenner Tubing, Flushed blow-offs
8	24	20,000											
9	24	20,000										1.00	
10	24	22,000										1.00	Collected 3 replacement Bac - T's
11	24	16,000										1.00	
12	24	20,000										0.90	
13	24	20,000										1.00	
14	24	23,000										1.10	
15	24	21,500											
16	24	21,500										1.00	
17	24	18,000										1.00	
18	24	20,000										1.00	
19	24	27,000										1.00	
20	24	28,000										1.00	
21	24	14,000										1.00	
22	24	27,000										1.00	
23	24	27,000											
24	24	27,000										0.90	
25	24	29,000										0.90	
26	24	38,000										1.00	
27	24	33,000										1.00	Flushed blow-offs at 400 Crystal/1105 Pine Lake Dr.
28	24	37,000										1.00	
29	24	45,500											
30	24	45,500										1.00	
31	24	24,000										1.10	
Total		769,000											
Average		24,806											
Maximum		45,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri, & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591008	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	33,000										1.10	
2	24	23,000										1.00	Collected Bac - T samples
3	24	17,000										0.90	
4	24	17,000										0.70	
5	24	25,500											
6	24	25,500										0.90	
7	24	17,000										0.80	
8	24	13,000										0.80	
9	24	17,000										0.80	
10	24	22,000										1.00	Replaced stenner tubings and discharge lines
11	24	20,000										1.00	
12	24	30,500											
13	24	30,500										0.80	
14	24	15,000										0.80	
15	24	22,000										0.90	
16	24	23,000										1.00	Serviced air compressor
17	24	26,000										1.10	
18	24	19,000										1.00	
19	24	27,500											
20	24	27,500										1.00	
21	24	28,000										1.10	
22	24	26,000										1.00	
23	24	23,000										1.00	
24	24	32,000										1.10	
25	24	23,000										1.00	
26	24	36,000											
27	24	36,000										1.10	
28	24	28,000										1.10	
29	24	30,000										1.00	
30	24	20,000										1.00	
31													
Total		733,000											
Average		24,433											
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

FILE Copy

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Phillips	PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 78	Total Population Served at End of Month: 273
PWS Owner: Utilities, Inc. of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs / State: FL / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	C & Z[illegible]	13091	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
Elisa Williams 5/31/08	Elisa Williams	C-14846

DEP Form 62-555.900(3)
Effective August 29, 2003

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	27,000										1.10	Collected Bac - T samples
2	24	28,000										1.10	Power outage, plant on intercoms)
3	24	27,000											
4	24	27,000										1.10	
5	24	18,000										1.10	
6	24	42,000										1.00	
7	24	47,000										1.10	
8	24	24,000										0.90	
9	24	29,000										1.00	Replaced stenner tubings and duck bills
10	24	49,500											
11	24	49,500										1.00	
12	24	33,000										0.80	
13	24	38,000										1.00	
14	24	56,000										0.90	
15	24	59,000										1.10	
16	24	31,000										0.80	
17	24	43,000											
18	24	43,000										1.00	
19	24	31,000										0.90	
20	24	25,000										0.90	Greased Well
21	24	32,000										0.80	
22	24	32,000										0.80	
23	24	14,000										0.80	
24	24	20,000										0.80	
25	24	22,500											
26	24	22,500										0.60	
27	24	31,000										0.80	
28	24	41,000										1.10	
29	24	36,000										1.10	
30	24	26,000										0.90	
31	~~25~~ 24	39,500											
Total		~~1,034,000~~	~~10,733~~	1,073,500									
Average		~~33,300~~	34.629										
Maximum		59,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 82	Total Population Served at End of Month: 287		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sellers	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sellers	B	13094	Mon-Fri Days
	John Collier	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 7-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591008 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Hour Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hour, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Hour, minutes	Lowest CT Provided Before or at First Customer During Peak Hour, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	39,500										1.00	
2	24	41,000										1.00	Collected Bac - T samples
3	24	21,000										1.10	
4	24	28,000										1.10	
5	24	20,000										1.00	
6	24	32,000										1.20	
7	24	36,500											
8	24	36,500										1.20	
9	24	29,000										1.00	
10	24	26,000										1.00	
11	24	29,000										1.10	
12	24	18,000										1.00	
13	24	22,000										1.10	
14	24	26,500											
15	24	26,500										1.20	
16	24	19,000										1.10	
17	24	20,000										1.00	
18	24	26,000										0.90	Serviced air compressor
19	24	22,000										0.50	Replaced stemer tubings, duckbills
20	24	16,000										1.20	
21	24	22,000											
22	24	22,000										1.00	
23	24	20,000										1.00	
24	24	16,000										1.00	
25	24	26,000										1.10	
26	24	22,000										1.00	
27	24	42,000										1.00	Line break, boil water Bac-T's, BWN tags for 7 hours
28	24	33,000											Collected 2nd day boil water Bac-t's
29	24	33,000										1.00	BWN recession tags
30	24	27,000										0.60	
31													
Total		767,500											
Average		25,583											
Maximum		41,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 82	Total Population Served at End of Month: 287		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	B	13094	Mon-Fri Days
	John Cothee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri 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.

Signature and Date	Printed or Typed Name	License Number
	Elisa Williams	C-14846

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

PWS Identification Number: 3591008 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	26,000										1.00	Collected Rac-T, repiped nipple on bleach injection
2	24	26,000										0.60	Collected Rac - T samples
3	24	23,000										0.60	Bled bleach lines, flushed ORP
4	24	22,000										1.00	
5	24	32,000											
6	24	32,000										0.60	
7	24	33,000										0.90	
8	24	12,000										1.00	
9	24	19,000										0.90	
10	24	25,000										0.90	
11	24	24,000										0.50	Replaced day tank tubings, rollers and strainer tubings
12	24	27,000											
13	24	27,000										0.50	
14	24	17,000										1.60	Replaced tubings, duckbills on strainer pumps, leak
15	24	15,000										1.30	
16	24	16,000										1.40	Replaced bleach piping after ball valve leak
17	24	16,000										1.00	
18	24	13,000										1.10	
19	24	17,000										0.80	
20	24	22,500											
21	24	22,500										1.10	Completed lead and copper sampling, sent to lab
22	24	25,000										1.10	
23	24	23,000										1.20	
24	24	18,000										1.20	
25	24	16,000										1.10	
26	24	21,000											
27	24	21,000										1.00	Hole in POI injection saddle. Put plant on I - connect
28	24	0										0.80	Plant on I-connect, 21,000 gals, while fixing saddle
29	24	12,000										0.70	Cleaned floors, applied seal coat
30	24	15,000										0.90	
31	24	17,000										0.90	
Total		631,000											
Average		20,351											
Maximum		33,000											

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

FILE COPY

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PUR WATER

See page 4 for instructions.

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Phillips | PWS Identification Nu

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 82 | Total Population Served at End of Month: 287

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

Contact Person's Telephone Number: 407-869-1919 | Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida | Plant Telephone Numl

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: 79,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): I

Licensed Operators	Name	License Class	License Number	Day(s)/Shift
Lead Chief Operator:	Elisa Williams	C	14846	Mon-Fri
Other Operators:	Jerry Sillins	A	12749	Thur, Fri &
	Alex Lorenzo	C	13756	Mon-Fri
	Kathy Sillitoe	B	13094	Mon-Fri
	John Coffee	C	6614	Sat-Su
	Allan Finch	C	7806	Mon - Fri

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 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 u NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following addition plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemic rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at t years and to make them available for review upon request.

Signature and Date: 9-4-08

Elisa Williams
Printed or Typed Name

C-14846
License Num

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	
1	24	19,000									1.00	
2	24	18,000										
3	24	18,000									1.00	
4	24	21,000									0.80	
5	24	19,000									0.80	Collected Bac - T samples
6	24	22,000									1.00	
7	24	33,000									0.90	Applied roof seal on roof - leaked
8	24	25,000									0.90	Cleaned/weed whacked inter-connect
9	24	19,000										
10	24	19,000									1.00	
11	24	22,000									0.90	Service air compressor
12	24	21,000									0.90	
13	24	24,000									0.90	
14	24	14,000									1.00	
15	24	14,000									0.90	
16	24	22,000									0.90	
17	24	22,500										
18	24	22,500									0.90	
19	24	11,000									0.80	
20	24	17,000									0.70	
21	24	18,000									0.70	
22	24	9,000									0.70	Power outage, plant on inter connect
23	24	11,000									0.70	Plant back online
24	24	17,500										
25	24	17,500									0.90	
26	24	14,000									0.90	
27	24	15,000									0.90	
28	24	15,000									0.90	Washed Hydro Tank
29	24	13,000									0.90	
30	24	16,000									0.90	
31	24	16,500									0.90	
Total		577,500										
Average		18,629										
Maximum		33,000										

** 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 PURC WATER

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Phillips		PWS Identification Num
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 82	Total Population Served at End of Month: 287	
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
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number
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: 79,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s)
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Da
Other Operators:	Terry Sillitoe	A	12749	Thur Fri & Sat
	Alex Lorenzo	C	13756	Mon-Fri Da
	Kathy Sillitoe	B	13093	Mon-Fri Da
	John Coffee	C	6611	Sat-Sun
	Allan Finch	C	7806	Mon - Fri D

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 r 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 use 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 plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemical rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the years and to make them available for review upon request.

Signature and Date: 10/3/08	Elisa Williams	C-14846
Signature and Date	Printed or Typed Name	License Numb

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	16,500										0.80	
2	24	18,000										0.80	
3	24	18,000										0.90	
4	24	16,000										1.20	Collected Bac - T samples
5	24	20,000										1.10	
6	24	12,000										1.00	Replaced strainer inbanes and duckbalk
7	24	23,000											
8	24	23,000										1.10	Repainted Hydro Tank hatchways
9	24	15,000										1.10	
10	24	17,000										1.00	D. Hanna of ERWA testing Well meter accuracy
11	24	19,000										1.00	Flushed 2" blow offs 6000 gals
12	24	24,000										1.00	Polyphosphate Test Dist 1.5 19.0 1.6
13	24	21,500											
14	24	21,500										1.00	
15	24	21,000										1.00	
16	24	15,000										1.00	Serviced Air Compressor
17	24	15,000										1.00	
18	24	16,000										1.00	
19	24	23,000										1.00	Replaced old polyphosphate sums
20	24	24,000										1.00	
21	24	20,000											
22	24	20,000										1.00	
23	24	17,000										1.00	
24	24	14,000										1.00	
25	24	16,000										1.00	
26	24	18,000										1.00	
27	24	21,000										1.00	Repainted Well, discharge pipings
28	24	20,500											
29	24	20,500										0.90	
30	24	42,000										1.00	
31													
Total		587,500											
Average		19,583											
Maximum		42,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 82	Total Population Served at End of Month: 287		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Jerry Sillitoe	A	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	B	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature 10-31-08

Signature and Date

Elisa Williams

Printed or Typed Name

C-14846

License Number

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

PWS Identification Number: 3591008	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	47,000										1.00	
2	24	45,000										0.90	
3	24	14,000										1.00	
4	24	23,000										1.00	
5	24	21,500											
6	24	21,500										1.00	Replaced stenner tubings and duckbills
7	24	19,000										1.00	
8	24	17,000										1.00	Collected Bac - T samples, Sanitary Survey
9	24	11,000										0.90	Flushed 2" HO at Par & W. Crystal, 1" at Pine 7000 gal
10	24	21,000										1.00	
11	24	14,000										1.00	
12	24	23,000											
13	24	23,000										1.00	
14	24	18,000										1.00	
15	24	17,000										1.00	Serviced air compressor, replaced stenner tubings
16	24	27,000										0.80	
17	24	20,000										1.10	
18	24	21,500											
19	24	21,500										1.00	
20	24	20,000										1.00	
21	24	19,000										1.00	
22	24	21,000										1.00	Drained hydro tank. Reconnect-5000 gals. Flushed
23	24	28,000										0.90	blow-offs - 4,000 gals
24	24	15,000										1.00	
25	24	17,000										0.90	
26	24	16,500											
27	24	16,500										0.90	
28	24	25,000										1.00	
29	24	14,000										1.10	Flushed Blow-offs at Par Lane - 4,000 gals
30	24	26,000										1.10	
31	24	13,000										1.10	
Total		656,000											
Average		21,161											
Maximum		47,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 82	Total Population Served at End of Month: 287		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri & Sat Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	B	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
EWilliams 12-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591008 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	16,000										1.10	
2	24	23,500											
3	24	23,500										1.10	
4	24	28,000										1.10	Collected Bac - T samples
5	24	19,000										1.10	
6	24	18,000										1.10	
7	24	17,000										1.10	
8	24	16,000										1.10	Serviced air compressor
9	24	25,000											
10	24	25,000										1.00	
11	24	17,000										1.00	
12	24	23,000										0.90	
13	24	24,000										0.90	
14	24	14,000										1.00	Flushed 2" blow offs - 5,000 gals
15	24	20,500											
16	24	20,500										0.90	
17	24	18,000										0.90	
18	24	18,000										0.90	
19	24	15,000										0.80	
20	24	18,000										0.80	
21	24	19,000										1.00	
22	24	24,000										1.00	
23	24	23,500											
24	24	23,500										0.90	
25	24	29,000										1.00	Greased Well
26	24	18,000										1.10	Flushed blow-offs 2,500 gals
27	24	21,000										1.10	
28	24	19,000										1.00	
29	24	28,000										1.00	
30	24	20,000										1.00	
31													
Total		624,000											
Average		20,800											
Maximum		29,000											

** 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.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 82	Total Population Served at End of Month: 287		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon-Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur, Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon-Fri Days
	Kathy Sillitoe	B	13094	Mon-Fri Days
	John Coffee	C	6614	Sat-Sun
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
	Elisa Williams	C-14846

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	20,000										1.00	
2	24	19,000										1.00	
3	24	19,000										1.00	Collected Bac - T samples
4	24	20,000										1.00	
5	24	13,000										1.00	Drained Hydro Tank. New Polyphosphate online
6	24	30,000										1.00	Flushed blow offs - 8,000 gals.
7	24	14,000											
8	24	14,000										1.00	
9	24	14,000										1.00	Phosphate Test POE - 0.9 Dist. - 0.9
10	24	21,000										1.00	Replaced steamer tubings. Serviced air compressor
11	24	15,000										1.00	
12	24	12,000										1.00	
13	24	17,000										0.90	
14	24	19,000											
15	24	18,000										0.90	
16	24	15,000										0.90	Posphate Test POE - 0.9 Dist. - 0.9
17	24	18,000										0.90	
18	24	17,000										1.00	
19	24	26,000										1.00	Sprayed round up along fence.
20	24	22,000										0.90	
21	24	18,000											
22	24	17,000										0.90	
23	24	17,000										0.90	
24	24	20,000										0.90	
25	24	17,000										1.00	
26	24	16,000										1.00	
27	24	21,000										1.00	
28	24	24,000											
29	24	23,000										1.00	
30	24	18,000										1.00	
31	24	18,000										0.90	
Total		572,000											
Average		18,451											
Maximum		30,000											

** 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

PWS Identification Number: 3591008	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:* December 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %[1] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %[1] =

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): polyphosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 0.55
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

RAVENNA PARK

2007

614

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
1-31-07	Allan Finch	C-7806

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	77,000										1.2	
2	24	64,000										1.3	
3	24	77,000										1.2	
4	24	66,000										1.3	
5	24	68,000										1.3	
6	24	76,000											
7	24	76,000										1.1	
8	24	74,000										1.2	
9	24	76,000										1.3	Flushed 5000 gal. - BACT'S
10	24	76,000										1.3	
11	24	77,000										1.2	
12	24	94,000										1.2	
13	24	81,000											
14	24	80,000										1.0	
15	24	83,000										1.1	
16	24	85,000										1.2	
17	24	91,000										1.3	
18	24	66,000										1.2	
19	24	85,000										1.3	
20	24	75,000										1.2	
21	24	83,500											
22	24	83,500										1.3	
23	24	77,000										1.3	Nitrate Sample
24	24	82,000										1.4	
25	24	67,000										1.4	
26	24	83,000										1.3	
27	24	70,000										1.2	
28	24	78,000											
29	24	78,000										1.4	
30	24	81,000										1.2	
31	24	82,000										1.3	
Total		2,414,000											
Average		77,890											
Maximum		94,000											

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

DEP Form 62-555 900(3)
Effective August 29, 2003

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

FILE COPY

See page 4 for instructions. 614

I. General Information for the Month Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341		Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
3-1-07	~~Allan Finch~~ Kathy Sillitoe	~~C-7806~~ C-13094

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	76,000										1.2	
2	24	82,000										1.2	
3	24	80,000											
4	24	80,000										1.0	
5	24	69,000										1.2	
6	24	90,000										1.3	
7	24	72,000										1.3	
8	24	75,000										1.2	
9	24	51,000										1.3	
10	24	92,000											
11	24	92,000										1.3	
12	24	76,000										1.3	
13	24	45,000										1.2	
14	24	61,000										1.3	BACT'S
15	24	77,000										1.3	
16	24	64,000										1.2	
17	24	89,500											
18	24	89,500										1.5	
19	24	72,000										1.4	
20	24	92,000										1.4	
21	24	115,000										1.3	
22	24	90,000										1.3	
23	24	55,000										1.4	
24	24	90,000										1.6	
25	24	66,000											
26	24	66,000										2.0	
27	24	82,000										1.4	
28	24	104,000										1.2	
29	24												
30	24												
31	24												
Total		2179,000											
Average		77821											
Maximum		115,000											

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

614

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri 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.

Allan Finch 4-2-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	78,000										1.2	
2	24	68,000										1.4	
3	24	83,000											
4	24	83,000										1.5	
5	24	114,000										1.2	Line Break at Temple Boil Water B
6	24	58,000										1.0	Boil water BACT's
7	24	80,000										1.4	
8	24	93,000										1.2	Boil Water 1.5 to 6
9	24	83,000										0.8	
10	24	78,000											
11	24	78,000										0.6	
12	24	94,000										0.7	
13	24	86,000										1.1	
14	24	97,000										1.1	BACT'S
15	24	100,000										1.2	
16	24	61,000										1.3	
17	24	80,500											
18	24	80,500										1.4	
19	24	66,000										1.3	
20	24	80,000										1.3	
21	24	71,000										1.2	
22	24	73,000										1.2	
23	24	79,000										1.3	
24	24	105,000										1.3	
25	24	77,600											
26	24	77,000										1.3	
27	24	90,000										1.4	
28	24	82,000										1.4	
29	24	107,000										1.3	
30	24	107,000										1.3	
31	24	95,000											
Total		2,595,000											
Average		83709											
Maximum		114,000											

** 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

6/17

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341		Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 5-2-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	98,000										1.7	
2	24	52,000										1.2	
3	24	97,000										1.2	BACT'S
4	24	93,000										1.3	
5	24	96,000										1.3	
6	24	84,000										1.4	
7	24	109,500											
8	24	109,500										1.3	
9	24	65,000										1.2	
10	24	76,000										1.3	
11	24	76,000										0.9	
12	24	78,000										1.1	
13	24	86,000										1.2	Replaced PRV's, exercise valves
14	24	89,000											
15	24	89,000										1.3	
16	24	54,000										1.3	
17	24	85,000										1.2	
18	24	77,000										1.4	
19	24	84,000										1.4	
20	24	93,000										1.3	
21	24	115,000										1.3	
22	24	73,000											
23	24	73,000										1.4	
24	24	101,000										1.4	
25	24	91,000										1.3	
26	24	113,000										1.3	
27	24	91,000										1.4	
28	24	102,500											
29	24	102,500										1.5	
30	24	76,000										1.3	
31	24												
Total		2625000											
Average		87,500											
Maximum		115,000											

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

614

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341		Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri. Days
	Kathy Sillitoe	C	13094	Mon - Fri. Days
	John Coffee	C	6614	

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 6-1-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	105,000										1.4	
2	24	109,000										1.2	
3	24	115,000										1.3	BACT'S
4	24	104,000										1.3	
5	24	103,000											
6	24	103,000										1.3	
7	24	69,000										1.4	
8	24	95,000										1.3	
9	24	95,000										1.3	
10	24	93,000										1.4	
11	24	103,000										1.2	
12	24	107,000											
13	24	101,000										1.2	
14	24	89,000										1.3	
15	24	78,000										1.2	
16	24	76,000										1.2	
17	24	85,000										1.3	
18	24	93,000										1.3	
19	24	98,500											
20	24	98,500										1.5	
21	24	72,000										1.4	
22	24	99,000										1.4	
23	24	104,000										1.3	
24	24	68,000										1.3	
25	24	88,000										1.4	
26	24	89,000										1.3	
27	24	78,000											
28	24	79,000										1.4	
29	24	94,000										1.2	
30	24	91,000										1.3	
31	24	103,000										1.2	
Total		2889000											
Average		93,032											
Maximum		115,000											

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

614

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 7-2-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	100,000										1.3	
2	24	78,000											
3	24	76,000										1.2	
4	24	64,000										1.1	DACT's
5	24	77,000										1.3	
6	24	90,000										1.0	
7	24	83,000										1.1	
8	24	82,000										1.2	
9	24	71,000										1.2	
10	24	91,000											
11	24	91,000										1.3	
12	24	74,000										1.2	
13	24	76,000										1.3	
14	24	74,000										1.3	
15	24	75,000										1.2	
16	24	67,000										1.4	
17	24	98,000											
18	24	95,000										1.3	
19	24	84,000										1.3	
20	24	70,000										1.4	
21	24	78,000										1.3	
22	24	85,000										1.3	
23	24	116,000										1.3	
24	24	70,000											
25	24	70,000										1.4	
26	24	74,000										1.3	
27	24	85,000										1.3	
28	24	81,000										1.2	
29	24	94,000										1.4	
30	24	93,000											
31	24												
Total		2,477,000											
Average		82,566											
Maximum		116,000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 8-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

FILE COPY

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergencies or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	94,000										0.9	
2	24	91,000										1.2	
3	24	82,000										1.2	
4	24	92,000										1.2	
5	24	78,000										1.3	BACT's
6	24	92,000										1.1	
7	24	96,000											
8	24	96,000										1.1	
9	24	87,000										1.1	
10	24	90,000										1.2	
11	24	110,000										1.2	
12	24	74,000										1.3	
13	24	92,000										1.3	
14	24	92,500											
15	24	92,500										1.2	
16	24	59,000										1.2	
17	24	87,000										1.3	
18	24	56,000										0.6	
19	24	79,000										1.2	
20	24	77,000										1.2	
21	24	93,000										1.2	
22	24	66,000											
23	24	66,000										1.1	
24	24	66,000										1.2	
25	24	91,000										1.1	
26	24	106,000										1.2	
27	24	62,000										1.0	
28	24	90,000											
29	24	80,000										1.1	
30	24	57,000										1.2	
31	24	93,000										1.3	
Total		2,525,000											
Average		81,451											
Maximum		110,000											

** 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.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 9-3-07
Signature and Date

Allan Finch
Printed or Typed Name

FILE COPY

C-7806
License Number

(NL)

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	90,000										1.3	
2	24	53,000										1.2	
3	24	92,000										1.2	
4	24	76,500											
5	24	76,500										1.2	
6	24	65,000										0.9	
7	24	95,000										1.2	BACT'S
8	24	111,000										1.3	
9	24	71,000										1.3	TTHM'S, HAA5'S
10	24	62,000										1.4	
11	24	89,500											
12	24	99,500										1.1	
13	24	59,000										1.1	
14	24	67,000										0.8	
15	24	100,000										1.0	
16	24	16,000										1.1	
17	24	94,000										1.1	
18	24	81,000											
19	24	91,000										1.0	
20	24	74,000										1.1	
21	24	97,000										1.1	
22	24	96,000										1.2	
23	24	94,000										1.3	
24	24	95,000										1.3	
25	24	115,000										1.0	
26	24	70,000											
27	24	70,000										1.0	
28	24	82,000										1.1	
29	24	95,000										1.0	
30	24	95,000										0.9	
31	24	93,000										1.3	
Total		2557000											
Average		82483											
Maximum		115,000											

** 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.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 10-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	74,000											
2	24	79,000										1.0	
3	24	72,000										1.0	
4	24	79,000										1.1	BACT'S
5	24	88,000										1.3	
6	24	106,000										1.2	
7	24	70,000										1.3	
8	24	113,000											
9	24	113,000										1.2	
10	24	65,000										1.3	
11	24	67,000										1.2	
12	24	78,000										1.2	
13	24	74,000										1.3	
14	24	73,000										1.3	
15	24	83,500											
16	24	83,500										1.0	
17	24	88,000										1.0	
18	24	53,000										1.6	
19	24	79,000										1.0	
20	24	71,000										1.0	
21	24	73,000										1.0	
22	24	82,000											
23	24	82,000										1.2	
24	24	64,000										1.2	
25	24	79,000										1.0	
26	24	90,000										1.2	
27	24	64,000										1.2	
28	24	89,000										1.1	
29	24	78,000											
30	24	78,000										1.1	
31	24												
Total		2383000											
Average		79433											
Maximum		113000											

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

614

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 11-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

FILE COPY

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	93,000										1.1	
2	24	47,000										1.2	
3	24	70,000										1.3	BACTS
4	24	88,000										1.3	
5	24	96,000										1.2	
6	24	73,500											
7	24	73,500										1.3	
8	24	51,000										1.3	
9	24	65,000										1.2	
10	24	50,000										1.2	
11	24	94,000										1.2	
12	24	78,000										1.3	
13	24	81,500											
14	24	81,500										1.2	
15	24	59,000										1.3	
16	24	76,000										1.3	
17	24	79,000										1.2	
18	24	50,000										1.2	
19	24	75,000										0.4	
20	24	78,500											
21	24	78,500										1.0	
22	24	50,000										1.2	
23	24	74,000										1.3	
24	24	97,000										1.3	
25	24	65,000										1.4	
26	24	87,000										1.3	
27	24	82,000										1.4	
28	24	75,500											
29	24	75,500										1.3	
30	24	54,000										1.3	
31	24	99,000										1.4	
Total		2,358,000											
Average		76,374											
Maximum		99,000											

FILE COPY

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

11-07 Daily Flows Entered

6/4

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

FILE

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 12-3-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	72,000										1.4	
2	24	56,000										1.3 1.3	
3	24	88,500											
4	24	89,500										1.3	
5	24	83,000										1.5	BACT'S
6	24	49,000										1.5	
7	24	97,000										1.4	
8	24	67,000										1.3	
9	24	90,000										1.3	
10	24	84,000											
11	24	84,000										1.2	
12	24	96,000										1.3	
13	24	64,000										1.4	
14	24	104,000										1.4	
15	24	72,000										1.3	
16	24	95,000										1.4	
17	24	89,000											
18	24	89,000										1.5	
19	24	63,000										1.4	
20	24	74,000										1.4	
21	24	99,000										1.4	
22	24	65,000										1.3	
23	24	93,000										1.3	
24	24	90,000										1.3	
25	24	80,000											
26	24	80,000										1.2	
27	24	71,000										1.2	
28	24	78,000										1.3	
29	24	73,000										1.5	
30	24	69,000										1.3	
31	24												
Total		2,393,000	12-11-07 mor PB										
Average		79,766											
Maximum		104,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341		Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	

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 1-7-08

Signature and Date | Allan Finch, Printed or Typed Name | C-7806, License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: DECEMBER 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	84,000										1.30	
2	24	84,000										1.30	
3	24	81,000										1.40	
4	24	70,000										1.50	
5	24	76,000										1.50	BACT'S
6	24	65,000										1.40	
7	24	89,000											
8	24	81,500										1.50	
9	24	81,500										1.40	
10	24	85,000										1.50	
11	24	58,000										1.40	
12	24	84,000										1.30	
13	24	96,000										1.30	
14	24	75,000											
15	24	85,000										1.40	
16	24	85,000										1.30	
17	24	85,000										1.40	
18	24	49,000										1.30	
19	24	92,000										1.40	
20	24	66,000										1.40	
21	24	66,000										1.60	
22	24	66,000											
23	24	72,500										1.40	
24	24	72,500										1.40	
25	24	55,000										1.30	
26	24	81,000										1.30	
27	24	46,000										1.40	
28	24	82,000											
29	24	70,500										1.40	
30	24	70,500										1.40	
31	24	70,000											
Total		2,324,000											
Average		74,967											
Maximum		96,000											

** 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

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

PWS Identification Number: 3591061	Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:* DECEMBER 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

2008

614
PP

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
2-5-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	53,000										1.40	
2	24	79,000										1.50	
3	24	77,000										1.50	
4	24	57,000										1.40	
5	24	73,500											
6	24	73,500										1.40	
7	24	60,000										1.80	
8	24	64,000										1.40	
9	24	65,000										1.40	Collected Bac - T samples, installed valve on air lift
10	24	71,000										1.40	
11	24	68,000										1.50	
12	24	79,500											
13	24	79,500										1.50	
14	24	57,000										2.20	Replaced steamer pump tubings and rollers
15	24	67,000										1.80	
16	24	69,000										1.80	
17	24	63,000										1.60	
18	24	63,000										1.50	Air compressor maintenance
19	24	71,000											
20	24	71,000										1.50	
21	24	51,000										1.40	
22	24	69,000										1.40	
23	24	61,000										1.40	
24	24	66,000										1.40	
25	24	71,000										1.30	
26	24	69,500											
27	24	69,500										1.50	
28	24	130,000										1.40	
29	24	60,000										1.40	
30	24	57,000										1.40	
31	24	67,000										1.50	
Total		2,132,000											
Average		68,774											
Maximum		130,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
3-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	69,000										1.50	
2	24	79,500											
3	24	79,500										1.60	
4	24	55,000										1.50	
5	24	67,000										1.30	
6	24	71,000										1.30	Collected Bac - T samples
7	24	66,000										1.30	
8	24	69,000										1.30	Replaced PRV, cleaned aerators, flushed hydrants
9	24	84,000											
10	24	84,000										1.40	
11	24	97,000										1.30	
12	24	69,000										1.10	
13	24	66,000										1.20	
14	24	64,000										1.20	
15	24	67,000										1.30	
16	24	67,000										1.20	
17	24	77,000											
18	24	77,000										1.10	
19	24	65,000										1.10	
20	24	67,000										1.10	
21	24	81,000										1.10	
22	24	77,000										0.90	
23	24	68,000										1.00	
24	24	70,500											
25	24	70,500										1.00	
26	24	82,000										1.00	
27	24	64,000										1.10	
28	24	70,000										1.10	
29	24	75,000										1.30	
30	24												
31	24												
Total		2,098,000											
Average		72,344											
Maximum		97,000											

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

614

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13091	Mon. - Fri. Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	86,500											
2	24	86,500										1.30	
3	24	77,000										1.30	
4	24	80,000										1.20	
5	24	66,000										1.30	Collected Bac - T, Hardness, SO2/SO3 samples
6	24	77,000										1.30	
7	24	73,000										0.70	
8	24	62,000											
9	24	62,000										1.60	
10	24	68,000										1.60	
11	24	68,000										1.60	
12	24	69,000										0.90	
13	24	77,000										1.10	
14	24	72,000										1.30	
15	24	79,500											
16	24	79,500										1.00	
17	24	56,000										1.00	
18	24	80,000										1.10	
19	24	72,000										1.10	
20	24	91,000										1.10	
21	24	56,000										1.00	
22	24	84,000										1.00	
23	24	68,000											
24	24	68,000										1.00	
25	24	67,000										1.00	
26	24	78,000										0.90	
27	24	80,000										1.00	
28	24	75,000										1.10	
29	24	94,500											
30	24	91,500										1.00	
31	24	49,000										1.00	
Total		2,296,000											
Average		74,061											
Maximum		91,500											

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

FILE COPY 614

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

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341	Total Population Served at End of Month: 1,194		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Cuffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	62,000										1.00	
2	24	68,000										1.10	Collected Bac - T samples
3	24	62,000										1.00	
4	24	75,000										0.90	Ran new water line for washing the aerators
5	24	74,000											
6	24	74,000										0.90	
7	24	73,000										1.00	
8	24	53,000										1.00	
9	24	67,000										1.00	
10	24	82,000										1.00	
11	24	66,000										1.00	
12	24	94,500											
13	24	94,500										1.00	
14	24	51,000										1.00	
15	24	80,000										1.10	
16	24	72,000										1.20	
17	24	85,000										1.20	
18	24	88,000										1.10	
19	24	113,000											
20	24	113,000										1.20	
21	24	68,000										1.10	
22	24	93,000										1.20	
23	24	91,000										1.20	
24	24	105,000										1.10	
25	24	83,000										1.10	
26	24	97,000											
27	24	97,000										1.00	
28	24	97,000										1.10	
29	24	84,000										1.10	
30	24	93,000										1.00	
31													
Total		2,455,000											
Average		81,833											
Maximum		113,000											

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 341		Total Population Served at End of Month: 1,194	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
Williams 5/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	110,000										1.20	Collected Bac - T samples
2	24	83,000										1.00	
3	24	100,000											
4	24	100,000										1.30	
5	24	90,000										1.20	
6	24	105,000										1.10	
7	24	101,000										1.10	
8	24	99,000										1.10	
9	24	102,000										1.00	Replaced skimmer bleach tubings and discharge lines
10	24	116,000											
11	24	116,000										1.00	
12	24	77,000										1.00	
13	24	106,000										1.10	
14	24	107,000										0.90	Cleaned ORP, cleaned aerator trays
15	24	107,000										0.80	
16	24	116,000										1.30	Pressure washed all three hydro tanks
17	24	126,000											
18	24	126,000										1.30	
19	24	66,000										1.30	
20	24	98,000										1.20	Greased HSP # 1 and Well # 2
21	24	76,000										1.20	
22	24	107,000										1.30	Cleaned ORP, burned ORP drain line
23	24	89,000										1.30	
24	24	96,000										1.30	
25	24	65,500											
26	24	65,500										0.70	Replaced day tank bleach line, leaking
27	24	108,000										0.80	
28	24	86,000										0.60	
29	24	104,000										1.00	
30	24	106,000										1.30	
31	24	109,000											
Total		~~2,953,000~~ 3,062,000											
Average		~~98,433~~ 99,774											
Maximum		126,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park | PWS Identification Number: 3591061

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 340 | Total Population Served at End of Month: 1,190

PWS Owner: Utilities, Inc. of Florida

Contact Person: Patrick Flynn | Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 | Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida | Plant Telephone Number: 407-869-1919

Plant Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV | Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Tony Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13093	Mon. - Fri. Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7808	Mon - Fri 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.

Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number

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

PWS Identification Number: 3591061 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	109,000										1.30	
2	24	113,000										0.70	Collected Bac - T samples
3	24	90,000										1.30	
4	24	101,000										1.20	
5	24	78,000										0.40	Replaced roller on bleach pump # 1
6	24	120,000										1.30	
7	24	106,000											
8	24	106,000										1.30	
9	24	74,000										0.80	Replaced injection valve on bleach # 1
10	24	88,000										1.20	
11	24	82,000										1.20	
12	24	98,000										1.20	
13	24	79,000										1.20	
14	24	83,500											
15	24	83,500										1.20	
16	24	64,000										1.30	
17	24	62,000										1.30	
18	24	76,000										1.20	Serviced air compressor
19	24	74,000										1.30	
20	24	88,000										1.50	Well # 2 O.O.S. bad shaft
21	24	91,500											Power outage, BWN, flushed 2" blow-offs, BWN Bac-1
22	24	91,500										3.00	Collected 2nd day BWN Bac-T's
23	24	73,000										1.40	Locke Well pulled bad shaft out of Well # 2. Gen. OOS
24	24	81,000										1.30	
25	24	76,000										1.20	Locke Well onsite replaced bad shaft
26	24	74,000										1.20	Flushed Well # 2, pulled 1st day of Sanitary Bac-1
27	24	78,000										1.20	Flushed Well # 2, pulled 2nd day of Sanitary Bac-1
28	24	91,500											
29	24	93,500										1.10	
30	24	64,000										1.10	
31	24												
Total		2,558,000											
Average		85,266											
Maximum		120,000											

** 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.

FILE COPY

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Jerry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Cutler	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 8-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	98,000										1.10	Well # 2 back online
2	24	80,000										1.00	Collected Bac - T samples
3	24	85,000										1.00	Serviced air compressor
4	24	83,000										1.10	
5	24	98,000											
6	24	98,000										1.00	
7	24	100,000										0.90	
8	24	68,000										0.80	
9	24	71,000										0.90	Washed down aerators
10	24	88,000										0.90	
11	24	118,000										0.90	Distributed lead and copper bottles
12	24	127,000											
13	24	127,000										0.90	
14	24	79,000										0.80	
15	24	57,000										0.90	
16	24	73,000										0.80	
17	24	55,000										1.00	
18	24	66,000										0.80	Completed lead and copper samples, sent to lab
19	24	72,000										0.90	
20	24	88,500											
21	24	88,500										0.80	Collected TTHM and HAA5 samples
22	24	101,000										0.90	
23	24	92,000										1.10	
24	24	56,000										1.10	
25	24	78,000										1.10	
26	24	76,500											
27	24	76,500										1.10	
28	24	67,000										0.90	
29	24	69,000										0.90	
30	24	66,000										0.90	Cleaned Well pads
31	24	58,000										0.90	
Total		2,560,000											
Average		82,580											
Maximum		127,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Tony Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 9-6-8	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	96,000										0.80	
2	24	77,000											
3	24	77,000										0.90	
4	24	58,000										0.80	
5	24	85,000										1.00	
6	24	78,000										1.00	Collected Bac - T samples
7	24	113,000										1.00	Serviced Air Compressor
8	24	78,000										0.90	
9	24	82,000											
10	24	82,000										0.90	
11	24	87,000										0.90	Repainted Well # 2
12	24	67,000										0.90	
13	24	91,000										0.80	
14	24	58,000										0.90	
15	24	62,000										0.90	
16	24	68,000										0.90	Painted Well Pads
17	24	80,000											
18	24	80,000										0.90	
19	24	87,000										0.90	
20	24	61,000										0.70	Greased Wells and High Service Pumps
21	24	63,000										0.70	
22	24	90,000										0.70	
23	24	69,000										0.60	
24	24	61,500											
25	24	61,500										0.80	
26	24	68,000										0.80	
27	24	73,000										0.80	Washed Hydro Tank
28	24	84,000										0.70	Replaced gate valve underneath small hydro tank - leak
29	24	65,000										0.70	
30	24	79,000										0.70	
31	24	63,500										0.70	
Total		2,274,500											
Average		73,370											
Maximum		113,000											

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Silltoe	A	12719	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Silltoe	B	13094	Mon - Fri Days
	John Coffee	C	6614	Sunday Days
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 10/3/08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	63,500										0.80	
2	24	86,000										0.80	
3	24	76,000										1.00	
4	24	74,000										1.10	Collected Bac - T samples
5	24	82,000										1.20	
6	24	68,000										1.10	
7	24	83,000											
8	24	83,000										1.00	Repainted Hydro Tank hatchways
9	24	77,000										1.00	
10	24	72,000										1.00	
11	24	64,000										0.90	
12	24	78,000										0.90	
13	24	84,500											
14	24	84,500										1.00	
15	24	64,000										1.00	
16	24	71,000										1.00	
17	24	76,000										1.00	
18	24	89,000										1.00	Tightened packing on Well # 1
19	24	86,000										1.00	
20	24	95,000										0.90	
21	24	70,500											
22	24	70,500										0.90	Tightened packing on Well # 1
23	24	70,000										0.90	
24	24	71,000										0.90	Repainted High Service motors and pods
25	24	84,000										0.90	Pressure washed aerators
26	24	88,000										0.90	Repainted Well # 1 and discharge pipings
27	24	75,000										0.80	
28	24	87,000											
29	24	87,000										0.90	Repainted water pipings
30	24	82,000										1.10	
31													
Total		2,341,500											
Average		78,050											
Maximum		95,000											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 11-5-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	77,000										1.00	
2	24	91,000										1.00	
3	24	75,000										1.10	Repainted Well # 1, pipings
4	24	89,000										1.00	
5	24	73,000											
6	24	73,000										1.00	
7	24	82,000										1.00	
8	24	60,000										1.00	Collected Bac - T samples, DEP Sanitary Survey
9	24	63,000										1.00	Flushed 2" BO @ Beth, Idyllwilde - 7,000 gals
10	24	70,000										1.00	
11	24	58,000										0.90	
12	24	77,000											
13	24	77,000										0.90	
14	24	75,000										0.90	
15	24	80,000										0.90	Serviced air compressor
16	24	61,000										0.80	
17	24	94,000										0.90	
18	24	61,000											
19	24	64,000										0.80	
20	24	77,000										1.00	
21	24	78,000										0.80	
22	24	79,000										0.80	
23	24	76,000										0.80	
24	24	75,000										0.90	
25	24	65,000										0.80	
26	24	69,000											
27	24	69,000										0.80	
28	24	75,000										1.10	
29	24	67,000										1.30	
30	24	29,000										1.20	
31	24	78,000										1.20	
Total		2,296,000											
Average		74,064											
Maximum		94,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sullivan	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sullivan	B	13094	Mon. - Fri. Days
	John Collier	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon. - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	58,000										1.10	
2	24	76,500											
3	24	76,500										1.10	
4	24	78,000										1.20	Collected Bac - T samples
5	24	66,000										1.40	
6	24	77,000										1.30	
7	24	86,000										1.10	Serviced air compressor
8	24	62,000										1.00	
9	24	89,000											
10	24	89,000										1.00	
11	24	69,000										1.00	
12	24	80,000										1.40	
13	24	84,000										1.10	
14	24	82,000										1.00	
15	24	73,000											
16	24	73,000										1.00	
17	24	80,000										0.90	
18	24	82,000										0.80	
19	24	75,000										0.80	
20	24	80,000										0.80	
21	24	85,000										0.80	
22	24	60,000										0.80	
23	24	79,500										0.80	
24	24	79,500										0.90	
25	24	87,000										1.20	Greased Well # 1 and High Service pump # 2
26	24	80,000										1.10	
27	24	82,000										1.10	
28	24	84,000										1.10	
29	24	64,000										1.10	
30	24	80,500										1.20	
31													
Total		2,308,500											
Average		76,950											
Maximum		89,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13091	Mon. - Fri. Days
	John Coffee	C	6614	Sunday - Days
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
[signature]	Elisa Williams	C-14846

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

PWS Identification Number: 3591061 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ 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) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	80,500										1.20	
2	24	70,000										1.10	
3	24	71,000										1.10	Collected Bac - T samples
4	24	98,000										1.10	
5	24	88,000										1.10	
6	24	94,000										1.00	
7	24	66,000											
8	24	65,000										1.00	
9	24	74,000										1.00	
10	24	67,000										1.00	
11	24	75,000										1.00	
12	24	60,000										1.00	
13	24	71,000										1.00	
14	24	85,000											
15	24	84,000										0.90	
16	24	62,000										0.90	
17	24	70,000										0.90	Paramount onsite fixing standby generator
18	24	79,000										1.00	
19	24	102,000										0.90	
20	24	66,000										0.90	
21	24	65,000											
22	24	61,000										0.90	
23	24	71,000										0.90	
24	24	66,000										1.00	
25	24	84,000										1.10	
26	24	69,000										1.10	
27	24	61,000										1.10	
28	24	71,000											
29	24	73,000										1.10	
30	24	71,000										1.10	
31	24	65,000										1.10	
Total		2,361,500											
Average		72,981											
Maximum		102,000											

** 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

PWS Identification Number: 3591061	Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2008

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm	Acrylamide Level, %[†] =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %[†] =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

WEATHERSFIELD

2007

602

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weatherstield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri 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.

Allan Finch 1-31-07	Allan Finch	C-7806
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	342,000										1.1	
2	24	351,000										1.2	
3	24	335,000										1.2	
4	24	315,000										1.3	
5	24	294,000										1.4	
6	24	359,000										1.6	
7	24	329,500											
8	24	329,500										1.2	BACT's
9	24	265,000										1.2	
10	24	318,000										1.2	
11	24	315,000										1.3	
12	24	297,000										1.4	
13	24	328,000											
14	24	327,000										1.5	
15	24	375,000										1.4	
16	24	302,000										1.4	
17	24	350,000										1.3	#2 HSP O.O.S. Bearings
18	24	275,000										1.2	#2 HSP B.L.S.
19	24	316,000										1.2	
20	24	275,000										1.4	
21	24	375,000											
22	24	375,000										1.2	
23	24	297,000										1.3	
24	24	303,000										1.3	Nitrate Sample
25	24	296,000										1.4	
26	24	300,000										1.4	
27	24	267,000										1.5	
28	24	341,500											
29	24	341,500										1.5	
30	24	305,000										1.5	
31	24	306,000										1.4	
Total		9905,000 ✓											
Average		319,516											
Maximum		375,000											

** 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

FILE COPY

See page 4 for instructions. 603

I. General Information for the Month Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield | PWS Identification Number: 3591451

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 1,205 | Total Population Served at End of Month: 4,218

PWS Owner: Utilities, Inc. of Florida | Contact Person's Title: Regional Director

Contact Person: Patrick Flynn | City: Altamonte Springs | State: Fl | Zip Code: 32714

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: 196 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Licensed Operators				
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. 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 3-1-07

Signature and Date

~~Allan Finch~~ Kathy Sillitoe

Printed or Typed Name

~~C-7806~~ C-13094

License Number

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

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): ! FORMTEXT 1

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose		
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	315,000										1.4	
2	24	305,000										1.5	
3	24	327,000											
4	24	327,000										1.3	
5	24	279,000										1.2	
6	24	385,000										1.3	Low Pressure, Boil Water BACT's
7	24	254,000										1.6	Boil Water BACT's
8	24	397,000										1.3	Boil water BACT's
9	24	294,000										1.4	Boil Water Lifted
10	24	359,000											
11	24	359,000										1.5	BACT's routine
12	24	301,000										1.4	
13	24	377,000										1.3	
14	24	274,000										1.4	
15	24	357,000										1.3	
16	24	327,000										1.4	
17	24	302,500											
18	24	302,500										1.5	
19	24	400,000										1.6	
20	24	237,000										1.5	
21	24	374,000										1.4	
22	24	294,000										1.4	
23	24	302,000										1.3	
24	24	428,000										1.3	
25	24	314,000											
26	24	314,000										1.6	
27	24	310,000										1.4	
28	24	404,000										1.2	
29	24												
30	24												
31	24												
Total		9,177,000											
Average		327,750											
Maximum		428,000											

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

602

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri 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.

Allan Finch 4-2-07	Allan Finch	C-7806
Signature and Date	Printed or Typed Name	License Number

DEP Form 62-555.900(2)
Effective August 28, 2003

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose		
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	252,000										1.0	
2	24	309,000										0.9	
3	24	332,000											
4	24	337,000										1.4	
5	24	298,000										1.4	
6	24	408,000										1.8	
7	24	313,000										1.6	
8	24	240,000										1.5	
9	24	380,000										1.3	
10	24	342,000											
11	24	342,000										1.3	
12	24	378,000										1.2	
13	24	379,000										1.2	
14	24	381,000										1.2	
15	24	261,000										1.0	RACT'S
16	24	345,000										1.3	
17	24	326,500											
18	24	326,500										1.1	
19	24	394,000										1.2	
20	24	287,000										0.7	
21	24	308,000										1.1	
22	24	324,000										1.2	
23	24	334,000										1.4	
24	24	432,000										1.4	
25	24	336,500											
26	24	336,500										1.3	
27	24	295,000										1.3	Drain Hydrotank 10,000 gals.
28	24	10,000										1.2	New Hydrotank install., New PRV
29	24	290,000										1.0	Chlorine Contact chamber,
30	24	310,000										1.3	clean
31	24	436,000											
Total		9986,000											
Average		322,129											
Maximum		482,000											

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

602

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri. Days
	Kathy Sillitoe	C	13094	Mon - Fri. Days
	John Coffee	C	6614	Sat - Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 5-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): ! FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose		
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	436,000										1.4	
2	24	334,000										1.3	
3	24	383,000										1.3	
4	24	297,000										1.5	
5	24	431,000										1.3	
6	24	346,000										1.3	
7	24	366,500											
8	24	366,500										1.2	
9	24	368,000										1.1	
10	24	258,000										1.1	
11	24	317,000										1.2	BACT'S
12	24	257,000										1.0	
13	24	324,000										1.3	
14	24	369,500											
15	24	361,500										1.3	
16	24	364,000										1.3	
17	24	265,000										1.8	
18	24	317,000										1.9	
19	24	326,000										1.4	
20	24	331,000										1.5	
21	24	419,000										1.2	
22	24	329,500											
23	24	329,500										1.3	
24	24	259,000										+3 1.3	
25	24	474,000										+4 1.4	
26	24	339,000										+4 1.3	
27	24	362,000										1.4	
28	24	337,500											
29	24	337,500										1.4	
30	24	381,000										1.3	
31	24												
Total		10423000											
Average		347433											
Maximum		474,000											

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

602

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 6-1-07	Allan Finch	C-7806

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	376,000										1.4	
2	24	428,000										1.6	
3	24	339,000										1.6	
4	24	343,000										1.3	
5	24	426,000											
6	24	420,000										1.2	
7	24	346,000										1.4	
8	24	325,000										1.4	BACT's
9	24	369,000										1.3	
10	24	265,000										1.2	
11	24	305,000										1.2	
12	24	429,500											
13	24	429,500										1.3	
14	24	400,000										1.4	
15	24	303,000										1.3	
16	24	329,000										1.4	
17	24	475,000										1.1	
18	24	235,000										1.3	
19	24	351,500											
20	24	351,500										1.3	
21	24	353,000										1.2	
22	24	346,000										1.3	
23	24	355,000										1.3	
24	24	323,000										1.0	
25	24	268,000										1.3	
26	24	407,000										1.3	
27	24	377,500											
28	24	377,500										1.3	
29	24	464,000										1.2	
30	24	324,000										1.6	
31	24	512,000										1.6	
Total		11,427,000											
Average		368,612											
Maximum		512,000											

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

602

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: June 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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 7-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591451	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	338 000										1.5	
2	24	337 000											
3	24	337,000										1.5	
4	24	414,000										1.3	
5	24	326,000										1.4	
6	24	395,000										1.4	BACT'S
7	24	348,000										1.3	
8	24	264,000										1.0	
9	24	356,000										1.2	
10	24	334,000											
11	24	331,000										1.3	
12	24	295,000										1.2	
13	24	290,000										1.3	
14	24	340,000										1.3	
15	24	275,000										1.2	
16	24	307,000										1.1	
17	24	377,500											
18	24	377,500										0.9	
19	24	341,000										1.2	
20	24	334,000										1.1	
21	24	252,000										1.1	
22	24	346,000										1.2	
23	24	422,000										1.2	
24	24	323,000											
25	24	523,000										1.1	
26	24	355,000										0.9	
27	24	355,000										1.1	
28	24	314,000										1.2	
29	24	319,000										1.3	
30	24	421,000											
31	24												
Total		10215000											
Average		340 500											
Maximum		422,000											

** 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.

I. General Information for the Month/Year of: July 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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 8-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

FILE COPY

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): * FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	321,000										1.3	
2	24	300,000										1.2	
3	24	249,000										1.3	
4	24	289,000										1.3	
5	24	215,000										1.1	
6	24	273,000										1.2	
7	24	331,000											
8	24	351,000										1.0	
9	24	385,000										1.1	
10	24	325,000										1.1	BACT'S
11	24	305,000										1.2	
12	24	335,000										1.1	
13	24	291,000										1.2	
14	24	326,000											
15	24	326,000										1.2	
16	24	331,000										1.3	
17	24	293,000										1.2	
18	24	314,000										1.2	
19	24	291,000										1.3	
20	24	264,000										1.2	
21	24	325,000										1.2	
22	24	310,000											
23	24	310,000										1.1	
24	24	252,000										1.2	
25	24	307,000										1.2	
26	24	283,000										1.1	
27	24	298,000										1.3	
28	24	359,000											
29	24	359,000										1.3	
30	24	323,000										1.2	
31	24	215,000										1.2	
Total		9755000											
Average		314,677											
Maximum		421,000											

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

OV

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

See page 4 for instructions.

I. General Information for the Month/Year of: August 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13694	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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.

9-3-07 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

FILE COPY

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	305,000										1.1	
2	24	293,000										1.0	
3	24	274,000										1.1	
4	24	326,500											
5	24	329,500										1.0	
6	24	341,000										1.1	
7	24	328,000										1.2	
8	24	336,000										1.2	BACT'S
9	24	287,000										1.0	
10	24	245,000										1.3	TTHM'S, HAA'S
11	24	375,500											
12	24	379,500										1.0	
13	24	343,000										1.1	
14	24	309,000										1.2	
15	24	416,000										1.2	
16	24	332,000										1.0	
17	24	434,000										1.0	
18	24	370,000											
19	24	370,000										1.0	
20	24	392,000										0.9	
21	24	396,000										1.0	
22	24	412,000										1.0	
23	24	360,000										1.6	
24	24	353,000										1.3	
25	24	320,500											
26	24	320,500										1.3	
27	24	294,000										1.3	
28	24	297,000										1.2	
29	24	329,000										1.2	
30	24	285,000										1.1	
31	24	334,000										1.0	
Total		10,586,000											
Average		341,451											
Maximum		434,000											

* *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.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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 10-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591451 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
			CT Calculations							UV Dose				
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	345,000											
2	24	345,000										1.0	
3	24	239,000										1.1	
4	24	372,000										1.1	
5	24	291,000										1.0	
6	24	344,000										1.4	
7	24	349,000										1.4	
8	24	357,000											
9	24	357,000										1.3	
10	24	405,000										1.3	
11	24	337,000										1.2	BACT'S
12	24	306,000										1.2	
13	24	329,000										1.1	
14	24	293,000										1.0	
15	24	276,000											
16	24	276,000										1.0	
17	24	391,000										0.9	
18	24	267,000										1.1	
19	24	297,000										1.3	
20	24	350,000										1.1	
21	24	276,000										1.1	
22	24	274,000											
23	24	279,000										1.0	
24	24	349,000										1.1	
25	24	294,000										1.1	
26	24	316,000										0.9	
27	24	296,000										1.2	
28	24	242,000										1.0	
29	24	323,500											
30	24	323,500										1.0	
31	24												
Total		9484000	GE										
Average		316,133											
Maximum		405,000	405,000 MRS										

** 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

602

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

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri. Days
	Kathy Sillitoe	C	13094	Mon - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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 feet 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 11-1-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

Copy

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): ‼ FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	297,000										1.0	
2	24	305,000										0.9	
3	24	312,000										1.1	
4	24	257,000										1.2	
5	24	274,000										1.1	
6	24	327,500										1.3	
7	24	327,500										1.1	
8	24	317,000										1.0	
9	24	255,000										1.0	
10	24	297,000										1.2	BACT'S
11	24	345,000										0.9	
12	24	291,000											
13	24	313,000										0.9	
14	24	313,000										1.0	
15	24	338,000										0.9	
16	24	295,000										1.0	
17	24	309,000										0.9	
18	24	535,000										1.1	
19	24	271,000											
20	24	339,500										1.0	
21	24	339,500										1.1	
22	24	258,000										1.1	
23	24	254,000										1.0	
24	24	309,000										0.8	
25	24	213,000										1.0	
26	24	292,000										0.9	
27	24	414,000											
28	24	242,000										1.0	
29	24	242,000										0.8	
30	24	255,000										1.6	
31	24	242,000											
Total		9177000											
Average		296,032											
Maximum		414,000											

F1

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

FILE COPY

DEP Form 62-555 900(3)
Effective August 28, 2003

11-27-07 Entered Daily Flows

FILE

602

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

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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 12-3-07

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	353,000										1.6	
2	24	232,000										1.4	
3	24	316,500											
4	24	316,500										1.4	
5	24	319,000										1.3	
6	24	265,000										1.3	
7	24	299,000										1.4	BACT's
8	24	312,000										1.3	
9	24	322,000										1.4	
10	24	329,500											
11	24	329,500										1.4	
12	24	329,000										1.4	
13	24	276,000										1.3	
14	24	299,000										1.4	
15	24	280,000										1.6	
16	24	307,000										1.4	
17	24	311,500											
18	24	311,500										1.4	
19	24	314,000										1.3	
20	24	285,000										1.3	
21	24	314,000										1.3	
22	24	294,000										1.2	
23	24	310,000										1.2	
24	24	342,000										1.2	
25	24	343,500											
26	24	343,500										1.3	
27	24	313,000										1.3	
28	24	272,000										1.2	
29	24	292,000										1.3	
30	24	332,000										1.3	
31	24												
Total		9,275,000	12-11-07 PW Man ✓										
Average		309,166											
Maximum		353,000	353,000										

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2007

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun

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 01-7-08 — Signature and Date

Allan Finch — Printed or Typed Name

C-7806 — License Number

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

PWS Identification Number: 3591451 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	337,000										1.10	
2	24	268,000										1.10	
3	24	298,000										1.10	
4	24	250,000										1.00	Serviced air compressor, collected Hac - T samples
5	24	312,000										1.20	
6	24	335,000										1.10	Tightened loose fitting on High Service Pump # 2
7	24	272,000											
8	24	271,000										1.00	
9	24	281,000										1.00	
10	24	243,000										1.00	
11	24	417,000										0.90	
12	24	335,000										0.90	
13	24	344,000										0.80	
14	24	286,000											
15	24	285,000										0.80	
16	24	319,000										0.90	
17	24	305,000										0.90	
18	24	223,000										1.10	
19	24	287,000										1.30	
20	24	376,000										1.20	
21	24	300,000											
22	24	299,000										1.20	
23	24	283,000										1.20	
24	24	260,000										1.20	
25	24	334,000										1.20	
26	24	275,000										1.30	
27	24	321,000										1.20	
28	24	311,000											
29	24	311,000										1.20	Sprayed weed defeat along fence line
30	24	285,000										1.20	
31	24	266,000										1.10	
Total		9,073,000											
Average		292,677											
Maximum		376,000											

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

2008

602 PW

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205		Total Population Served at End of Month: 4,218	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
2-5-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month(Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	301,000										1.20	
2	24	311,000										1.30	
3	24	259,000										1.30	
4	24	255,000										1.10	
5	24	336,000											
6	24	336,000										1.00	
7	24	358,000										1.00	
8	24	292,000										1.00	
9	24	263,000										1.20	
10	24	336,000										1.20	
11	24	237,000										1.00	
12	24	306,500											
13	24	306,500										1.00	
14	24	307,000										1.20	
15	24	273,000										1.30	
16	24	279,000										1.20	Bac-T Sampling
17	24	292,000										1.10	
18	24	263,000										1.30	
19	24	266,000											
20	24	266,000										1.30	
21	24	286,000										1.30	
22	24	295,000										1.20	Collected 3 repeat Bac-T samples
23	24	238,000										1.30	
24	24	263,000										1.30	
25	24	270,000										1.20	
26	24	296,500											
27	24	296,500										1.30	
28	24	261,000										1.10	
29	24	256,000										1.10	
30	24	275,000										1.30	
31	24	241,000										1.10	
Total		8,821,000											
Average		284,548											
Maximum		358,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205		Total Population Served at End of Month: 4,218	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.		City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat Days
	Alex Lorenzo	C	13756	Mon. - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
3-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): ☐ FORMTEXT ☐

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	237,000										1.20	
2	24	315,500											
3	24	315,500										1.20	
4	24	315,000										1.40	
5	24	279,000										1.20	
6	24	224,000										1.20	Collected Bac - T sampling
7	24	274,000										1.00	
8	24	273,000										1.20	
9	24	314,500											
10	24	314,500										1.20	
11	24	226,000										1.10	
12	24	298,000										1.10	
13	24	257,000										1.00	
14	24	319,000										1.00	Paramount Power onsite for Generator maintenance
15	24	169,000										1.10	
16	24	292,000										1.10	
17	24	308,000											
18	24	308,000										1.30	
19	24	294,000										1.20	
20	24	279,000										1.20	
21	24	285,000										1.30	
22	24	215,000										1.20	
23	24	312,000										1.10	
24	24	252,000											
25	24	252,000										1.00	
26	24	323,000										1.20	
27	24	288,000										1.10	
28	24	229,000										1.10	
29	24	269,000										1.10	
30													
31													
Total		8,037,000											
Average		277,137											
Maximum		323,000											

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

602

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun.
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
4-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	284,500											
2	24	284,500										1.10	
3	24	283,000										1.10	
4	24	266,000										1.00	
5	24	275,000										1.10	Collected Hardness Samples
6	24	293,000										1.00	Collected Bac - T samples
7	24	201,000										0.90	
8	24	288,500											
9	24	288,500										1.00	
10	24	283,000										1.10	Locke Well & Pump replaced HS Pump # 2 impeller
11	24	263,000										1.10	Collected VOC's, SOC's, P. Inorganics, etc
12	24	279,000										1.10	
13	24	233,000										0.90	Replaced PRV. Plant on interconnect. Flushed
14	24	294,000										0.90	Serviced Air Compressor
15	24	285,000											
16	24	285,000										1.00	
17	24	294,000										1.10	
18	24	284,000										1.10	
19	24	279,000										0.90	Abbot Fencing installed 6' chain link to the west side
20	24	300,000										1.10	
21	24	279,000										1.20	
22	24	297,000										1.20	
23	24	308,000											
24	24	308,000										1.10	
25	24	272,000										1.20	Locke Well replaced HS Pump #2 motor
26	24	305,000										1.10	
27	24	309,000										1.20	
28	24	304,000										1.10	
29	24	335,000											
30	24	335,000										1.10	
31	24	297,000										1.20	HS Pump # 2 re lock O.O.S. Locke well onsite fixing
Total		8,892,000											
Average		286,838											
Maximum		335,000											

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

602

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. *Water Treatment Plant Information*

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
Williams 5-1-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation Other (Describe): ! FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose		
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	292,000										1.10	HS Pump # 2 back online
2	24	353,000										1.20	
3	24	224,000										1.10	
4	24	276,000										1.20	
5	24	331,000											
6	24	331,000										1.20	
7	24	264,000										1.40	
8	24	279,000										1.30	Replaced stenner tubing on pump # 2
9	24	301,000										1.30	
10	24	232,000										1.20	Collected Hac-T samples
11	24	298,000										1.20	
12	24	370,500											
13	24	370,500										1.10	
14	24	281,000										1.30	
15	24	289,000										1.20	
16	24	249,000										1.20	
17	24	323,000										1.30	
18	24	372,000										1.30	
19	24	361,500											
20	24	361,500										1.30	
21	24	366,000										1.50	
22	24	291,000										1.50	
23	24	347,000										1.30	
24	24	316,000										1.30	
25	24	347,000										1.50	
26	24	352,000										1.40	
27	24	242,000											HSP # 1 & 2 O.O.S. bad coupling, on interconnect
28	24	242,000										1.10	Both HSP back online. Collected boil water Hac - T's
29	24	332,000										1.20	Collected boil water Hac - T's (day 2)
30	24	375,000										1.50	
31													
Total		9,369,000											
Average		312,300											
Maximum		375,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,205	Total Population Served at End of Month: 4,218		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sullivan	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sullivan	C/S	13093	Mon - Fri Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 6/31/08	Elisa Williams	C-14846

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): ‼ FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	321,000										1.60	Installed new starter at HS Pump # 2
2	24	382,000										1.50	
3	24	453,500											
4	24	453,500										1.50	
5	24	298,000										1.50	
6	24	381,000										1.40	
7	24	370,000										1.30	
8	24	426,000										1.40	
9	24	279,000										1.40	
10	24	420,500											
11	24	420,500										1.20	
12	24	407,000										1.20	Collected Bac-Ts and SOCs
13	24	352,000										1.30	
14	24	317,000										1.40	Pressure washed Hydrotank and generator pad
15	24	403,000										1.30	Pressure washed GS Clearwater bays
16	24	402,000										1.30	Greased High Service Pumps
17	24	398,500											
18	24	398,500										1.20	
19	24	387,000										1.30	
20	24	317,000										1.30	
21	24	310,000										1.40	
22	24	334,000										1.30	HSP # 2 O.O.S, coupling misaligned. Locke Well onsite
23	24	289,000										1.10	HSP # back online. Realigned coupling
24	24	316,000											
25	24	316,000										1.00	
26	24	314,000										1.20	
27	24	351,000										1.20	
28	24	335,000										1.30	
29	24	327,000										1.20	
30	24	300,000										1.20	
31	24	428,500											
Total		~~40,720,000~~ 11,207,500											
Average		~~340,300~~ 361,500											
Maximum		453,500											

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

602

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 1,203	Total Population Served at End of Month: 4,210	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Jerry Silliroc	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Silliroc	B	13094	Mon. - Fri. Days
	John Collee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Printed or Typed Name	License Number
[signature] 7-2-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591351 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: June 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	428,500										1.20	
2	24	333,000										1.10	
3	24	358,000										1.10	
4	24	349,000										1.10	Collected Bac - T samples
5	24	411,000										1.00	
6	24	319,000										0.80	
7	24	425,000											
8	24	125,000										1.00	
9	24	390,000										1.00	
10	24	288,000										1.10	
11	24	348,000										1.00	Trimmed tree limbs along the fence
12	24	330,000										1.10	
13	24	414,000										1.10	
14	24	381,000											
15	24	281,000										1.00	
16	24	313,000										1.20	
17	24	392,000										1.20	
18	24	269,000										1.10	
19	24	377,000										1.00	
20	24	304,000										1.00	
21	24	300,000										1.00	
22	24	298,500											
23	24	298,500										1.00	
24	24	286,000										1.10	
25	24	274,000										1.20	
26	24	318,000										1.10	Replaced steamer tubings
27	24	248,000										1.20	
28	24	305,000											
29	24	305,000										1.30	
30	24	297,000										1.20	HSP # 1 O.O.S
31													
Total		9,632,500											
Average		321,083											
Maximum		428,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: July 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,203	Total Population Served at End of Month: 4,210		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Terry Sellitto	A	12749	Thur. - Sat. Days
	Alex Lucero	C	13756	Mon. - Fri. Days
	Kathy Sellitto	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): * FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	307,000										1.20	HS Pump # 1 back online, starter problem
2	24	247,000										1.20	Serviced air compressor
3	24	438,000										1.00	
4	24	224,000										1.10	
5	24	318,500											
6	24	318,500										1.00	
7	24	328,000										0.80	
8	24	315,000										0.80	
9	24	284,000										1.50	Collected Bac - T samples
10	24	423,000										1.40	
11	24	231,000										1.50	Trimmed tree limbs along the fence
12	24	301,000											
13	24	301,000										1.40	
14	24	340,000										1.30	
15	24	217,000										1.30	
16	24	247,000										1.10	Collected repeat Bac - T samples (4)
17	24	286,000										1.00	
18	24	276,000										1.00	
19	24	222,000										0.90	
20	24	303,000											
21	24	303,000										0.70	
22	24	297,000										0.70	
23	24	380,000										1.40	
24	24	228,000										1.20	
25	24	368,000										1.20	
26	24	284,000											
27	24	284,000										1.20	
28	24	322,000										1.00	
29	24	231,000										1.00	
30	24	264,000										1.10	
31	24	277,000										1.10	
Total		9,118,000											
Average		295,000											
Maximum		438,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,203		Total Population Served at End of Month: 4,210	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	14846	Mon - Fri Days
Other Operators:	Terry Sallitor	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sallitor	B	13094	Mon - Fri Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 9-4-08	Elisa Williams	C-14846

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			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	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	261,000										1.10	
2	24	321,000											
3	24	321,000										1.00	
4	24	292,000										1.00	Cleaned ORP Probe
5	24	318,000										1.00	
6	24	278,000										1.10	
7	24	380,000										1.10	Collected Bac - T samples, serviced air compressor
8	24	318,000										1.00	
9	24	318,500											
10	24	318,500										1.00	
11	24	335,000										1.00	
12	24	302,000										0.90	
13	24	284,000										0.90	
14	24	272,000										0.90	Greased High Service Pumps
15	24	255,000										0.90	Distributed Lead and Copper sample bottles
16	24	366,000										0.90	
17	24	321,000											
18	24	321,000										0.70	Collected TTHM/HAA5s
19	24	267,000										0.70	
20	24	234,000										0.70	
21	24	299,000										0.80	
22	24	363,000										0.80	
23	24	271,000										0.70	
24	24	325,500											
25	24	325,500										0.70	
26	24	298,000										0.70	
27	24	287,000										1.10	
28	24	226,000										1.00	Replaced skimmer tubings
29	24	305,000										1.20	
30	24	287,000										1.30	Completed Lead and Copper collection
31	24	303,500										1.30	
Total		9,263,500											
Average		298,822											
Maximum		380,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591151
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 1,203	Total Population Served at End of Month: 4,210	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Elisa Williams	C	11846	Mon - Fri Days
Other Operators:	Terry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	B	13094	Mon - Fri Days
	John Coffee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
E Williams 10/3/08	Elisa Williams	C-11846

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

PWS Identification Number: 3591451 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): * FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	303,500										1.10	
2	24	321,000										1.10	
3	24	251,000										1.30	
4	24	273,000										1.00	
5	24	318,000										0.70	
6	24	292,000										1.00	
7	24	334,500											
8	24	334,500										0.90	
9	24	290,000										0.90	
10	24	325,000										0.70	D. Hanna of FRWA testing water meter accuracy
11	24	263,000										0.90	Collected Bac - T samples
12	24	227,000										0.90	
13	24	322,500											
14	24	322,500										1.00	
15	24	348,000										0.60	
16	24	263,000										0.60	
17	24	231,000										0.60	
18	24	283,000										0.90	Pressure washed Aerators and Hydro Tank
19	24	291,000										1.00	Repainted High Service pipings
20	24	293,500											
21	24	293,500										0.90	
22	24	357,000										0.80	
23	24	283,000										0.80	
24	24	282,000										0.90	Switched GST from Floats to Transducer
25	24	227,000										1.30	
26	24	353,000										1.20	
27	24	267,000										1.20	
28	24	366,500											
29	24	366,500										1.30	
30	24	293,000										1.30	
31													
Total		8,975,500											
Average		299,183											
Maximum		366,500											

** 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.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,203		Total Population Served at End of Month: 4,210	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Tess Sullivan	A	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillace	B	13094	Mon. - Fri. Days
	John Coffee	C	6614	Sat. - Sun
	Allan Finch	C	7806	Mon - Fri. 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.

Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	297,000										1.30	
2	24	337,000										1.20	
3	24	238,000										1.20	
4	24	341,000										1.20	
5	24	367,500											
6	24	367,500										1.30	
7	24	294,000										1.30	
8	24	322,000										1.20	DEP Sanitary Survey
9	24	245,000										1.20	
10	24	327,000										1.30	HS Pump # 2 impeller blow-off leaking Tightened
11	24	290,000										1.20	
12	24	274,500											
13	24	274,500										1.20	Collected Bac - T samples
14	24	263,000										1.00	
15	24	280,000										1.30	
16	24	269,000										1.30	
17	24	293,000										1.20	
18	24	301,000											
19	24	301,000										1.50	Switched Steaner Pump # 1 to # 2 for Well # 1
20	24	314,000										1.00	
21	24	277,000										1.00	Replaced feed rate controller on Steaner pump # 1
22	24	258,000										0.60	Replaced steaner pump # 1 with a new one
23	24	332,000										1.20	Ron Gray onsite calibrating meters
24	24	324,000										1.00	
25	24	266,000										1.00	
26	24	312,500											
27	24	312,500										0.80	
28	24	261,000										0.70	
29	24	246,000										1.00	Thompson installed time delay on GST controller alarm
30	24	254,000										1.20	
31	24	323,000										1.10	
Total		8,950,000											
Average		288,709											
Maximum		367,500											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield			PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,203	Total Population Served at End of Month: 4,210		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Jerry Sillitoe	A	12749	Thur - Sat Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Cottee	C	6614	Sat - Sun
	Allan Finch	C	7806	Mon - Fri 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.

Signature and Date	Elisa Williams	C-14846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): * FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	215,000										1.00	
2	24	320,500											
3	24	320,500										1.10	
4	24	269,000										1.10	Air compressor leaking oil
5	24	274,000										1.10	
6	24	282,000										1.10	Replaced air compressor pump with a new one
7	24	224,000										0.60	
8	24	337,000										0.80	
9	24	323,000											
10	24	323,000										1.10	Collected Duc - 1 samples
11	24	308,000										1.10	
12	24	249,000										1.00	
13	24	278,000										1.10	
14	24	286,000										1.00	
15	24	286,000											
16	24	286,000										1.00	
17	24	323,000										0.80	
18	24	342,000										0.80	Air compressor hose worn out.
19	24	322,000										1.00	Replaced air compressor hose with a new one.
20	24	272,000										1.30	
21	24	300,000										1.10	
22	24	249,000										1.10	
23	24	311,500											
24	24	311,500										1.20	
25	24	309,000										1.20	
26	24	291,000										1.30	
27	24	254,000										1.20	
28	24	341,000										1.10	
29	24	291,000										1.10	
30	24	337,000										1.10	
31													
Total		8,641,000											
Average		288,700											
Maximum		341,000											

** 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 1,203	Total Population Served at End of Month: 4,210	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs / State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919
Plant Address: 196 Weathersfield Ave.	City: Altamonte Springs	State: Fl / Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☒ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Elisa Williams	C	14846	Mon. - Fri. Days
Other Operators:	Jerry Sillitoe	A	12739	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	B	13094	Mon. - Fri. Days
	John Colter	C	6614	Sat - Sun
	Allan Finch	C	7896	Mon - Fri 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.

Signature and Date	Printed or Typed Name	License Number
[signature]	Elisa Williams	C-14846

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

PWS Identification Number: 3591451 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation Other (Describe): # FORMTEXT

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	337,000										1.10	
2	24	288,000										1.10	
3	24	298,000										1.10	
4	24	250,000										1.00	Serviced air compressor, collected Bac - T samples
5	24	312,000										1.20	
6	24	335,000										1.10	Tightened loose fitting on High Service Pump # 2
7	24	272,000											
8	24	271,000										1.00	
9	24	281,000										1.00	
10	24	243,000										1.00	
11	24	417,000										0.90	
12	24	245,000										0.90	
13	24	293,000										0.80	
14	24	286,000											
15	24	285,000										0.80	
16	24	319,000										0.90	
17	24	303,000										0.90	
18	24	223,000										1.10	
19	24	282,000										1.30	
20	24	376,000										1.20	
21	24	300,000											
22	24	299,000										1.20	
23	24	283,000										1.20	
24	24	260,000										1.20	
25	24	333,000										1.20	
26	24	275,000										1.30	
27	24	324,000										1.20	
28	24	311,000											
29	24	311,000										1.20	Sprayed weed defeat along fence line
30	24	285,000										1.20	
31	24	260,000										1.10	
Total		9,073,000											
Average		292,677											
Maximum		376,000											

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