

State of Florida



# Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

**-M-E-M-O-R-A-N-D-U-M-**

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**DATE:** December 8, 2015

**TO:** Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

**FROM:** Penelope D. Buys, Engineering Specialist III, Division of Engineering *PDB*

**RE:** Docket No. 150181-WU – Application for staff-assisted rate case in Duval County by Neighborhood Utilities, Inc.

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Please place the following documents in the docket file. These documents are answer to staff's first data request.

## **Penny Buys**

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**From:** Larry O'Steen <wlarryo@hotmail.com>  
**Sent:** Tuesday, December 08, 2015 3:16 PM  
**To:** Penny Buys  
**Subject:** 150181 #1 , #2  
**Attachments:** #2 purchased power 12082015.pdf; USW CONTRACT 10072015.pdf; Test year MORs 11232015.pdf

#1 none

#2 attached JEA bills

#3 Still waiting for info from USWATER

#4 Still waiting for info from USWATER

#5 USW contract

#7 MORs

#8 metered water sales

#10 no additions

*Larry O'Steen*  
*Neighborhood Utilities. Inc.*

## **Penny Buys**

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**From:** Larry O'Steen <wlarryo@hotmail.com>  
**Sent:** Tuesday, December 08, 2015 3:22 PM  
**To:** Penny Buys  
**Subject:** 150181 #12, #13,#16  
**Attachments:** Assets 12082015.pdf; Customers 12082015.pdf; FDEP JAN 2014 survey 12082015.pdf

*Larry O'Steen  
Neighborhood Utilities, Inc.*



21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 07/31/14

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 06/29/14-07/30/14 Reading Date: 07/30/14

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	31	66271	Regular	1	2952 kwh
05037357	31	37.76	Regular	1	38 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		180.40
Fuel Cost		128.70
Environmental Charge		1.83
Fuel Credit		-61.87
City of Jacksonville Franchise Fee		7.75
Gross Receipts Tax		6.82
Public Service Tax		22.11
Florida State Sales Tax		21.70

**TOTAL CURRENT ELECTRIC CHARGES \$ 316.69**

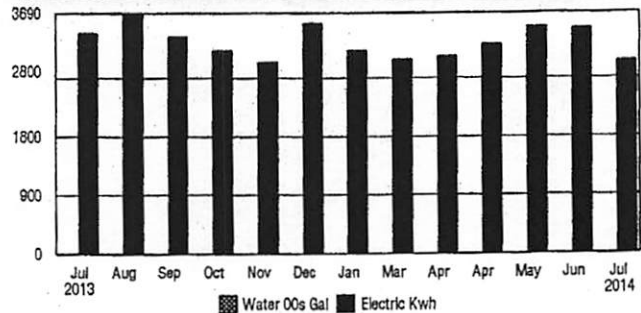
\$113.62 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 316.69**

**!** Please pay \$316.69 by 08/22/14 to avoid 1.5% late payment fee.

**💡** Programmable thermostats are perfect for small businesses with set hours of operation. Chart your start/finish times for a week to help you pick the best smart thermostat for your needs.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,392	3,453	2,952	95
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payments Received	Balance Before New Charges	New Charges	Please Pay
\$451.62	-\$451.62	\$0.00	\$316.69	\$316.69

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200		Bill Date: 07/31/14		Please pay by 08/22/14 to avoid 1.5% late payment fee.		
Previous Balance	Payments Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID	
\$451.62	-\$451.62	\$0.00	\$316.69	\$316.69		



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

\*\* JEA \*\*  
 PO BOX 45047  
 JACKSONVILLE FL 32232-5047



Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 09/30/14

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 08/28/14-09/29/14 Reading Date: 09/29/14

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	32	73375	Regular	1	3607 kwh
05037357	32	15.49	Regular	1	15 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		220.42
Fuel Cost		157.26
Environmental Charge		2.24
City of Jacksonville Franchise Fee		11.68
Gross Receipts Tax		10.28
Public Service Tax		27.23
Florida State Sales Tax		32.69

**TOTAL CURRENT ELECTRIC CHARGES \$ 477.05**

\$138.83 of Fuel Cost Is Tax Exempt

**OTHER ACTIVITIES**

Late Payment Charge \$ 6.86

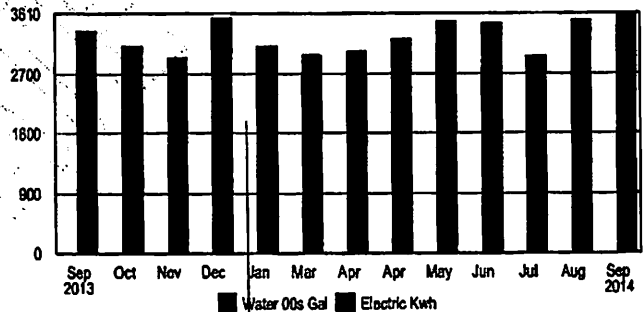


Please pay \$934.95 by 10/13/14. If you have any questions, please call 665-6250.



Hire a contractor to inspect your duct system. Sealing duct leaks will result in substantial energy savings.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,332	3,497	3,607	112
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$457.04	\$0.00	\$457.04	\$477.91	\$934.95

**WE APPRECIATE YOUR BUSINESS**

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Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill; \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200	Bill Date: 09/30/14	Please pay \$ 934.95 by 10/13/14			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$457.04	\$0.00	\$457.04	\$477.91	\$934.95	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
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21 West Church Street, Jacksonville, FL 32202-3139  
Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05

Bill Date: 09/30/14

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TOTAL OTHER ACTIVITIES	\$	8.86
TOTAL NEW CHARGES .....	\$	477.91

DUPLICATE COPY



21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 10/29/14

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 09/29/14-10/28/14 Reading Date: 10/28/14

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	29	76647	Regular	1	3272 kwh
05037357	29	16.85	Regular	1	17 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		199.95
Fuel Cost		142.66
Environmental Charge		2.03
City of Jacksonville Franchise Fee		10.62
Gross Receipts Tax		9.35
Public Service Tax		24.79
Florida State Sales Tax		29.73

**TOTAL CURRENT ELECTRIC CHARGES \$ 428.38**

\$125.94 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 428.38**

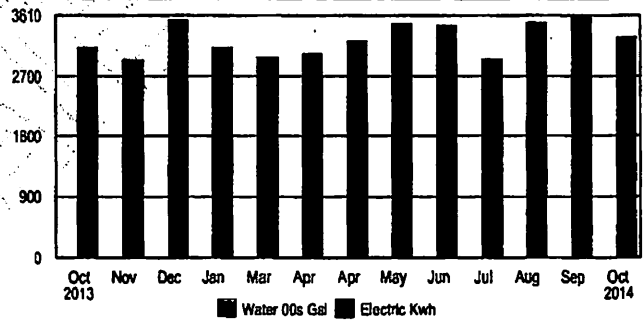


Please pay \$428.33 by 11/20/14 to avoid 1.5% late payment fee.



Hire a contractor to inspect your duct system. Sealing duct leaks will result in substantial energy savings.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,122	3,607	3,272	112
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$934.95	-\$935.00	-\$0.05	\$428.38	\$428.33

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200	Bill Date: 10/29/14	Please pay by 11/20/14 to avoid 1.5% late payment fee.			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$934.95	-\$935.00	-\$0.05	\$428.38	\$428.33	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

\*\* JEA \*\*  
 PO BOX 45047  
 JACKSONVILLE FL 32232-5047

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21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 12/01/14

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 10/28/14-11/30/14 Reading Date: 11/30/14

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	33	80348	Regular	1	3701 kwh
05037357	33	15.58	Regular	1	16 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		226.17
Fuel Cost		161.36
Environmental Charge		2.29
City of Jacksonville Franchise Fee		11.97
Gross Receipts Tax		10.54
Public Service Tax		27.91
Florida State Sales Tax		33.52

**TOTAL CURRENT ELECTRIC CHARGES \$ 483.01**

\$142.45 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 483.01**

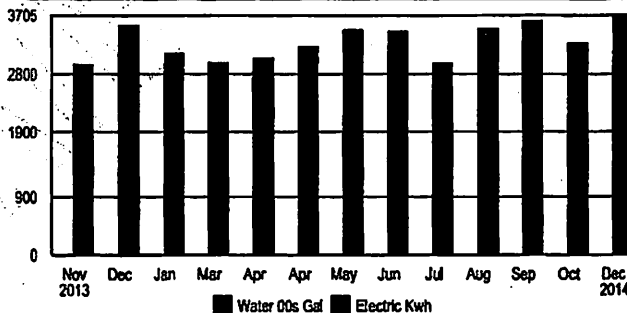


Please pay \$483.01 by 12/23/14 to avoid 1.5% late payment fee.



Hire a contractor to inspect your duct system. Sealing duct leaks will result in substantial energy savings.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	2,939	3,272	3,701	112
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$428.33	-\$428.33	\$0.00	\$483.01	\$483.01

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill; \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200	Bill Date: 12/01/14	Please pay by 12/23/14 to avoid 1.5% late payment fee.			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$428.33	-\$428.33	\$0.00	\$483.01	\$483.01	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

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 PO BOX 45047  
 JACKSONVILLE FL 32232-5047

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Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 12/31/14

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 11/30/14-12/30/14 Reading Date: 12/30/14

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	30	84043	Regular	1	3695 kwh
05037357	30	15.68	Regular	1	16 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		225.80
Fuel Cost		161.10
Environmental Charge		2.29
City of Jacksonville Franchise Fee		11.95
Gross Receipts Tax		10.52
Public Service Tax		27.87
Florida State Sales Tax		33.47

**TOTAL CURRENT ELECTRIC CHARGES \$ 482.25**

\$142.22 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 482.25**

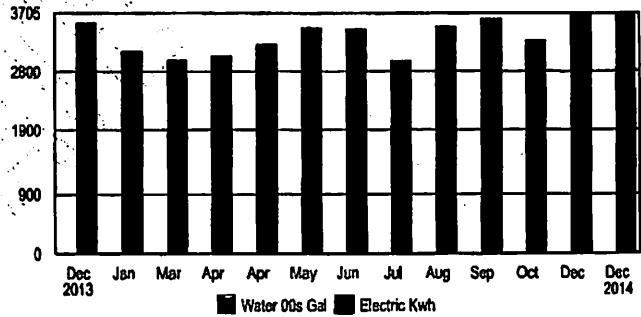


Please pay \$482.25 by 01/22/15 to avoid 1.5% late payment fee.



Hire a contractor to inspect your duct system. Sealing duct leaks will result in substantial energy savings.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,534	3,701	3,695	123
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$483.01	-\$483.01	\$0.00	\$482.25	\$482.25

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill; \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$483.01	-\$483.01	\$0.00	\$482.25	\$482.25	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

\*\* JEA \*\*  
 PO BOX 45047  
 JACKSONVILLE FL 32232-5047

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Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 02/02/15

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 12/30/14-02/01/15 Reading Date: 02/01/15

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	33	87699	Regular	1	3656 kwh
05037357	33	14.26	Regular	1	14 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		223.42
Fuel Cost		159.40
Environmental Charge		2.27
City of Jacksonville Franchise Fee		11.83
Gross Receipts Tax		10.41
Public Service Tax		27.59
Florida State Sales Tax		33.13

**TOTAL CURRENT ELECTRIC CHARGES \$ 477.30**

\$140.72 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 477.30**

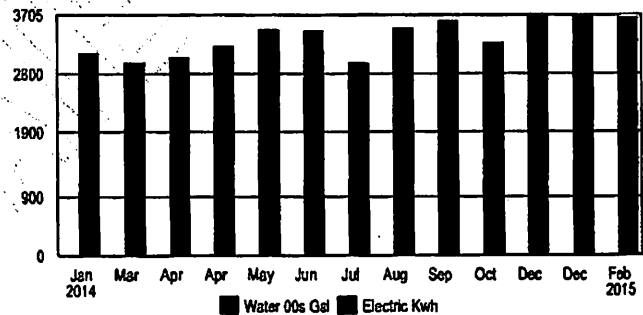


Please pay \$477.30 by 02/24/15 to avoid 1.5% late payment fee.



Replace your old T8 or T12 fluorescent fixtures with new LED technology. Learn more at jea.com/InvestSmart.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,117	3,695	3,656	110
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$482.25	-\$482.25	\$0.00	\$477.30	\$477.30

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →




Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200	Bill Date: 02/02/15	Please pay by 02/24/15 to avoid 1.5% late payment fee.			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$482.25	-\$482.25	\$0.00	\$477.30	\$477.30	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

\*\* JEA \*\*  
 PO BOX 45047  
 JACKSONVILLE FL 32232-5047

A



21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 03/03/15

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 02/01/15-03/02/15 Reading Date: 03/02/15

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	29	90902	Regular	1	3203 kwh
05037357	29	14.08	Regular	1	14 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		195.74
Fuel Cost		139.65
Environmental Charge		1.99
City of Jacksonville Franchise Fee		10.40
Gross Receipts Tax		9.15
Public Service Tax		24.29
Florida State Sales Tax		29.11

**TOTAL CURRENT ELECTRIC CHARGES \$ 419.58**

\$123.28 of Fuel Cost Is Tax Exempt

**OTHER ACTIVITIES**

Late Payment Charge \$ 7.16

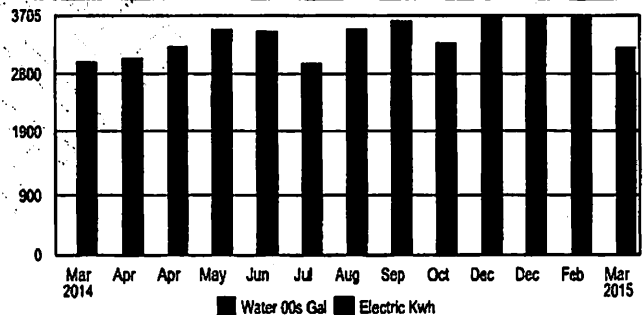


Please pay \$904.04 by 03/16/15. If you have any questions, please call 665-6250.



Burn calories not electricity at work. Encourage employees to take the stairs.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	2,974	3,656	3,203	110
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$477.30	\$0.00	\$477.30	\$426.74	\$904.04

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$477.30	\$0.00	\$477.30	\$426.74	\$904.04	



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Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05

Bill Date: 03/03/15

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TOTAL OTHER ACTIVITIES	\$	7.16
TOTAL NEW CHARGES .....	\$	426.74



21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 04/01/15

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 03/02/15-03/31/15 Reading Date: 03/31/15

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	29	94412	Regular	1	3510 kwh
05037357	29	18.77	Regular	1	19 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		214.50
Fuel Cost		153.04
Environmental Charge		2.18
City of Jacksonville Franchise Fee		11.37
Gross Receipts Tax		10.01
Public Service Tax		26.53
Florida State Sales Tax		31.83

**TOTAL CURRENT ELECTRIC CHARGES \$ 458.71**

\$135.10 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 458.71**

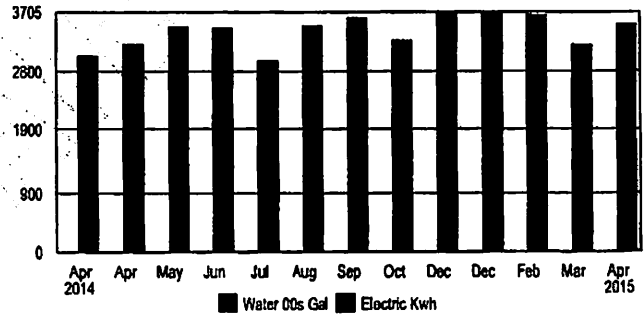


Please pay \$458.71 by 04/23/15 to avoid 1.5% late payment fee.



Programmable thermostats are perfect for businesses with set hours of operation. Chart your start/finish times for a week to help you pick the best programmable thermostat for your needs.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,030	3,203	3,510	121
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$904.04	-\$904.04	\$0.00	\$458.71	\$458.71

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200	Bill Date: 04/01/15	Please pay by 04/23/15 to avoid 1.5% late payment fee.			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$904.04	-\$904.04	\$0.00	\$458.71	\$458.71	



NEIGHBORHOOD UTIL INC  
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 JACKSONVILLE FL 32210-2065

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 JACKSONVILLE FL 32232-5047

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21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 04/30/15

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 03/31/15-04/29/15 Reading Date: 04/29/15

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	29	98163	Regular	1.	3751 kwh
05037357	29	16.74	Regular	1	17 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		229.22
Fuel Cost		163.55
Environmental Charge		2.33
Fuel Credit		-211.56
City of Jacksonville Franchise Fee		5.78
Gross Receipts Tax		5.09
Public Service Tax		27.08
Florida State Sales Tax		16.20

**TOTAL CURRENT ELECTRIC CHARGES \$ 246.94**

\$144.38 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 246.94**

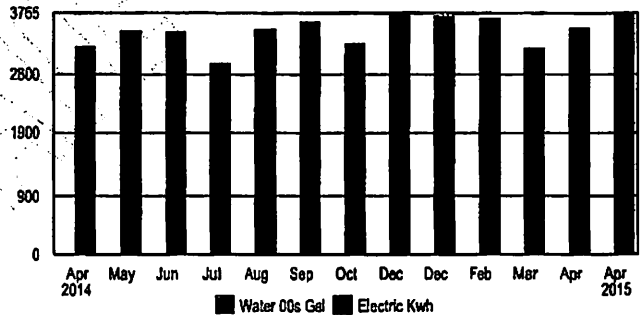


Please pay \$246.94 by 05/22/15 to avoid 1.5% late payment fee.



Programmable thermostats are perfect for businesses with set hours of operation. Chart your start/finish times for a week to help you pick the best programmable thermostat for your needs.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,218	3,510	3,751	129
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$458.71	-\$458.71	\$0.00	\$246.94	\$246.94

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$458.71	-\$458.71	\$0.00	\$246.94	\$246.94	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

\*\* JEA \*\*  
 PO BOX 45047  
 JACKSONVILLE FL 32232-5047

A



21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 05/29/15

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 04/29/15-05/28/15 Reading Date: 05/28/15

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	29	2425	Regular	1	4262 kwh
05037357	29	17.97	Regular	1	18 kw

Customer Charge	\$	9.25
Energy Charge (\$0.06111 per kWh)		260.45
Fuel Cost		185.82
Environmental Charge		2.64
City of Jacksonville Franchise Fee		13.74
Gross Receipts Tax		12.10
Public Service Tax		32.00
Florida State Sales Tax		38.48

**TOTAL CURRENT ELECTRIC CHARGES \$ 554.48**

\$164.04 of Fuel Cost Is Tax Exempt

**TOTAL NEW CHARGES \$ 554.48**

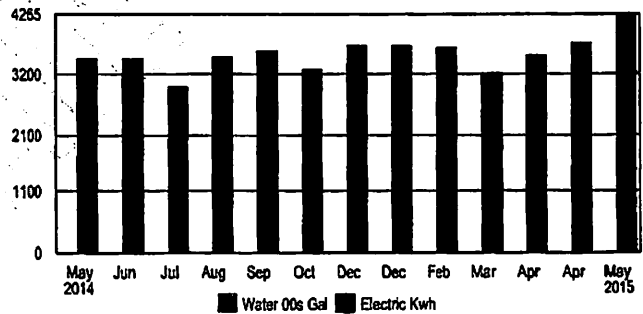


Please pay \$554.48 by 06/22/15 to avoid 1.5% late payment fee.



JEA is now offering rebates for non-road electric equipment. Learn more at jea.com/nre.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,475	3,751	4,262	146
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$246.94	-\$246.94	\$0.00	\$554.48	\$554.48

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200	Bill Date: 05/29/15	Please pay by 06/22/15 to avoid 1.5% late payment fee.			
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$246.94	-\$246.94	\$0.00	\$554.48	\$554.48	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

\*\* JEA \*\*  
 PO BOX 45047  
 JACKSONVILLE FL 32232-5047

A



21 West Church Street, Jacksonville, FL 32202-3139  
 Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: NEIGHBORHOOD UTIL INC

Account #: 9527944200

Cycle: 05 Bill Date: 06/30/15

**ELECTRIC SERVICE**

Billing Rate: General Service

Service Address: 10487 TIMBER CREEK LN

Service Period: 05/28/15-06/29/15 Reading Date: 06/29/15

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consump.
05037357	32	7464	Regular	1	5039 kwh
05037357	32	17.60	Regular	1	18 kw

Customer Charge	\$ 9.25
Energy Charge (\$0.06111 per kWh)	307.93
Fuel Cost	219.70
Environmental Charge	3.12
City of Jacksonville Franchise Fee	16.20
Gross Receipts Tax	14.26
Public Service Tax	37.65
Florida State Sales Tax	45.35

**TOTAL CURRENT ELECTRIC CHARGES \$ 653.46**

\$193.95 of Fuel Cost is Tax Exempt

**TOTAL NEW CHARGES \$ 653.46**

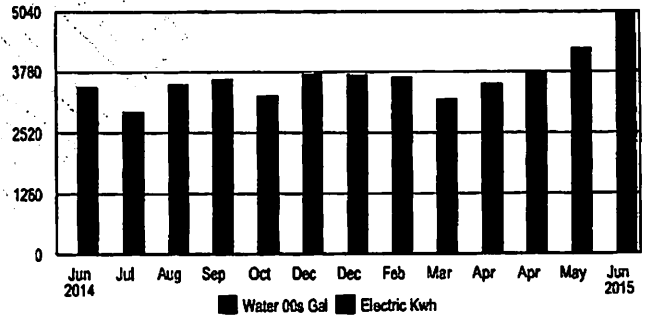


Please pay \$653.46 by 07/22/15 to avoid 1.5% late payment fee.



Replace incandescent bulbs in exit signs with LEDs and save about 80 percent on signage operating costs.

**CONSUMPTION HISTORY**



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	3,453	4,262	5,039	157
Total Gallons used				

**A LATE PAYMENT FEE WILL BE ASSESSED TO ALL UNPAID BALANCES**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
\$554.48	-\$554.48	\$0.00	\$653.46	\$653.46

**WE APPRECIATE YOUR BUSINESS**

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →



Add \$ \_\_\_\_\_ to my monthly bill: \$ \_\_\_\_\_ for Neighbor to Neighbor and/or \$ \_\_\_\_\_ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9527944200		Bill Date: 06/30/15		Please pay by 07/22/15 to avoid 1.5% late payment fee.	
Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
\$554.48	-\$554.48	\$0.00	\$653.46	\$653.46	



NEIGHBORHOOD UTIL INC  
 4551 SHIRLEY AVE  
 JACKSONVILLE FL 32210-2065

**\*\* JEA \*\***  
 PO BOX 45047  
 JACKSONVILLE FL 32232-5047

A



SIG-MAN  
COPY



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

**OPERATION SERVICES AGREEMENT**

**BETWEEN**

**NEIGHBORHOOD UTILITIES**

**and**

**U.S. WATER SERVICES CORPORATION**

THIS AGREEMENT is to commence on the \_\_\_\_\_ day of \_\_\_\_\_, 2006 between U.S. Water Services Corporation, whose address is 4939 Cross Bayou Blvd., New Port Richey, FL 34632, furthermore referred to as the Contractor, and Neighborhood Utilities - whose address is: 300 W Adams St. Suite 340 Jacksonville, FL 32202 furthermore referred to as Owner.

IN CONSIDERATION of the mutual covenants contained herein and other valuable considerations, the sufficiency of which is hereby acknowledged by both parties regarding the details herein, the parties do hereby promise, covenant and agree as follows.

U.S. Water Services Corporation will provide operation services related to: Neighborhood Utilities Water Treatment Facility water treatment facility - which is owned by Neighborhood Utilities, whose address is: 300 W Adams St. Suite 340 Jacksonville, FL 32202 as follows:

**I. Operation of Water Treatment Facilities**

- (a) Contractor will provide required visits to the Water Facility with a minimum Class "C" certified water treatment plant 6 days per week
- (b) Contractor will maintain accurate and complete records on plant operation and laboratory data as required by the Florida Department of Environmental Protection (FDEP), submit any and all operating report requirements and send copies to Owner. Contractor will prepare monthly reports as required by FDEP.
- (c) Contractor will ensure safe, efficient operations of the plant, and will coordinate inspections of water facility to detect malfunctions.

4939 Cross Bayou Blvd., New Port Richey, Florida 34632

Ph: 727-848-8292 Fax: 727-848-7781 Toll Free: 866-753-8292



**Water and Wastewater Utility Operations, Maintenance, Engineering, Management**

- (d) Regulatory agencies require that the Operational Contractor notify Owner of necessary repairs and if authorized by Owner, at Owner's expense, initiate corrective actions.
- (e) Contractor will perform monthly compliance sampling for required parameters for water quality analysis. Contractor will perform such testing necessary to maintain requirements required by the FDEP.
- (f) Contractor will coordinate with Owner for full compliance with any and all applicable laws, rule, and regulations adopted or proposed by any governmental agency or regulatory body, both state and federal.
- (g) Contractor will coordinate lab activities: establish sampling procedures and test schedules.
- (h) Contractor will perform water field-testing for: chlorine residual, pH, and flow calculations.
- (i) Contractor will coordinate chemical delivery to the Water facility, cost of chemicals to be paid by Owner.
- (j) Contractor will provide meter-reading services as requested by owner for \$485.10 up to 500 meters. Additional meters will require a cost adjustment and a contract revision. This clause will be upheld for one year from the date of signature and will be revisited annually.
- (k) Contractor will perform service work relating to service initiation and termination and respond to various customer service requests as directed by the system owner during the hours of 7:00 am to 4:00 pm. Response time will be within 24 hours of notification from the owner. \$50.00 per hour for 1 to 5 meters, anything over 5 meters will be charged an additional hour. If a turn off is requested between the hours of 4:00 pm and 7:00 am the cost per hour will be \$75.00.
- (l) Contractor will perform after hour service work relating to service initiation and termination and respond to various customer service requests as directed by the system owner after normal business hours or without 24 hours notice.
- (m) Contractor will perform other routine and emergency maintenance services as requested periodically and authorized by the system owner.

**II. Payment Schedule**

- 1) List item I (a) \$475.00 monthly, plus sampling cost.
- 2) List item I (j) at a cost of 97 cents per meter read.
- 3) List item I (k) at a cost of \$10.00 per service request.
- 4) List item I (l) at a cost of \$50.00 for up to 5 locations as long as the 5 locations service request can be completed on the same site visit and within 1

4939 Cross Bayou Blvd., New Port Richey, Florida 34652

Ph: 727-848-8292 Fax: 727-848-7701 Toll Free: 866-753-8292

hour of onsite labor. Additional labor beyond 1 hour of site time will be billed in accordance with attachment "A".

- 5) List Item I (m), will be billed in accordance with attachment "A".
- 6) Monthly base operations will be billed in a lump sum at the beginning of each month for the services of that month. Ancillary charges or repairs will be billed per occurrence. This proposal assumes the prompt payment of all invoices. Any invoices remaining unpaid 30 days after issued, will be assessed interest at an interest rate of 1.5% per month, (18% annual).
- 7) Contractor shall conduct services with the interest of staff and public safety as a primary focus. It is required by the regulatory agencies, that the Owner in a manner that protects all persons associated with operations or use of facility, must maintain the physical plant of water treatment locations. Contractor will advise Owner of any apparent safety concerns, however this contract is not to imply that Contractor is responsible for any repairs or changes needed to ensure safety at the treatment site.

### III. Insurance

Contractor will carry and maintain throughout the period of the contract at Contractor's sole expense, Commercial General Liability Insurance and Worker's Compensation.

### IV. Duration of Agreement

The stated term of this contract is for one calendar year, and will automatically renew unless otherwise notified by Owner. Contract pricing will adjust yearly during the month of April, at adjusted rates based on annual U.S. Government published CPI (consumer price index). Either party may cancel or terminate this contract for any reason with a ninety-day (90) written notice. Contractor reserves the right to cancel this agreement without ninety-day (90) written notice if Owner's account becomes thirty-day (30) past due. Any notices of cancellation shall be presented by certified mail to:

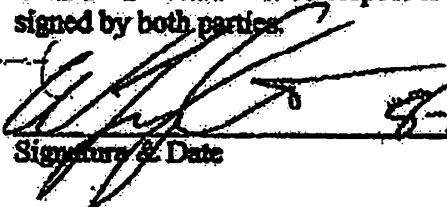
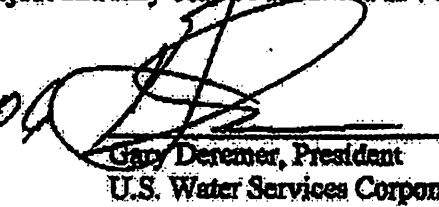
**Owner**  
Neighborhood Utilities  
300 W Adams St. Suite 540  
Jacksonville, FL 34739

**Contractor**  
U.S. Water Services Corporation  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34632

**V. Attorney's Fees**

This Agreement may be enforced in any court of competent jurisdiction in ~~Dade~~ **Dade County, Florida**. The prevailing party in such action shall be entitled to award and reasonable attorney's fees related to litigation. This includes, but is not limited to expenses incurred in any attempt to collect on this contract, interest accumulated, as well as court filing fees.

This proposal, consisting of 3 pages, represents the entire understanding between the Owner and Contractor in respect to the Project and may only be modified in writing and signed by both parties.

 Signature & Date	8-14-09  Gary Deremer, President U.S. Water Services Corporation
---	---

Re: Neighborhood Utilities  
Water Treatment Facility

By: LARRY O'STEEN  
PRINT

Of: Neighborhood Utilities

As: PARTICIPANT

**Billing Address:**

Neighborhood Utilities  
300 W Adams St. Suite 540  
Jacksonville, FL 32202

New

# U.S. Water Services Corporation

## ATTACHMENT A

### SCHEDULE OF SERVICE FEES

Effective April 1, 2006

1	Principal	\$ 155.00 per hour
2	Director of Engineering Services; (Registered Professional Engineer)	\$ 128.00 per hour
3	Engineer III (Registered Professional Engineer)	\$ 109.89 per hour
4	Engineer II	\$ 99.42 per hour
5	Engineer I	\$ 78.49 per hour
6	Sr. Environmental Consultant	\$ 117.00 per hour
7	Hydrogeologist (Registered Professional Geologist)	\$ 110.00 per hour
8	Sr. Project Manager	\$ 130.00 per hour
9	Project Manager / Utility, CIP or PSC Filings	\$ 92.07 per hour
10	Field Inspector	\$ 77.63 per hour
11	Engineering Technician	\$ 54.16 per hour
12	Cad Operator	\$ 62.35 per hour
13	Instrumentation/Control Technician/Maintenance Supervisor	\$ 64.99 per hour
14	Field Coordinator/Tradesman/Chief Mechanic	\$ 53.90 per hour
15	Maintenance Technician	\$ 45.50 per hour
16	Welder/Fabricator	\$ 54.16 per hour
17	Utility Electrician	\$ 56.34 per hour
18	Certified Cross Connection Control Technician (Backflow Prevention Technician)	\$ 59.57 per hour
19	Water and Wastewater Plant Operator (Certified)	\$ 54.16 per hour
20	Water and Wastewater Plant Operator (Apprentice)	\$ 44.41 per hour
21	Administrative Support	\$ 48.75 per hour
22	Materials and reimbursable expenses will be billed at actual cost plus:	25%
23	Automobile Travel Mileage Reimbursement Associated With Consulting Services	\$ 0.42 per mile
24	Disposal Fee for Disposal of Non Hazardous Material and Debris	\$13.02 per visit
25**	Labor Rates of 1.5 times the regular hourly rate will apply under the following circumstances: **Monday - Friday from 4:00pm to 7:00am and Weekends at All Hours	
26	Labor Rates of 2.0 times the regular hourly rate will apply on holidays recognized by US Water.	
27	Operations Supplies provided will be billed at actual cost plus 15%.	

**EQUIPMENT**

28	Confined Space Entry - With Permit and Equipment	\$135.40 per entry
29	Diaphragm Pump Rental	\$ 48.75 per day
30	Submersible Bypass Pump Rental	\$ 54.16 per day
31	Cut Saw Rental	\$ 27.09 per day
32	Cut Saw Blades	\$ 10.84 each
33	Tapping Machine	\$ 27.09 per day
34	Hammer Drill	\$ 54.16 per day
35	Pressure Recorder	\$ 27.09 per day
36	Pressure Washer	\$ 54.16 per day
37	Pressure Jetter	\$ 81.24 per day
38	Cutting Torch	\$ 81.24 per day
39	Crane Truck	\$108.42 per day

Fees are subject to change without notice and are updated annually at a minimum.  
Invoices may be subject to fuel surcharges.

END



Water and Wastewater Utility Operations, Maintenance, Engineering, Management

**Fuel Surcharge Adjustment Notice**

Beginning with the May 1, 2008 billing cycle US Water Services Corporation has adjusted the fuel surcharge as allowed by the contract. This charge compensates US Water for its expense variations created by the ever-changing price of fuel, which is a very important factor in the mobile service we provide. Our company provides a variety of services, to a variety of clients many of which are billed solely at hourly rates. Many customers are government contracts, and rather than adjusting those hourly rates or continually adjusting all-inclusive contracts, the utility industry and its regulators (as well as many other service industries) have adopted the fuel surcharge approach.

The basis for our charge was established in 2005 after absorbing fluctuations prior to 2005 and after determining such costs were not going to decrease. Fuel costs at the pump have increased sharply over the past 12 months and it does not appear that prices will drop to the level they were 12 or even 24 months ago. In July of 2006 the average price per gallon of gasoline was \$2.95. Since then, the price per gallon has risen to an average of \$3.56 per gallon, an increase of 20%. Many forecasts are predicting gasoline prices of more than \$4.00 per gallon this summer.

Although the price for regular grade gasoline currently ranges from \$3.69 on the east coast to \$3.56 on the west coast, we have selected an index price for this adjustment period of \$3.41. This lower price allows for some fluctuation downward so that our customers need not be concerned about the selected index price should pump prices go down. We are assuming the risk for the next twelve months should gasoline prices continue to increase. On the other hand, should prices decrease and remain below the index price we will be pleased to reduce the fuel surcharge accordingly.

The surcharge is adjusted annually based upon our overall business experience on a per trip basis and we have not adjusted the surcharge since gasoline was \$2.95 per gallon, which was in July of 2006. The monthly charges were previously:

1 trip per week —	\$9.97/month	and are now adjusted to:	\$11.39/month
2 trips per week —	\$19.87/month	and are now adjusted to:	\$22.96/month
3 trips per week —	\$29.98/month	and are now adjusted to:	\$34.46/month
4 trips per week —	\$39.94/month	and are now adjusted to:	\$45.94/month
5 trips per week —	\$49.79/month	and are now adjusted to:	\$57.42/month
6 trips per week —	\$59.67/month	and are now adjusted to:	\$68.42/month
7 trips per week —	\$69.85/month	and are now adjusted to:	\$80.39/month

We trust you will find our approach to not fully adjust to today's market price to be reasonable and fair. We recognize the impact that rising fuel costs are having on every aspect of our lives and businesses and we appreciate your understanding in this matter. At US Water we are striving to provide excellent service at a reasonable cost. We take seriously our responsibility to you, our valued customer.

Sincerely,

David B. Schmitz, Sr.

Sr. Vice President



**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: JUNE 2015** 1457

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek			PWS Identification Number: 216-4279		
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 406			Total Population Served at End of Month: 1015		
PWS Owner: Neighborhood Utilities Inc					
Contact Person: Larry O'Steen			Contact Person's Title: Owner		
Contact Person's Mailing Address: 4551 Shirley Ave			City: Jacksonville	State: FL	Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487			Contact Person's Fax Number: 904-387-4761		
Contact Person's E-Mail Address:					

**B. Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP			Plant Telephone Number: 904-387-0487		
Plant Address: 10400 Timber Creek Ln			City: Jacksonville	State: FL	Zip Code: 32202
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400					
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	Stephen Green	C	06622	6 days per week
Other Operators				

**II. Certification by Lead/Chief Operator**

PWS Identification Number: 216-4279

Plant Name: Neighborhood Utilities

III. Daily Data for the Month/Year of: <b>June-15</b>															
Means of Achieving Four-Log Virus Inactivation/Removal: * <b>Free Chlorine</b> <b>Chlorine Dioxide</b> <b>Ozone</b> <b>Combined Chlorine</b>															
Type of Disinfectant Residual Maintained in Distribution System: <b>Free Chlorine</b> <b>Combined Chlorine (Chloramines)</b> <b>Chlorine Dioxide</b>															
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 Calculation 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	
				GPC/Chlorine					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 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 <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	x	24	100,000		2.10									1.30	
2	x	24	66,000		2.20									1.40	
3	x	24	90,000		2.10									1.40	
4	x	24	86,000		2.30									1.40	
5	x	24	90,000		2.00									1.20	
6	x	24	94,000		2.00									1.20	
7		24	94,000												
8	x	24	96,000		2.30									1.30	
9	x	24	89,000		2.00									1.20	
10	x	24	88,000		2.40									1.30	
11	x	24	82,000		2.10									1.20	
12	x	24	86,000		2.30									1.30	
13	x	24	113,500		2.10									1.20	
14		24	113,500												
15	x	24	108,000		1.80									1.00	
16	x	24	97,000		2.10									1.20	
17	x	24	138,000		2.30									1.30	
18	x	24	70,000		2.50									1.50	
19	x	24	86,000		2.30									1.40	
20	x	24	94,500		2.40									1.50	
21		24	94,500												
22	x	24	82,000		2.20									1.30	
23	x	24	82,000		2.40									1.40	
24	x	24	93,000		2.50									1.50	
25	x	24	59,000		2.30									1.40	
26	x	24	101,000		2.50									1.40	
27	x	24	89,500		2.30									1.30	
28		24	89,500												
29	x	24	90,000		2.10									1.20	
30	x	24	71,000		2.00									1.30	
31															
Total			2,733,000												
Average			91,100												
Maximum			138,000												



5-MAILED

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

- 8801 Southpoint Pkwy. Jacksonville, FL 32216 • 904.383.9350 • Fax 904.383.9354 • E82574
8815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
8810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9818 • Fax 813.630.4327 • E84589
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076

J1505200



Advanced Environmental Laboratories, Inc.

Lab Receipt Date & Time: 6/11/15 10:58
Analysis Date & Time: 6/11/15 11:50
Sample Acceptance Criteria:
Sample Preservation: Not On Ice
Disinfectant Check: Not Detected
This Sample does not meet the following NELAC requirements:

Report Number: J1505200 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other

Public Water System (PWS) Name: Neighborhood Utilities-Timbercreek WTP PWS I.D. 216-4279

PWS Address: 10400 Timber Creek LN

City: Jacksonville, FL

PWS or PWS Owner's Phone #: 904-387-0487

Fax #: \_\_\_\_\_

Collector: Steve Green

Collector's Phone #: 904-334-0755

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 all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other

Sample Collection Date: 6-10-2015

DCN#: AD-0045

Effective 01/95, Revised 05/27/10

Table with columns: Sample #, Sample Point (Location or Specific Address), Sample Collection Time, Sample Type, Disinfectant Residual (mg/L), pH, Analysis Method(s), Non-Coliform, Total Coliform, Fecal (E. coli) Enterococci or Coliphage, Data Qualifier, Lab Sample #. Contains 3 rows of data.

Average of disinfectant residuals for distribution routine & repeat samples. Free chlorine or Total chlorine (circle one).

1-Trace

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:

- DPD Colorimetric Other

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# C6622)
Supervised by certified operator (#)
Employed by a certified lab Employed by DEP or DOH
Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report issued: \_\_\_\_\_

Lab Signature: Steve Green

Title: PM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

U.S Water Services
4939 Cross Bayou Blvd.
New Port Richey, Fla 34652
Attn: Robin Higgins

DEP/DOH USE ONLY

- Satisfactory
Incomplete Collection Information
Repeat Samples Required
Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

1 Indicate the sample type for each sample collected. Sample type codes are: O = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)

2 MF-349229 & Q; MTF-62218 & EDARJG; UAGQMJG-614022330; HPC-3462153

3 Please circle appropriate selection

4 Defined in Florida Administrative Code Rule 62-163, Table 1

5 Complete for community & non-transient non-community systems serving populations up to and including 4,000. Do not include raw or plant samples in the average

Relinquish By: Steve Green Date: 6/11/15 Time: 10:58

Received By: Bob Aubrey Date: 6/11/15 Time: 10:58



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 2015 1457

A. Public Water System (PWS) Information

PWS Name: Neighborhood Utilities-Timbercreek PWS Identification Number: 216-4279
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive
Number of Service Connections at End of Month: 406 Total Population Served at End of Month: 1015
PWS Owner: Neighborhood Utilities Inc
Contact Person: Larry O'Steen Contact Person's Title: Owner
Contact Person's Mailing Address: 4551 Shirley Ave City: Jacksonville State: FL Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487 Contact Person's Fax Number: 904-387-4761
Contact Person's E-Mail Address:

B. Water Treatment Plant Information

Plant Name: Neighborhood Utilities-Timbercreek WTP Plant Telephone Number: 904-387-0487
Plant Address: 10400 Timber Creek Ln City: Jacksonville State: FL Zip Code: 32202
Type of Water Treated by Plant: [X] Raw Ground [ ] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C

Table with 4 columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Includes entry for Stephen Green, License Class C, License Number 06622, 6 days per week.

II. Certification by Lead/Chief Operator

, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true 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.

*Steve Green 6-3-15*  
Signature and Date

Steve Green  
Printed or Typed Name

C 06622  
License Number



**DRINKING WATER MICROBIAL SAMPLING COLLECTION & LABORATORY REPORTING FORMAT**

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574  
 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001  
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535  
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589  
 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



**Advanced Environmental Laboratories, Inc.**

Report Number: J1504060 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities-Timbercreek WTP PWS I.D. 216-4279

PWS Address: 10400 Timber Creek LN

City: Jacksonville, FL

PWS or PWS Owner's Phone #: 904-387-0487

Fax #: \_\_\_\_\_

Collector: Steve Green

Collector's Phone #: 904-334-0755

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 all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 5-7-2011

DCN#: AD-D045

Effective 01/95, Revised 05/27/10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9223B, SM9223B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL	0937	R	N/A		A	A		005	
2	10426 Timbercreek	0915	D	1.9		A	A		006	
3	2032 Timbercreek C North	0921	D	1.7		A	A		007	

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.8 mg/L

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# 1-6672)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: Steve Green  
 Title: PM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
 U.S. Water Services  
 4939 Cross Bayou Blvd.  
 New Port Richey, Fla 34652  
 Attn: Robin Higgins

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Test, S = Special (tolerance, etc.).  
<sup>2</sup> MF=9222B & D; MTF=9221B & E; OMIUG; MAIOMUG=SM9223B; HPC=HMC215D  
<sup>3</sup> Please circle appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,500. Do not include raw or plant samples in the average

Relinquish By: Steve Green Date: 5/7/11 Time: 10:41  
 Received By: Bruce O'Leary Date: 5/7/11 Time: 10:41

**E-MAILED**  
**J1504060**



# 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 2015 1457

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek		PWS Identification Number: 216-4279	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 406		Total Population Served at End of Month: 1015	
PWS Owner: Neighborhood Utilities Inc			
Contact Person: Larry O'Steen		Contact Person's Title: Owner	
Contact Person's Mailing Address: 4551 Shirley Ave		City: Jacksonville	State: FL Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487		Contact Person's Fax Number: 904-387-4761	
Contact Person's E-Mail Address:			

**Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP		Plant Telephone Number: 904-387-0487	
Plant Address: 10400 Timber Creek Ln		City: Jacksonville	State: FL Zip Code: 32202
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400			
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	Stephen Green	C	06622	6 days per week
Other Operators				

**II. Certification by Lead/Chief Operator**



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



**Advanced Environmental Laboratories, Inc.**

**MAILED**

Write Project # or Place Project Label Here  
J1503121

Lab Receipt Date & Time: 4-8-15 12:53  
 Analysis Date & Time: 4/9/15 1206  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: J1503121 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities-Timbercreek WTP PWS I.D. 216-4279

PWS Address: 10400 Timber Creek LN

City: Jacksonville, FL

PWS or PWS Owner's Phone #: 904-387-0487

Fax #: \_\_\_\_\_

Collector: Steve Green

Collector's Phone #: 904-334-0755

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 all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 4-8-2015

DCN#: AD-D045 Effective 01/95, Revised 05/27/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>SM9223B, SM9223B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>2</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL	10:36	R	N/A			A	A		005
2	11631 Cherokee Cove Dr	10:47	D	1.7			A	A		006
3	2270 Cherokee Cove Trl	10:53	D	1.4			A	A		007

Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one). 2.55 mg/L

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:

- DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):

- A certified operator (# 1-6622)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: [Signature]

Title: PM

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
 U.S. Water Services  
 4939 Cross Bayou Blvd.  
 New Port Richey, Fla 34652  
 Attn: Robin Higgins

DEP/DOH USE ONLY

- Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.)

<sup>2</sup> MF=SM9222B & D; MTF=9221B & E; CMJG; LMOMJG=SM9223B; HPC=SM92159

<sup>3</sup> Please circle appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average

Relinquish By: Steve Green Date: 4/8/15 Time: 12:03  
 Received By: [Signature] Date: 4-8-15 Time: 12:53





## 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: **MARCH 2015**

#### A. Public Water System (PWS) Information

PWS Name: Neighborhood Utilities-Timbercreek		PWS Identification Number: 216-4279	
PWS Type: <input checked="checked" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 406		Total Population Served at End of Month: 1015	
PWS Owner: Neighborhood Utilities Inc			
Contact Person: Larry O'Steen		Contact Person's Title: Owner	
Contact Person's Mailing Address: 4551 Shirley Ave		City: Jacksonville	State: FL Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487		Contact Person's Fax Number: 904-387-4761	
Contact Person's E-Mail Address:			

#### B. Water Treatment Plant Information

Plant Name: Neighborhood Utilities-Timbercreek WTP		Plant Telephone Number: 904-387-0487	
Plant Address: 10400 Timber Creek Ln		City: Jacksonville	State: FL Zip Code: 32202
Type of Water Treated by Plant: <input checked="checked" type="checkbox"/> Raw Ground		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400			
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:	Stephen Green	C	06622	6 days per week
Other Operators				

### 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.

Steve Green 4-2-15  
Signature and Date

Steve Green  
Printed or Typed Name

C 06622  
License Number



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



Advanced Environmental Laboratories, Inc.

Report Number: J1502132 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/E. coli
- Total Coliform/Fecal
- Enterococci
- Coliphage
- HPC
- Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities-Timbercreek WTP PWS I.D. 216-4279

PWS Address: 10400 Timber Creek LN

City: Jacksonville, FL

PWS or PWS Owner's Phone #: 904-387-0487

Fax #: \_\_\_\_\_

Collector: Steve Green

Collector's Phone #: 904-334-0755

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 all that apply)

- Distribution Routine
- Distribution Repeat
- Raw (triggered or assessment)
- Raw (triggered or assessment) additional
- Well Survey
- Clearance
- Replacement (also check type of sample being replaced)
- Boil Water Notice
- Other: \_\_\_\_\_

Sample Collection Date: 3-9-2015

DCN#: AD-D045

Effective 01/95, Revised 05/27/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9222c</u>				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL	14:13	R	N/A			A	A		001
2	10422 Rothburg	14:07	D	1.9			A	A		002
3	2136 Rothburg Dr	14:22	D	2.1			A	A		003

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 2.0 mg/L

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-6622)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: [Signature]  
 Title: PM

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
 U.S Water Services  
 4939 Cross Bayou Blvd.  
 New Port Richey, Fla 34652  
 Attn: Robin Higgins

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
<sup>2</sup> NSF-582225 & D; MTF-9221B & ECOMUG; MMDMUG-5492220B; HPC-546215B  
<sup>3</sup> Please circle appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average

Relinquish By: STEVE GREEN Date: 3-10-15 Time: 08:22  
 Received By: [Signature] Date: 3-10-15 Time: 8:22

**J1502132**  
**E-MAILED**



# 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 2015**

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek		PWS Identification Number: 216-4279	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 406		Total Population Served at End of Month: 1015	
PWS Owner: Neighborhood Utilities Inc			
Contact Person: Larry O'Steen		Contact Person's Title: Owner	
Contact Person's Mailing Address: 4551 Shirley Ave		City: Jacksonville	State: FL
Contact Person's Telephone Number: 904-387-0487		Zip Code: 32210	
Contact Person's E-Mail Address:		Contact Person's Fax Number: 904-387-4761	

**B. Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP		Plant Telephone Number: 904-387-0487	
Plant Address: 10400 Timber Creek Ln		City: Jacksonville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400			
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 Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Stephen Green	C	06622	6 days per week
Other Operators				

**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.

*Steve Green 3-4-15*  
Signature and Date

Steve Green  
Printed or Typed Name

C 06622  
License Number

PWS Identification Number: 216-4279

Plant Name: Neighborhood Utilities

III. Daily Data for the Month/Year of: February-15				X Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine			
Means of Achieving Four-Log Virus Inactivation/Removal: *				Other (Describe):									
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide					
Day of the Month	Days Plant Started to Operate Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CF Calculations on UV Dose to Determine Four-Log Virus Inactivation, if Applicable								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 (CT) 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 <sup>2</sup>		Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1		24	91,000										
2	x	24	67,000		2.90							1.50	
3	x	24	67,000		2.70							1.40	
4	x	24	67,000		3.00							1.70	
5	x	24	76,000		2.80							1.60	
6	x	24	58,000		3.10							1.80	
7	x	24	78,000		3.00							1.50	
8		24	78,000										
9	x	24	75,000		2.70							1.80	
10	x	24	58,000		2.90							1.80	
11	x	24	68,000		2.80							1.60	
12	x	24	67,000		3.00							1.70	
13	x	24	55,000		3.20							1.90	
14	x	24	74,000		3.00							1.70	
15		24	74,000										
16	x	24	82,000		2.80							1.50	
17	x	24	52,000		2.60							1.30	
18	x	24	75,000		2.90							1.60	
19	x	24	78,000		3.10							1.70	
20	x	24	70,000		3.00							1.50	
21	x	24	75,000		3.00							1.50	
22		24	75,000										
23	x	24	72,000		3.20							1.70	
24	x	24	55,000		2.90							1.50	
25	x	24	65,000		2.80							1.40	
26	x	24	68,000		3.00							1.60	
27	x	24	67,000		3.30							1.70	
28	x	24	78,500		3.00							1.50	
29													
30													
31													
Total			1,965,500										
Average			70,196										
Maximum			91,000										

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

6801 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.383.9354 • E82574  
 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001  
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535  
 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.8810 • Fax 813.630.4327 • E84589  
 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E63076

**E-MAILED**

Write Project # or Place Project Label Here

J1501197



**Advanced Environmental Laboratories, Inc.**

Report Number: J1501197 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities-Timbercreek WTP PWS I.D. 216-4279

PWS Address: 10400 Timber Creek Ln

City: Jacksonville, FL

PWS or PWS Owner's Phone #: 904-387-0487

Fax #: \_\_\_\_\_

Collector: Steve Green

Collector's Phone #: 904-334-0755

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 all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 2-9-2015

DCN#: AD-0045

Effective 01/85, Revised 05/27/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9222B</u>				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> Enterococci or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL	10:43	R	N/A			A	A		005
2	2178 Rothburg	10:51	D	1.8			A	A		006
3	10519 Timber Creek Ln	10:59	D	2.0			A	A		007

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.9 mg/L

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-6622)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
 U.S. Water Services  
 4839 Cross Bayou Blvd.  
 New Port Richey, Fla 34862  
 Attn: Robin Higgins

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: [Signature]  
 Title: pm

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (for/line compliance), C = Repeat/Check, R = Raw, H = Entry Point to Distribution, P = Plant Test, O = Special (clarification, etc.).

Relinquish By: Steve Green Date: 2-9-15 Time: 12:15  
 Received By: [Signature] Date: 2-9-15 Time: 12:19

<sup>2</sup> UF-646222B & D: MTF#62118 & ECOMA, 10/03/03-04-05/222B: HPC-64221C  
<sup>3</sup> Please circle appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-190, Table 1  
<sup>5</sup> Compliance for community & non-transient non-community systems serving populations up to and including 4,800. Do not include raw or plant samples in the average.





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 2015

A. Public Water System (PWS) Information

PWS Name: Neighborhood Utilities-Timbercreek		PWS Identification Number: 216-4279	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 406		Total Population Served at End of Month: 1015	
PWS Owner: Neighborhood Utilities Inc			
Contact Person: Larry O'Steen		Contact Person's Title: Owner	
Contact Person's Mailing Address: 4551 Shirley Ave		City: Jacksonville	State: FL Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487		Contact Person's Fax Number: 904-387-4761	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Neighborhood Utilities-Timbercreek WTP		Plant Telephone Number: 904-387-0487	
Plant Address: 10400 Timber Creek Ln		City: Jacksonville	State: FL Zip Code: 32202
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400			
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	Stephen Green	C	06622	6 days per week
Other Operators				

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.

Steve Green 2-3-15  
Signature and Date

Steve Green  
Printed or Typed Name

C 06622  
License Number



**DRINKING WATER MICROBIAL SAMPLING COLLECTION & LABORATORY REPORTING FORMAT**

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33610 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076



Advanced Environmental Laboratories, Inc.

**E-MAILED**

Write Project # or Place Project Label Here  
J1500176

Lab Receipt Date & Time: 1-7-15 14:09  
 Analysis Date & Time: 1-7-15 16:00  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

- Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities-Timbercreek WTP PWS I.D. 216-4279

PWS Address: 10400 Timber Creek LN

City: Jacksonville, FL

PWS or PWS Owner's Phone #: 904-387-0487

Fax #: \_\_\_\_\_

Collector: Steve Green

Collector's Phone #: 904-334-0755

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 all that apply)

- Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey
- Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 1-7-2015

DCN#: AD-D045 Effective 01/95, Revised 05/27/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9222B</u>				
						Non-Coliform	Total Coliform	Fecal <i>E. coli</i> / Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL	10:57	R	N/A			A	A		005
2	10422 Rothbury Dr	10:41	D	1.9			A	A		006
3	10519 Timber Creek	10:49	D	2.3			A	A		007

Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> Free chlorine or Total chlorine (circle one). 2.1 mg/L

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-6022)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: Steve Green  
 Title: PM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
 U.S Water Services  
 4939 Cross Bayou Blvd.  
 New Port Richey, Fla 34652  
 Attn: Robin Higgins

DEP/DOH USE ONLY  
 Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

Relinquish By: Steve Green Date: 1-7-15 Time: 14:09  
 Received By: [Signature] Date: 1-7-15 Time: 14:09

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, B = Special (clearance, etc).  
<sup>2</sup> MF-6M9222B & D; MTF-9221D & E; CQM/JG; MCM/JG-8K92223B; 1E-C-SM92109  
<sup>3</sup> Please circle appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average



**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 2014**

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek		PWS Identification Number: 216-4279	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 406		Total Population Served at End of Month: 1015	
PWS Owner: Neighborhood Utilities Inc			
Contact Person: Larry O'Steen		Contact Person's Title: Owner	
Contact Person's Mailing Address: 4551 Shirley Ave		City: Jacksonville	State: FL Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487		Contact Person's Fax Number: 904-387-4761	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP		Plant Telephone Number: 904-387-0487		
Plant Address: 10400 Timber Creek Ln		City: Jacksonville	State: FL Zip Code: 32202	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400				
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	Quincy Jones	C	14369	6 days per week
Other Operators				

**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.

*Quincy Jones* 1-2-15  
Signature and Date

QUINCY JONES  
Printed or Typed Name

C - 14369  
License Number

PWS Identification Number: 216-4279

Plant Name: Neighborhood Utilities-Timbercreek WTP

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \***

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, %<sup>†</sup> =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %<sup>†</sup> =

C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO<sub>2</sub> =

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

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





**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574  
 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001  
 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535  
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589  
 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076

**J1411407**  
**E-MAILED**



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 12-10-14 13:12  
 Analysis Date & Time: 12-10-14 15:00  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  3°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements:

Report Number: \_\_\_\_\_ Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)  
 Total Coliform/*E. coli*  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities-Timbercreek WTP PWS I.D. 216-4279

PWS Address: 10400 Timber Creek LN City: Jacksonville, FL

PWS or PWS Owner's Phone #: 904-387-0487 Fax #: \_\_\_\_\_

Collector: Steve Green Collector's Phone #: 904-334-0755

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 12-10-2014 DCN#: AD-D045 Effective 01/95, Revised 05/27/10

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM 9223B, SM 9223B</u>				
						Non-Coliform	Total Coliform	Fecal ( <i>E. coli</i> ), Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	WELL	12:09	R	N/A			A	A		001
2	2116 Rothbury	12:15	D	2.1			A	A		002
3	10404 Rothbury	12:22	D	1.8			A	A		003

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.95 mg/L

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-6622)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_

Lab Signature: Steve Green  
 Title: PM

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
 U.S Water Services  
 4939 Cross Bayou Blvd.  
 New Port Richey, Fla 34652  
 Attn: Robin Higgins

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
<sup>2</sup> NSF-542228 & D; MTF-9221B & ECOMUG; IMACHUG-9462223B; HPC-6M2156  
<sup>3</sup> Please choose appropriate selection  
<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1  
<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,300. Do not include raw or plant tap to the average

Relinquish By: Steve Green Date: 12-10-14 Time: 13:12  
 Received By: [Signature] Date: 12-10-14 Time: 13:12



**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 2014**

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek			PWS Identification Number: 216-4279		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 406			Total Population Served at End of Month: 1015		
PWS Owner: Neighborhood Utilities Inc					
Contact Person: Larry O'Steen			Contact Person's Title: Owner		
Contact Person's Mailing Address: 4551 Shirley Ave			City: Jacksonville		State: FL    Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487			Contact Person's Fax Number: 904-387-4761		
Contact Person's E-Mail Address:					

**Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP			Plant Telephone Number: 904-387-0487		
Plant Address: 10400 Timber Creek Ln			City: Jacksonville		State: FL    Zip Code: 32202
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400					
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Operator	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Quincy Jones	C	14369	6 days per week
Other Operator				

**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.

Quincy Jones 12-3-14  
Signature and Date

QUINCY JONES  
Printed or Typed Name

C - 14369  
License Number

→



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.8354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.888.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Sta. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



Advanced  
Environmental Laboratories, Inc.

Write Project # or Place Project Label Here  
J1410276

Lab Receipt Date & Time: 11/6/14 9:50  
 Analysis Date & Time: 11/6-14 11:07  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4 °C  
 Disinfectant Check:  Not Detected   
 This Sample does not meet the following NELAC requirements:

Report Number: J1410276 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: NEIGHBORHOOD UTILITIES PWS I.D.: 2164279

PWS Address: 10400 TIMBER CREEK LANE City: JACKSONVILLE

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: QUINCY JONES Collector's Phone #: 305-338-0515

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 all that apply)

Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 11-5-14

DCN#: AD-D045

Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>1</sup> <u>SM52225</u>			Data Qualifier <sup>4</sup>	Lab Sample #
						Non-Coliform	Total Coliform	Fecal E. coli <sup>2</sup> Enterococci, or Coliphage <sup>3</sup>		
19	WELL	1725	R	0		A	A			019
20	1960 BLAIR ROAD	1730	D	2.0		A	A			020
21	10490 TIMBER CREEK	1735	D	2.1		A	A			021

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one). 2.0

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# 214369)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: [Signature]  
 Title: PM

INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT  
US WATER SERVICES  
4939 CROSS BAYOU BLVD  
NEW PT. RICHEY FL 34652

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: QUINCY JONES  
 Date: 11-6-14 Time: 09:50  
 Received By: [Signature]  
 Date: 11/6/14 Time: 9:50



**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 2014**

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek			PWS Identification Number: 216-4279		
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 406			Total Population Served at End of Month: 1015		
PWS Owner: Neighborhood Utilities Inc					
Contact Person: Larry O'Steen			Contact Person's Title: Owner		
Contact Person's Mailing Address: 4551 Shirley Ave			City: Jacksonville		State: FL Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487			Contact Person's Fax Number: 904-387-4761		
Contact Person's E-Mail Address:					

**B. Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP			Plant Telephone Number: 904-387-0487		
Plant Address: 10400 Timber Creek Ln			City: Jacksonville		State: FL Zip Code: 32202
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400					
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C		

License Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	David Haring	B	14091	6 days per week
Other Operators				

**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.

*David Haring 11-4-14*

Signature and Date

David Haring

Printed or Typed Name

B - 14091

License Number





**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6839 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



**Advanced Environmental Laboratories, Inc.**

Write Project # or Place Project Label Here  
J1409068

Lab Receipt Date & Time: 10-2-14 14:45  
 Analysis Date & Time: 10-2-14 16:30  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4°C  
 Disinfectant Check:  Not Detected  7  
 This Sample does not meet the following NELAC requirements:

Report Number: J1409068 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities PWS I.D.: 2164279

PWS Address: 10400 Timber Creek Ln City: Jacksonville

PWS or PWS Owner's Phone #: 904-350-9824 Fax #: 904-771-8200

Collector: DAVID HARING Collector's Phone #: 386-937-1091

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 10-2-14 DCN#: AD-D045 Effective 01/95, Electronic Revision 11/04/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time (24 hr clock)	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>4</sup>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
NH-1	WELL	13:20	R	/	/		A	A		017
NH-2	2135 Rothbury Dr	13:00	D	2.0	/		A	A		018
NH-3	10490 Timber Creek Ln	13:08	D	2.2	/		A	A		019

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup>  Free chlorine or  Total chlorine (check one). 2.1

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# B-14091)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: David Haring  
 Title: \_\_\_\_\_

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
 U.S. WATER SERVICES  
 4939 CROSS BAYOU BLVD  
 NEW PORT RICHEY FL 34652  
 ATTN: Robin Higgins

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: David Haring  
 Date: 10-2-14 Time: 14:45  
 Received By: [Signature]  
 Date: 10-2-14 Time: 14:45



**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 2014**

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek			PWS Identification Number: 216-4279		
PWS Type: <input checked="" type="checkbox"/> Community			<input type="checkbox"/> Non-Transient Non-Community		
<input type="checkbox"/> Transient Non-Community			<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 406			Total Population Served at End of Month: 1015		
PWS Owner: Neighborhood Utilities Inc					
Contact Person: Larry O'Steen			Contact Person's Title: Owner		
Contact Person's Mailing Address: 4551 Shirley Ave			City: Jacksonville		State: FL
Contact Person's Telephone Number: 904-387-0487			Contact Person's Fax Number: 904-387-4761		
Contact Person's E-Mail Address:					

**Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP			Plant Telephone Number: 904-387-0487		
Plant Address: 10400 Timber Creek Ln			City: Jacksonville		State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground			<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400					
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	Quincy Jones	C	14369	6 days per week
Other Operators				

**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.

Quincy Jones 10-3-14  
Signature and Date

QUINCY JONES  
Printed or Typed Name

C - 14369  
License Number



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 4965 SW 41st Blvd • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. Northlake Blvd., Ste. 1010 • Altamonte Springs, FL 32701 • 407.937.1594 • E53076
- 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275 • E811095



**Advanced Environmental Laboratories, Inc.**

Report Number: J1408189 Sub-Contract Lab ID: \_\_\_\_\_

Write Project # or Place Project Label Here  
J1408189

Lab Receipt Date & Time: 9/9/14 904  
 Analysis Date & Time: 9/9/14 12:14  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice  4°C  
 Disinfectant Check:  Not Detected X 20.2 mg/L  
 This Sample does not meet the following NELAC requirements:  
-013, -014

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: NEIGHBORHOOD UTILITIES PWS I.D.: 216 4279  
 PWS Address: 4551 SHIRLEY AVE City: JACKSONVILLE

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Collector: QUINCY JONES Collector's Phone #: 305-338-0515

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 9-8-14

DCN#: AD-D045 Effective 01/95, Revised 09/19/2012

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM9228</u>				
						Nori-Coliform	Total Coliform	Fecal (E. coli) Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
12	WELL	1735	R	0		A	A		012	
13	CLAYTON EST. #31	1725	D	1.6		A	A		013	
14	CLAYTON EST. MEMS ROOM	1730	D	1.7		A	A		014	

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one). 1.6

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_  
 Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# 214369)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.  
 Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
US WATER SERVICE  
4939 CROSS BAYOU BLVD  
NEW PT RICHEY FL 32652

Satisfactory DEP/DOH USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

1. Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).  
 2. Lab certification number for the listed method is included at top with the laboratory address.  
 3. Please circle appropriate selection.  
 4. Defined in Florida Administrative Code Rule 62-160, Table 1.  
 5. Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.  
 Results Key: A = Coliforms are absent; P = Coliforms are present; C = confluent growth; TNTC = too numerous to count (62-550.730 Reporting Format).

Relinquish By: QUINCY JONES  
 Date: 9-9-14 Time: 9:04  
 Received By: \_\_\_\_\_  
 Date: 9/9/14 Time: 904



## 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 2014

#### A. Public Water System (PWS) Information

PWS Name: Neighborhood Utilities-Timbercreek		PWS Identification Number: 216-4279	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 406		Total Population Served at End of Month: 1015	
PWS Owner: Neighborhood Utilities Inc			
Contact Person: Larry O'Steen		Contact Person's Title: Owner	
Contact Person's Mailing Address: 4551 Shirley Ave		City: Jacksonville	State: FL
Contact Person's Telephone Number: 904-387-0487		Zip Code: 32210	
Contact Person's E-Mail Address:		Contact Person's Fax Number: 904-387-4761	

#### B. Water Treatment Plant Information

Plant Name: Neighborhood Utilities-Timbercreek WTP		Plant Telephone Number: 904-387-0487	
Plant Address: 10400 Timber Creek Ln		City: Jacksonville	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400			
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
Lead/Chief Operator	Quincy Jones	C	14369
Day(s)/Shift(s) Worked	6 days per week		
Other Operators			

### II. Certification by Lead/Chief Operator



**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

**J1406955**

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.963.9350 • Fax 904.963.9354 • E#2574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E#2001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E#2535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.830.9618 • Fax 813.830.4327 • E#4589
- 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.897.1594 • E#5076



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 8/5/14 8:20  
 Analysis Date & Time: 8/5/14 10:59  
 Sample Acceptance Criteria: \_\_\_\_\_  
 Sample Preservation:  On Ice  Not On Ice  4°C  
 Disinfectant Check:  Not Detected  \_\_\_\_\_  
 This Sample does not meet the following NELAC requirements: \_\_\_\_\_

Report Number: J1406955 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other: \_\_\_\_\_

Public Water System (PWS) Name: Neighborhood Utilities PWS ID: 2164279

PWS Address: 10400 Timber Creek Lane City: Jacksonville

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Collector: Darrell Telfair Collector's Phone #: 904-535-2742

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 8-4-14 DCNR: AD-004 Effective 01/95, Revised 05/02/10

Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <u>5492228</u>				
						Non-Coliform	Total Coliform	Fecal E. coli, Enterococci, or Coliphage	Data Qualifier	Lab Sample #
1	Well	1025	R	0		A	A		001	
2	1960 Blair Rd	1031	D	1.6		A	A		002	
3	10508 Epson Lane	1036	D	1.4		A	A		003	

Average of disinfectant residuals for distribution routine & repeat samples: (Free chlorine) or Total chlorine (circle one): 1.5

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-13304)  
 Supervised by certified operator (# \_\_\_\_\_)  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

(INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT)  
U.S. Water Services Corporation  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

\* Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (positive samples), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Trip, S = Special (cleanse, etc.)

Relinquish By: Darrell Telfair Date: 8-5-14 Time: 8:20  
 Received By: [Signature] Date: 8/5/14 Time: 8:20





**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 2014**

**A. Public Water System (PWS) Information**

PWS Name: Neighborhood Utilities-Timbercreek			PWS Identification Number: 216-4279		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: 406			Total Population Served at End of Month: 1015		
PWS Owner: Neighborhood Utilities Inc					
Contact Person: Larry O'Steen			Contact Person's Title: Owner		
Contact Person's Mailing Address: 4551 Shirley Ave			City: Jacksonville		State: FL    Zip Code: 32210
Contact Person's Telephone Number: 904-387-0487			Contact Person's Fax Number: 904-387-4761		
Contact Person's E-Mail Address:					

**B. Water Treatment Plant Information**

Plant Name: Neighborhood Utilities-Timbercreek WTP			Plant Telephone Number: 904-387-0487		
Plant Address: 10400 Timber Creek Ln			City: Jacksonville		State: FL    Zip Code: 32202
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 158400					
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	Quincy Jones	C	14369	6 days per week	
Other Operators					

**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.

*Quincy Jones 8-4-14*  
Signature and Date

QUINCY JONES  
Printed or Typed Name

C - 14369  
License Number

PWS Identification Number: 216-4279  
 Plant Name: Neighborhood Utilities

III. Daily Data for the Month/Year of:

July-14

Means of Achieving Four-Log Virus Inactivation/Removal: \*  
 Ultraviolet Radiation

Other (Describe):

x Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine

Type of Disinfectant Residual Maintained in Distribution System:

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable.

Day of the Month	Day of the Month	Hour of the Day	Quantity of Disinfectant Applied, mg/L	CT Calculations						Minimum UV Dose Required, sec/cm	Minimum UV Dose Required, mW-sec/cm	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Disinfectant Concentration (C) Behind First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at 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
1	x	24	76,000		1.50								
2	x	24	53,000		1.50							1.10	
3	x	24			1.80							0.90	
4	x	24			1.90							1.20	
5	x	24			1.90							1.40	
6	x	24			2.00							1.20	
7	x	24	1,000		2.00							1.50	
8	x	24	110,000		1.90							1.50	
9	x	24	88,000		2.00							1.40	
10	x	24	76,000		2.10							1.50	
11	x	24	43,000		2.10							1.30	
12	x	24	78,000		2.30							1.40	
13		24	78,000									1.80	
14	x	24	60,000		2.20								
15	x	24	73,000		2.40							1.80	
16	x	24	71,000		2.30							1.60	
17	x	24	68,000		2.40							1.60	
18	x	24	83,666		2.30							1.70	
19	x	24	83,666		2.20							1.60	
20		24	83,666									1.50	
21	x	24	77,000		2.40								
22	x	24	79,000		2.30							1.60	
23	x	24	74,000		2.30							1.60	
24	x	24	77,000		2.20							1.50	
25	x	24	89,666		2.30							1.60	
26	x	24	89,666		2.20							1.50	
27		24	89,666									1.40	
28	x	24	69,000		2.30								
29	x	24	77,000		2.40							1.50	
30	x	24	111,000		2.20							1.60	
31	x	24	46,000		0.80							1.70	
Total			2,004,996									0.30	
Average			64,677										
Maximum			111,000										

Handwritten calculations:

$$\begin{array}{r} 53000 \\ 110000 \\ \hline 164000 \end{array}$$

$$\begin{array}{r} 75000 \\ \times 7 \\ \hline 525000 \\ 164000 \\ \hline 361000 \end{array}$$

**DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT**

- 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
- 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
- 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 • E82535
- 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
- 528 S. North Lake Blvd., Sta. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • E53078

J1405870



**Advanced Environmental Laboratories, Inc.**

Lab Receipt Date & Time: 7/2/14 8:10  
 Analysis Date & Time: 7/2/14 11:07  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not On Ice 4 °C  
 Disinfectant Check:  Not Detected   
 This Sample does not meet the following NELAC requirements:

Report Number: J1405870 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)  
 Total Coliform/E. coli  Total Coliform/Fecal  Enterococci  Coliphage  HPC  Other:

Public Water System (PWS) Name: Neighborhood Utilities PWS I.D. 2164279

PWS Address: 10400 Timber Creek Lane City: Jacksonville

PWS or PWS Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Collector: Darrell Telfair Collector's Phone #: 904-535-2742

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 all that apply)  
 Distribution Routine  Distribution Repeat  Raw (triggered or assessment)  Raw (triggered or assessment) additional  Well Survey  
 Clearance  Replacement (also check type of sample being replaced)  Boil Water Notice  Other: \_\_\_\_\_

Sample Collection Date: 7-1-14 DCNF: AD-0045 Effective 01/95, Revised 06/02/10

To be completed by collector of sample:						To be completed by lab:				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s) <sup>2</sup> <u>SM922B</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
1	Well	0945	R	0			A	A		001
2	2135 Rothbury Drive	0950	D	1.3			A	A		002
3	10490 Timber Creek Lane	0957	D	1.1			A	A		003
Average of disinfectant residuals for distribution routine & repeat samples. <sup>5</sup> (Free chlorine) or Total chlorine (circle one).						1.2				

Disinfectant Residual Analysis Method:  
 DPD Colorimetric  Other: \_\_\_\_\_

Person performing disinfectant analysis is (Check one of below):  
 A certified operator (# C-13364)  
 Supervised by certified operator (# \_\_\_\_\_).  
 Employed by a certified lab  Employed by DEP or DOH  
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_  
 Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_  
 Date Report Issued: \_\_\_\_\_  
 Lab Signature: [Signature]  
 Title: \_\_\_\_\_

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]  
U.S. Water Services Corporation  
4939 Cross Bayou Blvd.  
New Port Richey, FL 34652

DEP/DOH USE ONLY

Satisfactory  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc).  
<sup>2</sup> MCL-00999 & MCL-00718 & FORM BY MICHAE KESLER/27/02 HPC-08/21/08

Relinquish By: Darrell Telfair Date: 7-2-14 Time: 8:10  
 Received By: [Signature] Date: 7-2-14 Time: 8:10

UTILITY NAME: Neighborhood Utilities, Inc.

YEAR OF REPORT DECEMBER 31, 2014
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**WATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$	\$	\$	\$
302	Franchises	243			243
303	Land and Land Rights	1000			1000
304	Structures and Improvements	6922			6922
305	Collecting and Impounding Reservoirs	119248			119248
306	Lake, River and Other Intakes				
307	Wells and Springs	37693			37693
308	Infiltration Galleries and Tunnels				
309	Supply Mains				
310	Power Generation Equipment				
311	Pumping Equipment	54498			54498
320	Water Treatment Equipment	23225			23225
330	Distribution Reservoirs and Standpipes				
331	Transmission and Distribution Lines	246177			246177
333	Services	60564			60564
334	Meters and Meter Installations	46129	153	135	46147
335	Hydrants	35512			35512
336	Backflow Prevention Devices				
339	Other Plant and Miscellaneous Equipment	13921			13921
340	Office Furniture and Equipment	1417			1417
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	<b>Total Water Plant</b>	<b>\$ 646549</b>	<b>\$ 153</b>	<b>\$ 135</b>	<b>\$ 646567</b>

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC.

<b>YEAR OF REPORT</b> December 31, 2013
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**WATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization_____	\$ _____	\$ _____	\$ _____	\$ _____
302	Franchises_____	243	_____	_____	243
303	Land and Land Rights_____	1000	_____	_____	1000
304	Structures and Improvements_____	6922	_____	_____	6922
305	Collecting and Impounding Reservoirs_____	119248	_____	_____	119248
306	Lake, River and Other Intakes_____	_____	_____	_____	_____
307	Wells and Springs_____	37693	_____	_____	37693
308	Infiltration Galleries and Tunnels_____	_____	_____	_____	_____
309	Supply Mains_____	_____	_____	_____	_____
310	Power Generation Equipment_____	_____	_____	_____	_____
311	Pumping Equipment_____	54498	_____	_____	54498
320	Water Treatment Equipment_____	23225	_____	_____	23225
330	Distribution Reservoirs and Standpipes_____	_____	_____	_____	_____
331	Transmission and Distribution Lines_____	246177	_____	_____	246177
333	Services_____	60564	_____	_____	60564
334	Meters and Meter Installations_____	46039	180	_____	46129
335	Hydrants_____	35512	_____	_____	35512
336	Backflow Prevention Devices_____	_____	_____	_____	_____
339	Other Plant and Miscellaneous Equipment_____	13921	_____	_____	13921
340	Office Furniture and Equipment_____	1417	_____	_____	1417
341	Transportation Equipment_____	_____	_____	_____	_____
342	Stores Equipment_____	_____	_____	_____	_____
343	Tools, Shop and Garage Equipment_____	_____	_____	_____	_____
344	Laboratory Equipment_____	_____	_____	_____	_____
345	Power Operated Equipment_____	_____	_____	_____	_____
346	Communication Equipment_____	_____	_____	_____	_____
347	Miscellaneous Equipment_____	_____	_____	_____	_____
348	Other Tangible Plant_____	_____	_____	_____	_____
	<b>Total Water Plant_____</b>	<b>\$ 646459</b>	<b>\$ 180</b>	<b>\$ _____</b>	<b>\$ 646549</b>

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC

YEAR OF REPORT  
DECEMBER 31, 2012

WATER UTILITY PLANT ACCOUNTS

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$	\$	\$	\$
302	Franchises	243			243
303	Land and Land Rights	1000			1000
304	Structures and Improvements	6922			6922
305	Collecting and Impounding Reservoirs	119248			119248
306	Lake, River and Other Intakes				
307	Wells and Springs	37693			37693
308	Infiltration Galleries and Tunnels				
309	Supply Mains				
310	Power Generation Equipment				
311	Pumping Equipment	54498			54498
320	Water Treatment Equipment	23225			23225
330	Distribution Reservoirs and Standpipes				
331	Transmission and Distribution Lines	246177			246177
333	Services	60564			60564
334	Meters and Meter Installations	45767	272		46039
335	Hydrants	35512			35512
336	Backflow Prevention Devices				
339	Other Plant and Miscellaneous Equipment	13921			13921
340	Office Furniture and Equipment	1417			1417
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	Total Water Plant	\$ 646187	\$ 272	\$	\$ 646459

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2011

WATER UTILITY PLANT ACCOUNTS

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$	\$	\$	\$
302	Franchises	243			243
303	Land and Land Rights	1000			1000
304	Structures and Improvements	6922			6922
305	Collecting and Impounding Reservoirs	119248			119248
306	Lake, River and Other Intakes				
307	Wells and Springs	37693			37693
308	Infiltration Galleries and Tunnels				
309	Supply Mains				
310	Power Generation Equipment				
311	Pumping Equipment	54498			54498
320	Water Treatment Equipment	23225			23225
330	Distribution Reservoirs and Standpipes				
331	Transmission and Distribution Lines	246177			246177
333	Services	60564			60564
334	Meters and Meter Installations	44988	1499	720	45767
335	Hydrants	35512			35512
336	Backflow Prevention Devices				
339	Other Plant and Miscellaneous Equipment	13921			13921
340	Office Furniture and Equipment		1417		1417
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	Total Water Plant	\$ 643991	\$ 2916	\$ 720	\$ 646187



UTILITY NAME: NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2010
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**WATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$	\$	\$	\$
302	Franchises	243			243
303	Land and Land Rights	1000			1000
304	Structures and Improvements	6922			6922
305	Collecting and Impounding Reservoirs	119248			119248
306	Lake, River and Other Intakes				
307	Wells and Springs	37693			37693
308	Infiltration Galleries and Tunnels				
309	Supply Mains				
310	Power Generation Equipment				
311	Pumping Equipment	54498			54498
320	Water Treatment Equipment	23225			23225
330	Distribution Reservoirs and Standpipes				
331	Transmission and Distribution Lines	246177			246177
333	Services	60564			60564
334	Meters and Meter Installations	41148	6140	2300	44988
335	Hydrants	35512			35512
336	Backflow Prevention Devices				
339	Other Plant and Miscellaneous Equipment	13921			13921
340	Office Furniture and Equipment				
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	<b>Total Water Plant</b>	<b>\$ 640151</b>	<b>\$ 6140</b>	<b>\$ 2300</b>	<b>\$ 643991</b>

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC

YEAR OF REPORT  
DECEMBER 31, 2009

**WATER UTILITY PLANT ACCOUNTS**

Acct No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$	\$	\$	\$
302	Franchises	243			243
303	Land and Land Rights	1000			1000
304	Structures and Improvements	6922			6922
305	Collecting and Impounding Reservoirs	96,940	22,309	6,000	119,249
306	Lake, River and Other Intakes				
307	Wells and Springs	37,693			37,693
308	Infiltration Galleries and Tunnels				
300	Supply Mains				
310	Power Generation Equipment				
311	Pumping Equipment	54,498			54,498
320	Water Treatment Equipment	23,225			23,225
330	Distribution Reservoirs and Standpipes				
331	Transmission and Distribution Lines	246,177			246,177
333	Services	60,509			60,509
334	Meters and Meter Installations	41,058	90		41,148
335	Hydrants	35,512			35,512
336	Backflow Prevention Devices				
338	Other Plant and Miscellaneous Equipment	13,921			13,921
340	Office Furniture and Equipment				
341	Transportation Equipment				
342	Stores Equipment				
343	Tools, Shop and Garage Equipment				
344	Laboratory Equipment				
345	Power Operated Equipment				
346	Communication Equipment				
347	Miscellaneous Equipment				
348	Other Tangible Plant				
	<b>Total Water Plant</b>	<b>\$ 617,253</b>	<b>\$ 22,399</b>	<b>\$ 6,000</b>	<b>\$ 640,151</b>

UTILITY NAME: \_\_\_\_\_ Neighborhood Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2014

SYSTEM NAME: \_\_\_\_\_ Timber Creek

**PUMPING AND PURCHASED WATER STATISTICS**

	Water Purchased For Resale (Omit 000's)	Finished Water From Wells (Omit 000's)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)]	Water Sold To Customers (Omit 000's)
(a)	(b)	(c)	(d)	(e)	(f)
January _____	_____	2269	15	2254	2205
February _____	_____	1958	15	1943	2796
March _____	_____	2282	15	2267	1963
April _____	_____	2308	15	2293	2403
May _____	_____	2530	15	2515	2321
June _____	_____	2339	15	2324	2104
July _____	361	2005	15	2351	2408
August _____	_____	2568	15	2553	2303
September _____	_____	2315	15	2300	2289
October _____	_____	2245	15	2230	2130
November _____	_____	2125	15	2110	2033
December _____	_____	2463	15	2448	1944
<b>Total for Year _____</b>	<b>361</b>	<b>27407</b>	<b>180</b>	<b>27588</b>	<b>26899</b>

If water is purchased for resale, indicate the following:

Vendor \_\_\_\_\_  
Point of delivery \_\_\_\_\_

If water is sold to other water utilities for redistribution, list names of such utilities below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC _____	10	280	_____	_____	280
_____	8	13589	_____	_____	13589
_____	6	2818	_____	_____	2818
_____	4	1937	_____	_____	1937
_____	2	3165	_____	_____	3165
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SYSTEM NAME: \_\_\_\_\_ TIMBER CREEK

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January_____	_____	2426	30	2396	1667
February_____	_____	2119	30	2089	2531
March_____	_____	2409	30	2379	1912
April_____	_____	2060	30	2030	2267
May_____	_____	2587	30	2557	2372
June_____	_____	2495	30	2465	2222
July_____	_____	2534	30	2504	2387
August_____	_____	2819	30	2789	2590
September_____	_____	2520	30	2490	2054
October_____	_____	2503	30	2473	2230
November_____	_____	2176	30	2146	1992
December_____	_____	2373	30	2343	2012
Total for Year_____	_____	29021	360	28661	26236

If water is purchased for resale, indicate the following:  
 Vendor \_\_\_\_\_  
 Point of delivery \_\_\_\_\_

If water is sold to other water utilities for redistribution, list names of such utilities below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	10	280	_____	_____	280
_____	8	13589	_____	_____	13589
_____	6	2818	_____	_____	2818
_____	4	1937	_____	_____	1937
_____	2	3165	_____	_____	3165
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UTILITY NAME: \_\_\_\_\_ NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT DECEMBER 31, 2012
-------------------------------------

SYSTEM NAME: \_\_\_\_\_ TIMBER CREEK

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	(b)	(c)	(d)	(e)	(f)
	Water Purchased For Resale (Omit 000's)	Finished Water From Wells (Omit 000's)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	Total Water Pumped And Purchased (Omit 000's) [ (b)+(c)-(d) ]	Water Sold To Customers (Omit 000's)
January	_____	2647	150	2497	2167
February	_____	2432	_____	2432	2433
March	_____	3064	_____	3064	2342
April	_____	3618	100	3518	2423
May	_____	3470	_____	3470	2821
June	_____	3107	_____	3107	2429
July	_____	3590	_____	3590	2749
August	_____	3131	100	3031	2574
September	_____	2547	_____	2547	2075
October	_____	3001	_____	3001	2106
November	_____	2699	_____	2699	2503
December	_____	2425	_____	2425	1872
Total for Year	_____	35731	350	35381	28494

If water is purchased for resale, indicate the following:

Vendor \_\_\_\_\_  
Point of delivery \_\_\_\_\_

If water is sold to other water utilities for redistribution, list names of such utilities below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	10	280	_____	_____	280
	8	13589	_____	_____	13589
	6	2818	_____	_____	2818
	4	1937	_____	_____	1937
	2	3165	_____	_____	3165

UTILITY NAME: \_\_\_\_\_ NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2011

SYSTEM NAME: \_\_\_\_\_ TIMBER CREEK

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January _____	_____	2468	_____	2468	2105
February _____	_____	2391	_____	2391	2564
March _____	_____	2657	_____	2657	2669
April _____	_____	2858	_____	2858	2505
May _____	_____	3111	_____	3111	2889
June _____	775	2131	_____	2906	3224
July _____	_____	2488	_____	2488	2456
August _____	_____	2946	96	2850	2804
September _____	_____	2417	_____	2417	2857
October _____	_____	2302	_____	2302	2045
November _____	_____	2213	_____	2213	2424
December _____	_____	2404	_____	2404	2241
Total for Year _____	775	30386	96	31065	30783

If water is purchased for resale, indicate the following:  
 Vendor \_\_\_\_\_ JEA (single event-emergency)  
 Point of delivery \_\_\_\_\_ 2144 Cherokee Cove Dr.

If water is sold to other water utilities for redistribution, list names of such utilities below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC _____	10	280	_____	_____	280
_____	8	13589	_____	_____	13589
_____	6	2818	_____	_____	2818
_____	4	1937	_____	_____	1937
_____	2	3165	_____	_____	3165
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UT NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2010

SYSTEM NAME: \_\_\_\_\_ TIMBER CREEK

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	(b)	(c)	(d)	(e)	(f)
	Water Purchased For Resale (Omit 000's)	Finished Water From Wells (Omit 000's)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)]	Water Sold To Customers (Omit 000's)
January	_____	2771	_____	_____	_____
February	_____	2312	_____	_____	_____
March	_____	2609	_____	_____	6309
April	_____	3185	_____	_____	2647
May	_____	3313	_____	_____	3323
June	_____	3014	_____	_____	2603
July	_____	3248	_____	_____	2894
August	_____	2965	_____	_____	3053
September	_____	3024	_____	_____	2138
October	_____	2930	_____	_____	2622
November	_____	2620	_____	_____	2792
December	_____	2702	_____	_____	2442
Total for Year	_____	34693	2232 *	32461	30823

\* est-dist system breaks

If water is purchased for resale, indicate the following:

Vendor \_\_\_\_\_  
Point of delivery \_\_\_\_\_

If water is sold to other water utilities for redistribution, list names of such utilities below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAINS (FEET)**

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
PVC	10	280	_____	_____	280
	8	13589	_____	_____	13589
	6	2818	_____	_____	2818
	4	1937	_____	_____	1937
	2	3165	_____	_____	3165
			_____	_____	
			_____	_____	
			_____	_____	
			_____	_____	
			_____	_____	

UTILITY NAME:

NEIGHBORHOOD UTILITIES, INC

YEAR OF REPORT  
DECEMBER 31, 2009

SYSTEM NAME:

**PUMPING AND PURCHASED WATER STATISTICS**

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January		3470			
February		2904			
March		3593			6799
April		1061			
May		0			
June	9121*	0			9792
July		2499			
August		2906			
September		3055			9459
October		2911			
November		2903			
December		3202			9139
Total for Year	9121*	28485			32189

\* WTP SHUT DOWN 90 DAYS FOR REPAIRS

If water is purchased for resale, indicate the following:

Vendor: JEA

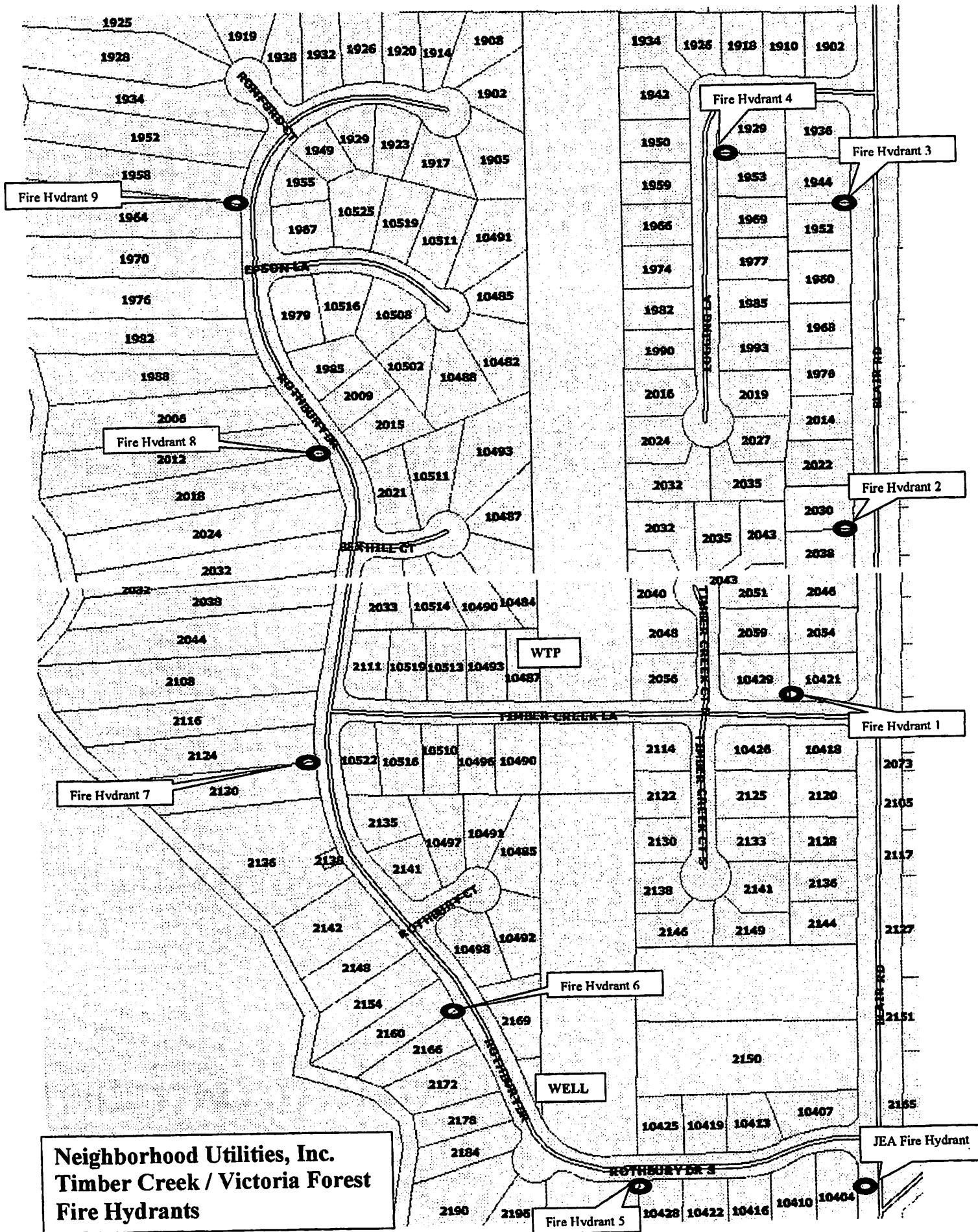
Point of delivery: INTERCONNECTION OF SYSTEMS

If water is sold to other water utilities for redistribution, list names of such utilities below:

**MAINS (FEET)**

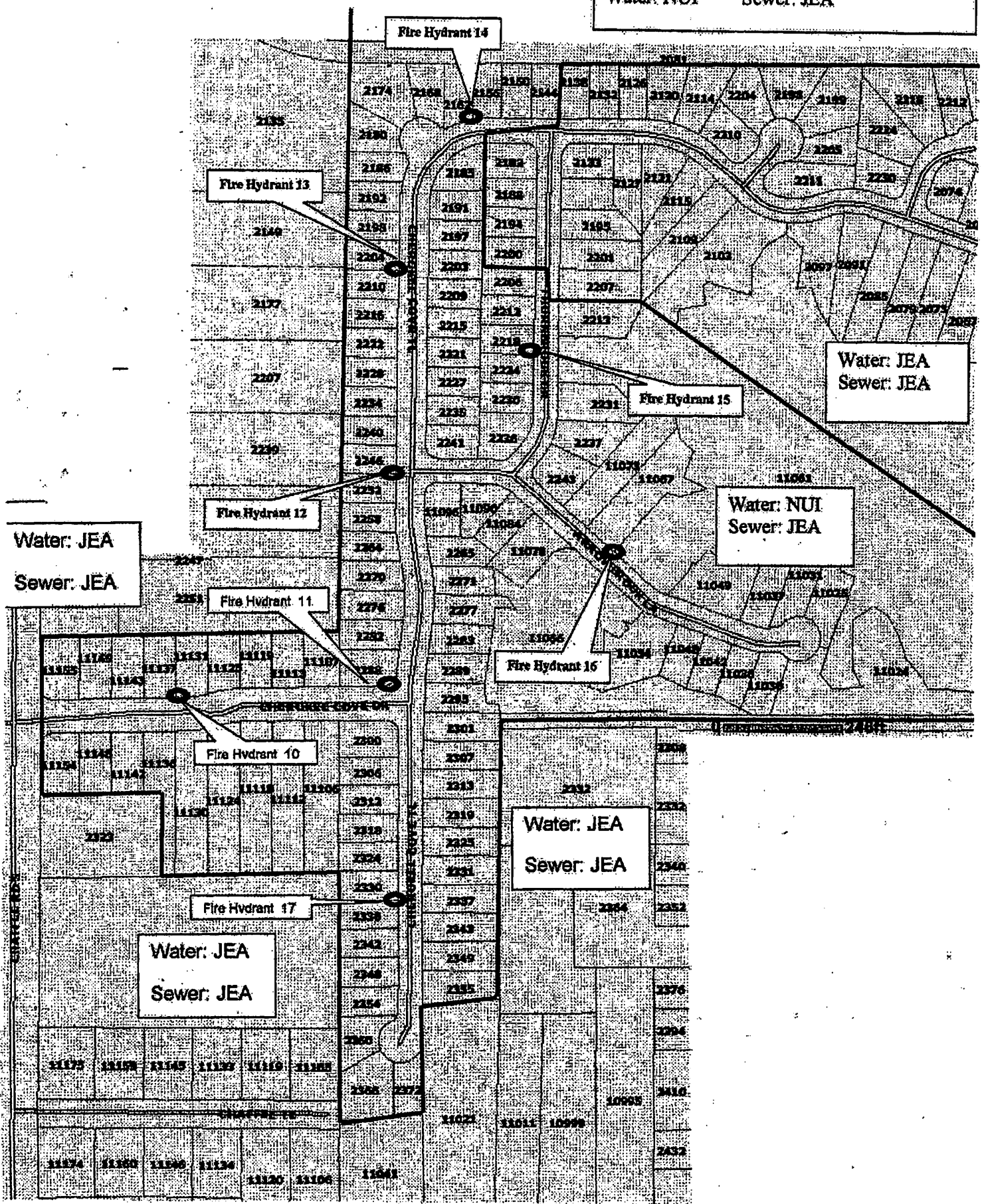
Kind of Pipe (PVC, Cast Iron, Copper, Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
<u>PVC</u>	<u>10</u>	<u>240</u>			<u>240</u>
	<u>8</u>	<u>13,599</u>			<u>13,599</u>
	<u>6</u>	<u>3,813</u>			<u>3,813</u>
	<u>4</u>	<u>1,937</u>			<u>1,937</u>
	<u>2</u>	<u>3,165</u>			<u>3,165</u>





# Cherokee Cove Fire Hydrants

Chaffee Pines MHP, 2081 Chaffee Rd S  
Water: NUI Sewer: JEA



Water: JEA  
Sewer: JEA

Fire Hydrant 12

Fire Hydrant 11

Fire Hydrant 10

Water: JEA  
Sewer: JEA

Fire Hydrant 17

Fire Hydrant 16

Water: JEA  
Sewer: JEA

Fire Hydrant 15

Water: NUI  
Sewer: JEA

Water: JEA  
Sewer: JEA

Fire Hydrant 14

Fire Hydrant 13

# CHAFFEE PINES

## FIRE HYDRANT LOCATIONS





2081 Chaffee Road South  
Jacksonville, FL 32221

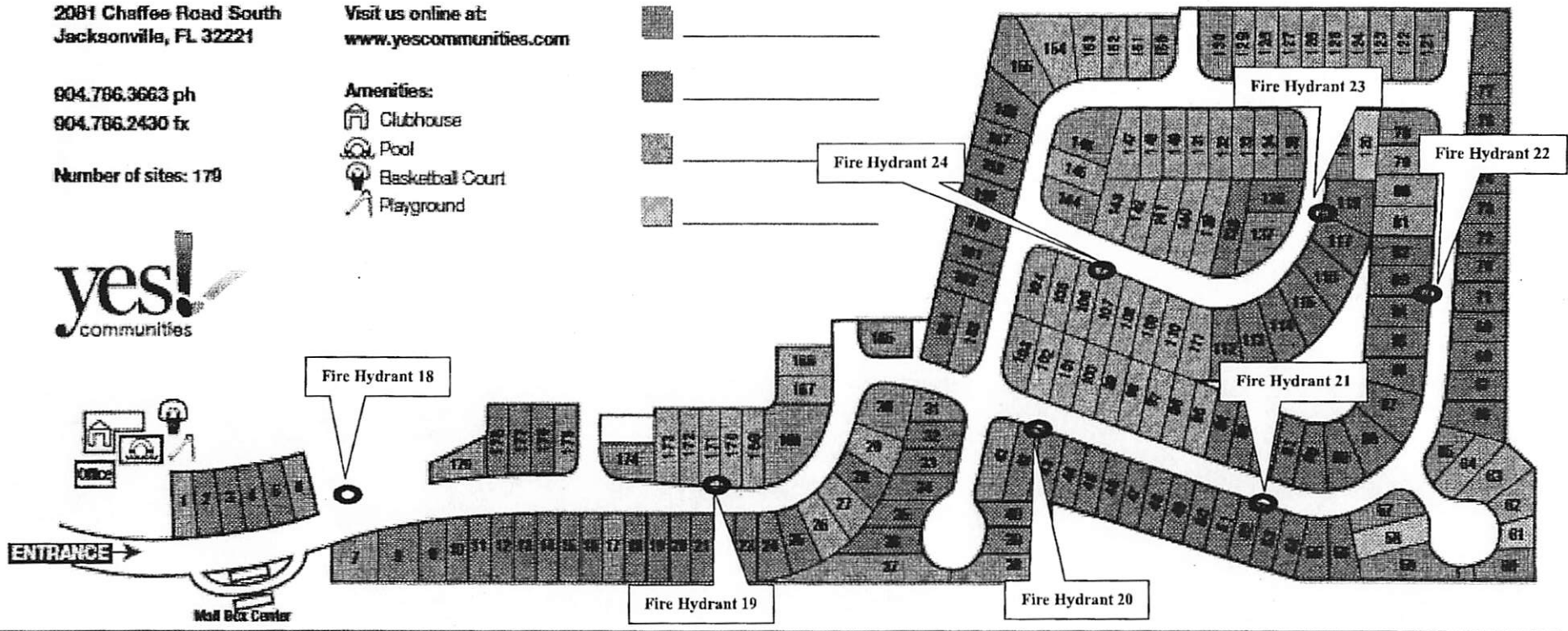
Visit us online at:  
[www.yescommunities.com](http://www.yescommunities.com)

904.786.3663 ph  
904.786.2430 fx

Number of sites: 179

**Amenities:**

-  Clubhouse
-  Pool
-  Basketball Court
-  Playground



UTILITY NAME: Neighborhood Utilities, Inc.

YEAR OF REPORT  
DECEMBER 31, 2014

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ 17777
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	26400
604	Employee Pensions and Benefits	
610	Purchased Water	
615	Purchased Power	5150
616	Fuel for Power Production	
618	Chemicals	4805
620	Materials and Supplies	279
630	Contractual Services:	
	Billing	13858
	Professional	2575
	Testing	1773
	Other	
640	Rents	7500
650	Transportation Expense	4987
655	Insurance Expense	4486
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	
670	Bad Debt Expense	287
675	Miscellaneous Expenses	34129
	<b>Total Water Operation And Maintenance Expense</b>	<b>\$ 124006 *</b>

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	385	389	389
3/4"	D	1.5			
1"	D	2.5	46	47	117.5
1 1/2"	D,T	5.0			
<b>General Service</b>					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5	2	2	5
1 1/2"	D,T	5.0	2	2	10
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers Other (Specify)					
<b>Total</b>			<u>435</u>	<u>440</u>	<u>521.5</u>

\*\* D = Displacement  
C = Compound  
T = Turbine

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT  
December 31, 2013

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ 18000
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	26400
604	Employee Pensions and Benefits	0
610	Purchased Water	0
615	Purchased Power	4958
616	Fuel for Power Production	
618	Chemicals	4768
620	Materials and Supplies	242
630	Contractual Services:	
	Billing	1042
	Professional	2400
	Testing	1870
	Other	14453
640	Rents	7560
650	Transportation Expense	4835
655	Insurance Expense	4061
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	
670	Bad Debt Expense	350
675	Miscellaneous Expenses	35124
	Total Water Operation And Maintenance Expense	\$ 126063 *

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Cus of Meter		Total Number Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	373	385	385
3/4"	D	1.5			
1"	D	2.5	45	46	115
1 1/2"	D,T	5.0			
<b>General Service</b>					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5	2	2	5
1 1/2"	D,T	5.0	2	2	10
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers					
Other (Specify)					
			<b>Total</b>	<b>422</b>	<b>435</b>
** D = Displacement C = Compound T = Turbine					<b>515</b>

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC

YEAR OF REPORT  
DECEMBER 31, 2012

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees_____	\$ 17950
603	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	<u>24000</u>
604	Employee Pensions and Benefits_____	
610	Purchased Water_____	
615	Purchased Power_____	<u>6049</u>
616	Fuel for Power Production_____	
618	Chemicals_____	<u>5997</u>
620	Materials and Supplies_____	<u>265</u>
630	Contractual Services:	
	Billing_____	<u>14349</u>
	Professional_____	<u>2400</u>
	Testing_____	<u>5006</u>
	Other_____	
640	Rents_____	<u>7560</u>
650	Transportation Expense_____	<u>4476</u>
655	Insurance Expense_____	<u>4399</u>
665	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	
670	Bad Debt Expense_____	<u>301</u>
675	Miscellaneous Expenses_____	<u>46750</u>
	<b>Total Water Operation And Maintenance Expense_____</b>	<b>\$ <u>139502</u> *</b>

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	<u>365</u>	<u>373</u>	<u>373</u>
3/4"	D	1.5			
1"	D	2.5	<u>46</u>	<u>45</u>	<u>112</u>
1 1/2"	D,T	5.0			
<b>General Service</b>					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5	<u>2</u>	<u>2</u>	<u>5</u>
1 1/2"	D,T	5.0	<u>2</u>	<u>2</u>	<u>10</u>
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers					
Other (Specify)					
<b>** D = Displacement C = Compound T = Turbine</b>			<b>Total</b>		
			<u>415</u>	<u>422</u>	<u>500</u>

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2011

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees	\$ 18000
603	Salaries and Wages - Officers, Directors, and Majority Stockholders	24000
604	Employee Pensions and Benefits	
610	Purchased Water	
615	Purchased Power	5992
616	Fuel for Power Production	
618	Chemicals	6295
620	Materials and Supplies	99
630	Contractual Services:	
	Billing	22068
	Professional	3582
	Testing	1672
	Other	19990
640	Rents	5400
650	Transportation Expense	104
655	Insurance Expense	1591
665	Regulatory Commission Expenses (Amortized Rate Case Expense)	764
670	Bad Debt Expense	208
675	Miscellaneous Expenses	25798
	Total Water Operation And Maintenance Expense	\$ 117563 *

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	379	365	365
3/4"	D	1.5			
1"	D	2.5	48	46	115
1 1/2"	D,T	5.0			
<b>General Service</b>					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5		2	5
1 1/2"	D,T	5.0	2	2	10
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers					
Other (Specify)					
			<b>Total</b>	<b>429</b>	<b>415</b>
				<b>415</b>	<b>495</b>

\*\* D = Displacement  
C = Compound  
T = Turbine

UTILITY NAME: NEIGHBORHOOD UTILITIES, INC.

YEAR OF REPORT  
DECEMBER 31, 2010

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees -----	\$ 11538
603	Salaries and Wages - Officers, Directors, and Majority Stockholders -----	24000
604	Employee Pensions and Benefits -----	
610	Purchased Water -----	
615	Purchased Power -----	5652
616	Fuel for Power Production -----	
618	Chemicals -----	7413
620	Materials and Supplies -----	1793
630	Contractual Services:	
	Billing -----	2336
	Professional -----	1025
	Testing -----	3579
	Other -----	40174
640	Rents -----	6102
650	Transportation Expense -----	3392
655	Insurance Expense -----	5352
665	Regulatory Commission Expenses (Amortized Rate Case Expense) -----	764
670	Bad Debt Expense -----	4054
675	Miscellaneous Expenses -----	24758
	Total Water Operation And Maintenance Expense -----	\$ 141932 *

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	355	379	379
3/4"	D	1.5			
1"	D	2.5	48	48	120
1 1/2"	D,T	5.0	2	2	10
<b>General Service</b>					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers					
Other (Specify)					
			<b>Total</b>		
			<u>405</u>	<u>429</u>	<u>509</u>

\*\* D = Displacement  
C = Compound  
T = Turbine



UTILITY NAME: NEIGHBORHOOD UTILITIES, INC

YEAR OF REPORT  
DECEMBER 31, 2009

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
801	Salaries and Wages - Employees	\$
803	Salaries and Wages - Officers, Directors, and Majority Stockholders	29,000
804	Employee Pensions and Benefits	
810	Purchased Water	9671
816	Purchased Power	6905
816	Fuel for Power Production	
818	Chemicals	5635
820	Materials and Supplies	297
830	Contractual Services:	
	Billing	1877
	Professional	7536
	Testing	4139
	Other	29162
840	Rents	1712
850	Transportation Expense	1250
855	Insurance Expense	5086
865	Regulatory Commission Expenses (Amortized Rate Case Expense)	769
870	Bad Debt Expense	1571
875	Miscellaneous Expenses	1695
	<b>Total Water Operation And Maintenance Expense</b>	<b>\$110,116</b>
	* This amount should tie to Sheet F-3	

**WATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
<b>Residential Service</b>					
5/8"	D	1.0	251	255	355
3/4"	D	1.5			
1"	D	2.5	51	49	120
1 1/2"	D,T	5.0	2	2	10
<b>General Service</b>					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
<b>Unmetered Customers Other (Specify)</b>					
<b>Total</b>			<b>404</b>	<b>405</b>	<b>495</b>

\*\* D = Displacement  
C = Compound  
T = Turbine

[Print](#)[Close](#)

## Neighborhood Utilities Inspection Deficiencies 1/24/14

**From:** Tierney, Shane (Shane.Tierney@dep.state.fl.us)  
**Sent:** Wed 1/29/14 12:49 PM  
**To:** wlarryo@hotmail.com (wlarryo@hotmail.com)  
**Cc:** rhiggins@uswatercorp.com (rhiggins@uswatercorp.com);  
**Savage, Michael (Michael.Savage@dep.state.fl.us); Watson, Kyle (Kyle.Watson@dep.state.fl.us)**

Hi Mr. O'Steen,

Below is a list of the deficiencies noted during the sanitary survey of Neighborhood Utilities potable water system ( 2164279 ) conducted on January 24, 2014. Please address the following item as timely as possible and provide me a response within 30 days:

Well casing(s) and/or sanitary seal(s) were corroded	62.555.350(2)	Sand and paint. <i>DONE</i>
Aerator screens not clean	62-555.350(2)	Clean the screens. <i>REPLACED SCREENS</i>
Tank inspections have not been performed by personnel under the responsible charge of a licensed engineer or there is no signed & sealed report documenting such a tank inspection (H tank and 2 GST tanks)	62.555.350(2)	Have the tanks inspected by personnel under the responsible charge of a professional engineer lice in Florida and/or submit a signed and sealed report <i>INSUFFICIENT REVENUES TO PAY FOR INSPECTION - ON HOLD</i>
Ground Storage tank corroded	62-555.350(2)	Sand and paint or contact the Department if replacement is necessary. <i>DONE</i>
No operation and maintenance	62-555.350(13)	Provide an O&M manual to be kept at the water

(O&M) manual was available		or at a convenient location near the plant.
----------------------------	--	---

*DONE*

If you have any questions regarding the above deficiencies/deficiency I'll be happy to answer them. Any photographic documentation that the deficiency has been corrected you can provide is appreciated, but not required.

Thank you for your cooperation.

Shane Tierney

Environmental Specialist II

Potable Water Section, Northeast District

8800 Baymeadows Way W

Jacksonville, Florida 32256

(904)256-1642, Office

(904)256-1589, Fax