060257-WS

ORIGINAL

# FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

==========

## ADDITIONAL ENGINEERING INFORMATION

==========

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

CMP
COM 5
CTR
ECR
GCL 1
OPC 1
RCA
SCR
SGA
SEC 1
OTH

# VOLUME III

Test Year Ended December 31, 2005

1 of 2

DOCUMENT NUMBER-DATE
04239 MAY 15 06
FPSC-COMMISSION CLERK

# ADDITIONAL ENGINEERING INFORMATION

## VOLUME III

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

Test Year Ended December 31, 2005

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ADDITIONAL ENGINEERING INFORMATION
CYPRESS LAKES UTILITIES, INC.
DOCKET NO.: 060257-WS
POLK COUNTY

Test Year Ended December 31, 2005

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (1)
Detailed Map

Test Year Ended December 31, 2005

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (2)
Chemicals Used

Test Year Ended December 31, 2005

Dosage rates vary depending on various factors in order to produce potable water or treated effluent that meets all regulatory requirements.

| Company | W/S | Invoice Number | Type | Quantity | Per Unit | Amount | Tax | Total |
|---|---|---|---|---|---|---|---|---|
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Hypochloritesolutions | 250 | 1.15 | 287.50 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Total for invoice No. 2697 | | | 296.50 | - | 296.50 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Hypochloritesolutions | 315 | 1.15 | 362.25 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Total for invoice No. 2697 | | | 371.25 | - | 371.25 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Hypochloritesolutions | 100 | 1.15 | 115.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Calcium Hypochlorite | 1 | 118.00 | 118.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Trichloroisocyanuric Acid Dry | 1 | 98.00 | 98.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 2698 | Total for invoice No. 2698 | | | 340.00 | - | 340.00 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 3600 | Hypochloritesolutions | 250 | 1.15 | 287.50 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 3600 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 3600 | Total for invoice No. 3600 | | | 296.50 | - | 296.50 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 3600 | Hypochloritesolutions | 165 | 1.15 | 189.75 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 3600 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 3600 | Total for invoice No. 3600 | | | 198.75 | - | 198.75 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 4161 | Hypochloritesolutions | 65 | 1.15 | 74.75 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 4161 | EPA/Fuel Charge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 4161 | Total for invoice No. 4161 | | | 83.75 | - | 83.75 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 4161 | Hypochloritesolutions | 135 | 1.15 | 155.25 | | 155.25 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 4161 | EPA/Fuel Charge | 1 | 9.00 | 9.00 | | 9.00 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 4161 | Total for invoice No. 4161 | | | 164.25 | - | 164.25 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 72844 | Sodium Hypochlorite | 427 | 0.85 | 362.95 | - | 362.95 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 73761 | Sodium Hypochlorite | 436 | 0.85 | 370.60 | - | 370.60 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 75934 | Sodium Bisulfite | 510 | 0.85 | 433.50 | - | 433.50 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 75934 | Calcium Hypochlorite | 1 | 120.00 | 120.00 | - | 120.00 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 76612 | Sodium Hypochlorite | 508 | 0.95 | 482.60 | - | 482.60 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 77160 | Sodium Hypochlorite | 447 | 0.95 | 424.65 | - | 424.65 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 78642 | Sodium Hypochlorite | 494 | 0.95 | 469.30 | - | 469.30 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 80968 | Sodium Hypochlorite | 501 | 0.95 | 475.95 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 80968 | Calcium Hypochlorite | 1 | 132.01 | 132.01 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 80968 | Total for invoice No. 80968 | | | 607.96 | - | 607.96 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 81730 | Hypochloritesolutions | 496 | 0.95 | 471.20 | - | 471.20 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 82446 | Sodium Hypochlorite | 439 | 0.95 | 417.05 | - | 417.05 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 83879 | Sodium Hypochlorite | 488 | 0.95 | 463.60 | - | 463.60 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 84783 | Sodium Hypochlorite | 491 | 0.95 | 466.45 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 84783 | Calcium Hypochlorite | 1 | 132.01 | 132.01 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 84783 | Total for invoice No. 83886 | | | 598.46 | - | 598.46 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 86378 | Sodium Hypochlorite | 361 | 0.95 | 342.95 | - | 342.95 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 87625 | Sodium Hypochlorite | 264 | 0.95 | 250.80 | - | 250.80 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 88391 | Sodium Hypochlorite | 367 | 0.95 | 348.65 | - | 348.65 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 89657 | Sodium Hypochlorite | 314 | 0.95 | 298.30 | - | 298.30 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 91843 | Sodium Hypochlorite | 248 | 1.10 | 272.80 | - | 272.80 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 92287 | Sodium Hypochlorite | 280 | 1.10 | 308.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 92287 | Calcium Hypochlorite | 1 | 141.25 | 141.25 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 92287 | Total for invoice No. 92287 | | | 449.25 | - | 449.25 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 94342 | Sodium Hypochlorite | 291 | 1.10 | 320.10 | - | 320.10 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 95411 | Sodium Hypochlorite | 267 | 1.10 | 293.70 | - | 293.70 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 97943 | Hypochloritesolutions | 100 | 1.25 | 125.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 97943 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 97943 | Total for invoice No. 97943 | | | 134.00 | - | 134.00 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 98493 | Sodium Hypochlorite | 252 | 1.10 | 277.20 | - | 277.20 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 98551 | Hypochloritesolutions | 330 | 1.15 | 379.50 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 98551 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 98551 | Total for invoice No. 98551 | | | 388.50 | - | 388.50 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99185 | Sodium Hypochlorite | 308 | 1.10 | 338.80 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99185 | Fuelsurcharge | 1 | 8.00 | 8.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99185 | Total for invoice No. 99185 | | | 346.80 | - | 346.80 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99697 | Sodium Hypochlorite | 297 | 1.10 | 326.70 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99697 | Fuelsurcharge | 1 | 8.00 | 8.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99697 | Total for invoice No. 99185 | | | 334.70 | - | 334.70 |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99862 | Hypochloritesolutions | 330 | 1.15 | 379.50 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99862 | Fuelsurcharge | 1 | 9.00 | 9.00 | | |
| CYPRESS LAKES, UTILITIES, INC | W&S | 99862 | Total for invoice No. 99862 | | | 388.50 | - | 388.50 |

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (3)
Chemical Analyses

Test Year Ended December 31, 2005

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

| | | | |
|---|---|---|---|
| **Client:** | Utilities, Inc. | **Report No.:** | T057106 |
| **Project Name:** | Cypress Lake | **Date Sampled:** | 07/21/2005 |
| **Project Number:** | | **Date Received:** | 7/21/05 10:45 |
| **PWS ID#:** | | **Date Reported:** | 08/22/2005 |
| **Attention:** | David Shoffstall | | |
| **Phone Number:** | 8002721919 | | |
| **Address:** | 200 Weathersfield Ave. | | |
| | Altamonte Springs, FL 32714 | | |

**Project Description**

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

**Project Name:** Cypress Lake

Approved By: _____

Tammie Hesler, Project Manager

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

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

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

**Total Number of Pages = 7**

P.1

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# Advanced Environmental Laboratories, Inc.

*Analytical Report*

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake
**Matrix:** Drinking Water
**PWS ID#:**
**Client Sample ID:** 871 Big Cypress
**Site:** 871 Big Cypress
**Sample Number:** T057106-01

**Report No.:** T057106
**Date/Time Sampled:** 07/21/05 09:15
**Date/Time Received:** 7/21/05 10:45

**Sampled By:** David Shoffstall
**Shipping Method:** AEL Pick-up

## *Disinfection Byproducts*

| Contam ID | Contam Name | MCL | Units | Analysis Results | Qualifier | Analytical Method | Lab MDL | Analysis Date | Analysis Time | DOH Lab Cer. # |
|---|---|---|---|---|---|---|---|---|---|---|
| 2450 | Chloroacetic Acid | | ug/L | 0.81 | U | E552.2 | 0.81 | 07/28/2005 | 10:30 | E82574 |
| 2451 | Dichloroacetic Acid | | ug/L | 8.3 | | E552.2 | 0.56 | 07/28/2005 | 10:30 | E82574 |
| 2452 | Trichloroacetic Acid | | ug/L | 14 | | E552.2 | 0.80 | 07/28/2005 | 10:30 | E82574 |
| 2453 | Bromoacetic Acid | | ug/L | 0.54 | I | E552.2 | 0.34 | 07/28/2005 | 10:30 | E82574 |
| 2454 | Dibromoacetic Acid | | ug/L | 1.2 | I | E552.2 | 0.45 | 07/28/2005 | 10:30 | E82574 |
| 2941 | Chloroform | | ug/L | 31 | | E502.2 | 0.31 | 07/23/2005 | 14:56 | E82574 |
| 2942 | Bromoform | | ug/L | 0.36 | U | E502.2 | 0.36 | 07/23/2005 | 14:56 | E82574 |
| 2943 | Bromodichloromethane | | ug/L | 8.7 | | E502.2 | 0.38 | 07/23/2005 | 14:56 | E82574 |
| 2944 | Dibromochloromethane | | ug/L | 1.7 | | E502.2 | 0.28 | 07/23/2005 | 14:56 | E82574 |

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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

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

System Name: Cypress Lakes PWS I.D. #: 6535055

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

Address: 10000 US Highway 98 N.

City: Lakeland State: FL ZIP Code: 33809

Phone #: 863-815-1524 Fax #: Same

E-Mail Address:

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 105 7106-01 Location Code (if known):

Sample Date: 7/2/05 Sample Time: 0915 (AM) PM (Circle One)

Sample Location (be specific): 871 Big Cypress

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .09 mg/L Field pH: 7.5

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance (with 62-550)
- ☐ Quarterly (Which Quarter? ____)
- ☐ Confirmation of MCL Exceedance*
- ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites**
- ☐ Violation Resolution
- ☐ Clearance (permitting)
- ☐ Replacement (of Invalidated Sample)
- ☐ Other:

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: David Shoffstall

Sampler's Phone #: 407-948-6510 Sampler's Fax #: 863-815-1524

Sampler's E-Mail Address:

**CERTIFICATION** (to be completed by sampler)

I, David Shoffstall (Print Name), Lead Operator (Print Title),

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

Signature: David E Shoffstall Date: 9/2/05

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

P3

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

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

LabName: Advanced Environmental Labs - Tampa — Florida Certification #: E84519
Address: 9610 Princess Palm Avenue — Certification Expiration Date: 06/30/2006
Tampa, Florida 33619 — phone #: (813) 930-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6535055 — Date Sample(s) Received: 07/21/2005 10:45:0
Lab Assigned Report Number or Job ID T057106 — Sample Number (From page 1) T057106-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
|---|---|---|---|
| [ ] All 17 | [ ] All 30 | [ ] All 21 | [x] Trihs |
| [ ] Partial | [ ] All Except Dioxin | [ ] Partial | [x] Haloacetl |
| [ ] Nitrate | [ ] Partial | Radionuclides | [ ] Bromate |
| [ ] Nitrite | [ ] Dioxin Only | [ ] Single Samp | [ ] Chlorite |
| [ ] Asbestos Only | | [ ] Qtrly Composite** | Secondaries |
| | | | [ ] All 14 |
| | | | [ ] Partial |

Were any analyses subcontracted? [x] Yes [ ] No
If yes, please provide DOH certification number E82574
**ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB**

### CERTIFICATION

I, Tammie Heslin , Project Manager
(Print Name)

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

Signature: Date: 8/22/05

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

**COMPLIANCE DETERMINATIO** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory [ ] Yes [ ] No — Sample Analysis Info Satisfactory: [ ] Yes [ ] No

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

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

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

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

P.4

Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, FL 33619

Date/Time Rcvd: 7/21/5, 10:45 Log-in request number: T057105

Received by: VT Completed by: VT

## Cooler/Shipping Information:

Courier: ☒ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ AES ☐ ASAP ☐ Other (describe): _____

Type: ☐ Cooler ☐ Box ☐ Other (describe) _____

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

| Cooler ID | | | | | |
|---|---|---|---|---|---|
| Temp (°C) | 0 °C | | | | |
| Temp taken from | ☐ Sample Bottle ☒ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler |
| Temp measured with | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

## Other Information:

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

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

## Comments:

Kit ID: P.5

09/12/2005 07:54 8136261030 GARTH A PAGE 10

# *Chain-of-Custody for AEL Tampa to AEL Jax*

AEL Tampa
9610 Princess Palm Avenue
Tampa, FL 33619
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

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

**Project #:** T057106
**CustomerName:** Utilities, Inc.
**Collector:** David Shoffstall

☐ **Check if Rush**

| Lab Code | Client Sample ID | Test | Matrix | Collect Date | / Time | Receive Date | Due Date | # Bottles | Bottle Type (Pres.) |
|---|---|---|---|---|---|---|---|---|---|
| T057106-01 | 871 Big Cypress | 52-550 Haloacetic Acids (J)-552.2 | Drinking Water | 7/21/2005 | 9:15 | 7/21/05 10:45 | 8/4/2005 | 6 | 40mL Vial Amber |
| T057106-01 | 871 Big Cypress | THMs (DW) | Drinking Water | 7/21/2005 | 9:15 | 7/21/05 10:45 | 8/4/2005 | 3 | 40mL VOC vial |

**Tampa Relinquisher:** V. Iannì
**Shipping Relinquisher:** AEL Courier
**Shipping Receiver:** AEL Courier
**Jacksonville Receiver:** [signature]
**Date/Time:** 21 Jul 05, 1800
**Date/Time:** 7/22/05 0700

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GARTH A

8136261030

09/12/2005 07:54

# Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: T057106

Page _____ of _____

CLIENT NAME: Cypress Lake Utilities

ADDRESS: 10000 US Hwy 98 North Lakeland, FL 33809

PHONE: 863-815-1524 FAX:

CONTACT:

PROJECT NAME: Cypress Lakes

P.O. NUMBER / PROJECT NUMBER: 05/622/W

PROJECT LOCATION:

SAMPLED BY:

BOTTLE SIZE & TYPE: 1 Liter

ANALYSIS REQUIRED: TTHM / HAA5

LAB NUMBER

TURN AROUND TIME:

☑ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

| SAMPLE ID | SAMPLE DESCRIPTION | Grab / Composite | SAMPLING DATE | SAMPLING TIME | MATRIX | NO. CONT. | Preserv | LAB NUMBER |
|---|---|---|---|---|---|---|---|---|
| | 871 Big Cypress | G | 7/21/05 | 0915 | DW | 1 | ✓ | -01 |
| | Cl2 Res = 0.9 | | | | | | | |

P = Ice H = (HCl) S = ($H_2SO_4$) N = ($HNO_3$) T = (Sodium Thiosulfate)

Shipment: Out: / / Ret: / /

Method: Via: Via:

Sample Kit: Bottles Ice Trip Bl

Cooler #: Dft Dft

☐ ☐

Received on ice ☑ yes ☐ no

OC ☐ sent ☑ received

| | Relinquished by: | Date | Time | Received by: | Date | Time |
|---|---|---|---|---|---|---|
| 1 | David E. [illegible] | 7/21/05 | | [illegible] | 07/21/05 | 0750 |
| 2 | [illegible] | 07/21/05 | | K. Mahell | 7/21/05 | 10:45 |
| 3 | | | | | | |
| 4 | | | | | | |

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake
**Project Number:**

**Report No.:** T057105
**Date Sampled:** 7/21/2005
**Date Received:** 7/21/05 10:45
**Date Reported:** 8/11/2005

**Attention:** David Shoffstall
**Phone Number:** 8002721919

**Address:** 200 Weathersfield Ave.

Altamonte Springs, FL 32714

**Project Description**

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

**Project Name:** Cypress Lake

Approved By: Andrea Royce for

[redacted]

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

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

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

**Total Number of Pages =** ~~4~~ 6
wrong # ag 8/11/05



672

# Advanced Environmental Laboratories, Inc.

*Analytical Report*

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake

**Report No.:** T057105
**Date/Time Received:** 7/21/05 10 45

**Definitions:**
Water matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes and leach
Soil matrix refers to all non-aqueous matrices, including soils, solids, sludges, semi-solids, and non-aqueous waste samples
All results in mg/kg or % are reported in dry weight basis, unless notated otherwise. All results in mg/L are reported in wet weight basis.
MDL Method Detection Limit, without correction for dilution or moisture content
Adjusted Reporting Limit is the MDL accounting for all dilutions and moisture content caclulations.
PQL is defined to be 4 times the MDL, for all results qualified with a 'I' qualifier.
Sampling Method: G=Grab, P=Pump, C=Composite

*The estimated measurements of uncertainty can be provided upon request*

**This is the last page of the analytical report.**

Advanced Environmental Labs Inc

Advanced Environmenta Labs
9610 Princess Palm Ave.
Tampa, FL 33619

V.T. 7/21/15
missnumbered

Date/Time Rcvd: 7/21/5, 10:45 Log-in request number: T057105

Received by: VT Completed by: VT

## Cooler/Shipping Information:

Courier: ☒ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ AES ☐ ASAP ☐ Other (describe): _____

Type: ☒ Cooler ☐ Box ☐ Other (describe) _____

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

| Cooler ID | | | | | |
|---|---|---|---|---|---|
| Temp (°C) | 6 °C | | | | |
| Temp taken from | ☐ Sample Bottle ☒ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler |
| Temp measured with | ☒ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

## Other Information:

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

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

## Comments:

Kit ID: 05

Environmental Laboratories, Inc.
- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33519 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: 057105

Page _____ of _____

| | |
|---|---|
| CLIENT NAME: Cypress Lake Utilities | PROJECT NAME: Cypress Lakes |
| ADDRESS: 10000 US Hwy 98 North Lakeland, FL 33809 | P.O. NUMBER / PROJECT NUMBER: 05/672/W |
| | PROJECT LOCATION: |
| PHONE: 863-815-1524 FAX: | |
| CONTACT: N. E. Shoffstall | SAMPLED BY: N. E. Shoffstall |

TURN AROUND TIME:
- ☑ STANDARD
- ☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW = waste water SW = surface water GW = ground water DW = drinking water OIL A = air SO = soil SL = sludge

| SAMPLE ID | SAMPLE DESCRIPTION | Grab / Composite | SAMPLING DATE | SAMPLING TIME | MATRIX | NO. CONT. | ANALYSIS REQUIRED: Nitrate / Nitrite | LAB NUMBER |
|---|---|---|---|---|---|---|---|---|
| | Nitrate / Nitrite | G | 7/21/05 | 0900 | DW | 1 | ✓ | -01 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

BOTTLE SIZE & TYPE: 125 / mL

Preserv

I = Ice H = (HCl) S = ($H_2SO_4$) N = ($HNO_3$) T = (Sodium Thiosulfate)

| Shipment | Method | Sample Kit | Cooler # |
|---|---|---|---|
| Out: / / | Via: | TB: | DTC |
| Ret: / / | Via: | AB: | |
| | | Trip Bl: | |

Received on ice: ☐ yes ☐ no QC ☐ sent ☑ received

| | Relinquished by: | Date | Time | Received by: | Date | Time |
|---|---|---|---|---|---|---|
| 1 | David Shoffstall | 7/21/05 | | K. Mitchell | 07/21/05 | 0956 |
| 2 | | 07/21/05 | | | 7R1 DS | 10:45 |
| 3 | | | | | | |
| 4 | | | | | | |

revised 8/01

# Advanced Environmental Laboratories, Inc.

*Analytical Report*

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake
**Report No.:** T057105
**Date/Time Received:** 7/21/05 10:45

**Lab Code:** T057105-01
**Client Sample ID:** Nitrate/Nitrite
**Site:** WTP
**Matrix:** Water
**Date/Time Sampled:** 7/21/2005 9:00
**Shipping Method:** AEL Pick-up
**Sampled By:** David Shoffstall
**Sampling Method:** G

## *Miscellaneous Analytes*

| Analytes: | Dilution | Adjusted MDL | Adjusted PQL | Results | Units | Qualifier(s) | Method | Parameter Comment | Lab |
|---|---|---|---|---|---|---|---|---|---|
| Nitrate (as N) | 1 | 0.027 | 0.11 | **0.027** | mg/L | U | SM4500NO3-F | | T |
| Nitrite (as N) | 1 | 0.034 | 0.14 | **0.034** | mg/L | U | SM4500NO3-F | | T |

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

# Advanced Environmental Laboratories, Inc.

*Analytical Report*

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake

**Report No.:** T057105
**Date/Time Received:** 7/21/05 10:45

## *Sample Cross Reference Information*

**Lab Code:** T057105-01
**Client Sample Number:** Nitrate/Nitrite

**Site:** WTP
**Matrix:** Water

| Test Description | Analysis Method | Prep Method | Analytical Batch ID | Analysis Date/Time | Analyst | Prep Batch ID | Prep Date/Time |
|---|---|---|---|---|---|---|---|
| Nitrate (as N) | SM4500NO3-F | NONE | wet072205no3-1 | 7/22/2005 9:21 | AJK | | |
| Nitrite (as N) | SM4500NO3-F | NONE | wet072205no3-1 | 7/22/2005 9:21 | AJK | | |

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (4)
Operations Reports

Test Year Ended December 31, 2005

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CYPRESS LAKE
04/19/2006 08:19 18638151524

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

See page 4 for instructions.

**Month and Year of Report:** January 2004

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

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lake Utilities | | | PWS Identification Number: 6535055 |
| PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: | | Total Population Served at End of Month: | |
| PWS Owner: Utilities Inc of Florida | | | |
| Contact Person: Patrick Flynn | | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield AVE | City: Altamonte Springs | State: FL | Zip Code: 32714 |
| Contact Person's Telephone Number: 407-869-1918 | | Contact Person's Fax Number: 407-869-6961 | |
| Contact Person's E-Mail Address: P.C.Flynn@utilities-usa.com | | | |

**B. Water Treatment Plant Information**

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lake Utility | | | Plant Telephone Number: 863 815-1524 |
| Plant Address: 10,000 US Hwy 98 North | City: Lakeland | State: FLA | Zip Code: 33809 |
| Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

| | | | | |
|---|---|---|---|---|
| [redacted] | David Rymiak | C | 12746 | mon-Fri |
| | Todd Hiscock | C | 7992 | Saturday |
| | Jay Aldridge | C | 7789 | Standby |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**[redacted] 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 Rymiak 2-3-04 | David Rymiak | C-12746 |
|---|---|---|
| Signature and Date | Printed or Typed Name | License Number |

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CYPRESS LAKE
04/19/2006 08:19 18638151524

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lake Utility

Month and Year of Report: January 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Was Plant Operated Every Day? | Was Plant Staffed 24 hr/day? | If No, Hours Plant Staffed Per Day | Total Finished Water Produced (gallons) | Was Each Well Visited Daily? | Was Each Well Operated Daily? | Was Each Well Operated Daily? | Was Each Well Operated Daily? | Was Each Well Operated Daily? | Was Each Well Operated Daily? | Was Each Well Operated Daily? | Was Each Well Operated Daily? | Was Each Well Operated Daily? | Lowest Free Chlorine Residual Reading (mg/L) | Lowest Combined Chlorine Residual Reading (mg/L) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X | 24 hr | | 1152.000 | | | | | | | | | | 0.8 | |
| X | | | 174,000 | | | | | | | | | | 0.8 | |
| X | | | 238,000 | | | | | | | | | | 0.6 | |
| | | | | | | | | | | | | | | |
| X | | | 376,000 | | | | | | | | | | 0.8 | |
| X | | | 281,000 | | | | | | | | | | 0.8 | |
| X | | | 198,000 | | | | | | | | | | 0.6 | |
| X | | | 209,000 | | | | | | | | | | 1.0 | |
| X | | | 184,000 | | | | | | | | | | 0.6 | |
| | | | | | | | | | | | | | | |
| X | | | 347,000 | | | | | | | | | | 0.6 | |
| X | | | 181,000 | | | | | | | | | | 0.4 | |
| X | | | 188,000 | | | | | | | | | | 0.6 | |
| X | | | 188,000 | | | | | | | | | | 0.6 | |
| X | | | 244,000 | | | | | | | | | | 0.4 | |
| X | | | 186,000 | | | | | | | | | | 0.6 | |
| X | | | 186,000 | | | | | | | | | | 0.5 | |
| | | | | | | | | | | | | | | |
| X | | | 381,000 | | | | | | | | | | 0.6 | |
| X | | | 174,000 | | | | | | | | | | 0.4 | |
| X | | | 164,000 | | | | | | | | | | 0.5 | |
| X | | | 158,000 | | | | | | | | | | 1.0 | |
| X | | | 205,000 | | | | | | | | | | 1.0 | |
| | | | | | | | | | | | | | | |
| X | | | 345,000 | | | | | | | | | | 0.8 | |
| X | | | 125,000 | | | | | | | | | | 0.8 | |
| X | | | 165,000 | | | | | | | | | | 0.6 | |
| X | | | 184,000 | | | | | | | | | | 0.4 | |
| X | | | 173,000 | | | | | | | | | | 0.6 | |
| X | | | 146,000 | | | | | | | | | | 0.6 | |
| X | 24 hr | | 154,000 | | | | | | | | | | 0.6 | |
| | | | 5,659,000 | | | | | | | | | | | |
| | | | 182,000 | | | | | | | | | | | |
| | | | 28,100 | | | | | | | | | | | |

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

672

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes 672

MONTH/YEAR: 1-04

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 6" | 5 | | | 10,000 | well #2 saddle on 6" PIPE |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | 2" | 2 | | | 6000 | Arrow head Big Cypress SAWGrass |
| 7 | 2" | 5 | | | 1,000 | mulligan SAWGrass Big Cypress |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | 2" | 2 | | | 8,500 | Big Cypress, Sawgrass, Arrow Head, |
| 16 | | | | | | Grackle LP, Mallard |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | 2" | 2 | | | 25,000 | Red Bird, Grackle, Big Cypress, Mallard |
| 28 | 2" | 2 | | | 5,500 | Ultra mulligan, Mocking Bird Arrowhead Sawgrass |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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

56,000
+ 126,000 - Stuck mtrs.

Tot. 182,000 gall.

Form Modified 10/20/03

File: Flushing & Water Loss Record

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 6.72 - Cyp. Lakes

MONTH/YEAR: Jan - 2004 - Stuck meters

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|
| 1 | 5/8 | 3 | | | 2500 gal | 168 Cedar Ln (Stuck meter) - 1-14-04 |
| 2 | 5/8 | 3 | | | 20,000 gal | 179 Cedar Ln (Stuck meter) - 1-15-04 |
| 3 | 5/8 | 3 | | | 4,500 gal | 181 Cedar Ln (Stuck meter) - 1-15-04 |
| 4 | 5/8 | 3 | | | 13,000 gal | 183 Cedar Ln (Stuck meter) 1-15-04 |
| 5 | 5/8 | 3 | | | 8,000 gal | 98 Horseshoe Dr (Stuck meter) - 1-20-04 |
| 6 | 5/8 | 3 | | | 6,000 gal | 353 Golfview Dr (Stuck meter) 1-20-04 |
| 7 | 5/8 | 3 | | | 6,000 gal | 382 Cypress Lakes Dr (Stuck meter) 1-20 |
| 8 | 5/8 | 3 | | | 1,000 gal | 798 Anglers Way (Stuck meter) 1-21-0 |
| 9 | 5/8 | 3 | | | 30,000 gal | 194 Lake Circle Dr (Stuck mtr) 1-22-04 |
| 10 | 5/8 | 3 | | | 10,500 gal | 295 Cypress Lakes Dr (Stuck mtr) 1-23-04 |
| 11 | 5/8 | 3 | | | 5000 gal | 622 Water Dr (Stuck mtr) 1-28-04 |
| 12 | 5/8 | 3 | | | 500 gal | 755 Hoosier ct (Stuck mtr) 1-28-04 |
| 13 | 5/8 | 3 | | | 3000 gal | 784 Panther Dr (Stuck mtr) 1-29-04 |
| 14 | 5/8 | 3 | | | 126,000 gal | 725 Big Apple Ln (Stuck mtr) - 1-29-04 |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
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| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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

Stuck Meter Estimate
126,000 gal.

Form Modified 2/12/04

File: Flushing & Water Loss Record

672

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

See page 4 for instructions.

**I. General Information for the Month and Year of** February - 04

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

| | | |
|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | |
| Number of Service Connections at End of Month: 1185 | Total Population Served at End of Month: 2,963 | |
| PWS Owner: Utilities Inc. of Florida | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs / State: Fl / Zip Code: 32714 | |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | |

**B. Water Treatment Plant Information**

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 800-272-1919 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |

| Operator Category | Name | Class | License Number | Days Worked |
|---|---|---|---|---|
| Lead/Chief Operator | David Ryniak | C | 12746 | mon-Fri |
| Shift/Assistant Operator | Todd Hiscock | C | 7992 | Sat or Sun |
| Trainee | Jay Aldridge | C | 7798 | Stand By |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**II. Certification of 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 Ryniak 3-1-04 — Signature and Date

David Ryniak — Printed or Typed Name

C 12746 — License Number

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

III. Daily Operation for Month Ending: February - 04

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | 24hr Clock | Total Finished Water Pumped (gallons) | Lowest Disinfectant Residual Entering Distribution System (mg/L) | Lowest Disinfectant Residual in Distribution System (mg/L) | Turbidity of Finished Water Entering Distribution System (NTU) | Highest Turbidity Measured in Distribution System (NTU) | Color of Finished Water Entering Distribution System (CU) | Highest Color Measured in Distribution System (CU) | Fluoride Concentration (mg/L) | Lowest Fluoride Concentration (mg/L) | Highest Fluoride Concentration (mg/L) | Other Residual Concentration (mg/L) | Date, Time and Duration of Any Disinfectant Residual Concentration Below 0.2 mg/L |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | 24hr | 141,000 | | | | | | | | | | | |
| 2 | X | | 141,000 | | | | | | | | | | 0.4 | |
| 3 | X | | 172,000 | | | | | | | | | | 0.6 | |
| 4 | X | | 176,000 | | | | | | | | | | 0.8 | |
| 5 | X | | 195,000 | | | | | | | | | | 0.6 | |
| 6 | X | | 171,000 | | | | | | | | | | 0.4 | |
| 7 | | | 181,000 | | | | | | | | | | | |
| 8 | X | | 184,000 | | | | | | | | | | 0.5 | |
| 9 | X | | 171,000 | | | | | | | | | | 0.4 | |
| 10 | X | | 171,000 | | | | | | | | | | 0.6 | |
| 11 | X | | 190,000 | | | | | | | | | | 1.3 | |
| 12 | X | | 170,000 | | | | | | | | | | 0.4 | |
| 13 | X | | 176,000 | | | | | | | | | | 1.3 | |
| 14 | X | | 175,000 | | | | | | | | | | 0.8 | |
| 15 | | | 171,000 | | | | | | | | | | | |
| 16 | X | | 170,000 | | | | | | | | | | 1.0 | |
| 17 | X | | 213,000 | | | | | | | | | | 1.4 | |
| 18 | X | | 197,000 | | | | | | | | | | 0.2 | |
| 19 | X | | 187,000 | | | | | | | | | | 0.5 | |
| 20 | X | | 195,000 | | | | | | | | | | 0.3 | |
| 21 | X | | 198,000 | | | | | | | | | | 0.6 | |
| 22 | | | 186,000 | | | | | | | | | | | |
| 23 | X | | 186,000 | | | | | | | | | | 0.8 | |
| 24 | X | | 228,000 | | | | | | | | | | 0.4 | |
| 25 | X | | 135,000 | | | | | | | | | | 0.5 | |
| 26 | X | | 135,000 | | | | | | | | | | 0.6 | |
| 27 | X | | 199,000 | | | | | | | | | | 0.3 | |
| 28 | X | 24hr | 177,000 | | | | | | | | | | 0.6 | |
| 29 | | | 150,500 | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | |
| Total | | | 5,070,500 | | | | | | | | | | | |
| Average | | | 174,849 | | | | | | | | | | | |
| Maximum | | | 228,000 | | | | | | | | | | | |

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes

MONTH/YEAR: February

| DATE | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | 2" | 2 | | | 1,500 | Arrow head, Big Cypress |
| 3 | 2" | 2 | | | 1,000 | mullican - mocking bird lane |
| 4 | 2" | 2 | | | 2,500 | Red Bird Big Cypress mallard Grackle |
| 5 | 2" | 2 | | | 1500 | WWTP |
| 2-11 6 | 2" | 2 | | | 500 | mocking Bird |
| " 7 | 2" | 2 | | | 500 | ultra |
| " 8 | 2" | 2 | | | 2000 | Arrowhead |
| 9 | 2 | 2 | | | 3,000 | Ultra Arrowhead Big Cypress |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | 2". | 2 | | | 2000 | Big Cypress Grackle mallard SHW Crane |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | 2" | 2 | | | 2000 | Big Cypress Blvd (870 Lot#) |
| 18 | 2" | 2 | | | 7,000 | Arrowhead sawgrass ultra spike Rush |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | 2" | 2 | | | 3500 | Big Cypress Arrowhead ultra Grackle |
| 25 | | | | | | |
| 26 | 2" | 2 | | | 3000 | mallard mocking bird Redbird mulligan |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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

Total 30,000
Total 184,500
214,500

* See Next Page *

* Stucks Meter adjustments *

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes - 672

MONTH/YEAR: Feb 2004

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|
| 1 | 5/8 | 3 | | | 30,000 | Stucks meter 856 B.g Cypress |
| 2 | 5/8 | 3 | | | 25,000 | Stucks meter 322 Cypress Lakes Dr. |
| 3 | 5/8 | 3 | | | 18,000 | Stuck meter 380 Cypress Lakes Dr. |
| 4 | 5/8 | 3 | | | 12,000 | Stucks meter 174 Cedar Ln. |
| 5 | 5/8 | 3 | | | 3,000 | Stucks meter 72 Cypress Lakes |
| 6 | 5/8 | 3 | | | 1,500 | Stucks meter 384 Cypress Lakes Dr |
| 7 | 5/8 | 3 | | | 15,000 | Stucks meter 230 Cypress Lakes Dr. |
| 8 | 5/8 | 3 | | | 20,000 | Stuck meter 523 Mockingbird Ln. |
| 9 | 5/8 | 3 | | | 2,000 | Stuck meter 462 Cypress Cross Dr |
| 10 | 5/8 | 3 | | | 12,000 | Stuck meter 465 Cypress Cross Dr. |
| 11 | 5/8 | 3 | | | 8,000 | Stuck meter 237 Lakeview Dr. |
| 12 | 5/8 | 3 | | | 4,000 | Stuck meter 936 Arrowhead Dr. |
| 13 | 5/8 | 3 | | | 4,000 | Stuck Meter 844 B.g Cypress Blvd |
| 14 | 5/8 | 3 | | | 10,000 | Stuck meter 673 Top Flight Dr |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

Stuck meter Total 184,500

~~Adj Total~~

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

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

See page 4 for instructions.

I. General Information for the Month Covered: MARCH 04

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1185 | | Total Population Served at End of Month: 2963 | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | | City: Altamonte Springs | State: Fl Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 800-272-1919 |
| Plant Address: 10000 Us Hwy 98 N | | City: Lakeland | State: Fl Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

| Operator Designation | Name | Grade of Class | License Number | Days Normally Worked |
|---|---|---|---|---|
| Lead/Chief Operator: | David Kyniak | C | 12746 | mon - Fri |
| Other Operator: | Todd Hiscock | C | 7992 | Sat and Sun |
| | Jay Aldridge | C | 7799 | stand by |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

II. Certification of Lead/Chief Operator

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

| Signature and Date | Printed or Typed Name | License Number |
|---|---|---|
| David Kyniak 4-2-04 | David Kyniak | C 12746 |

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

**III. Data Reporting for Month Covered**

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Plant Staffed or Visited by Operator (Place "X") | Hours Plant Staffed or Visited | Total Quantity of Finished Water Produced (gallons) | Lowest Free Chlorine Residual Concentration in Water Entering First Customer (mg/L) | Time of Lowest Free Chlorine Residual Concentration Entering First Customer | Lowest Free Chlorine Residual Concentration in Water Leaving Plant (mg/L) | Time of Lowest Free Chlorine Residual Concentration Leaving Plant | Turbidity Grab Sample (NTU) | Highest Turbidity Result for 4 Hour Sampling Period (NTU) | Number of Positive Coliform Samples | Lowest Chlorine Residual Reported in Distribution System (mg/L) | Number of Heterotrophic Plate Count Samples | Highest Heterotrophic Plate Count (CFU/mL) | Disinfectant Residual Entering Distribution System (mg/L) | Disinfectant Residuals Recorded in Distribution System (mg/L) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 hr | 301,000 | | | | | | | | | | | 0.3 | |
| 2 | X | | 209,000 | | | | | | | | | | | 0.6 | |
| 3 | X | | 303,000 | | | | | | | | | | | 0.4 | |
| 4 | X | | 180,000 | | | | | | | | | | | 0.3 | |
| 5 | X | | 174,000 | | | | | | | | | | | 0.4 | |
| 6 | | | 196 500 | | | | | | | | | | | | |
| 7 | X | | 196500 | | | | | | | | | | | 0.6 | |
| 8 | X | | 212.000 | | | | | | | | | | | 0.4 | |
| 9 | X | | 213,000 | | | | | | | | | | | 0.4 | |
| 10 | X | | 237.000 | | | | | | | | | | | 0.6 | |
| 11 | X | | 146.000 | | | | | | | | | | | 0.4 | |
| 12 | X | | 222,000 | | | | | | | | | | | 0.6 | |
| 13 | X | | 205.000 | | | | | | | | | | | 0.6 | |
| 14 | | | 170,000 | | | | | | | | | | | | |
| 15 | X | | 190.000 | | | | | | | | | | | 0.9 | |
| 16 | X | | 199,000 | | | | | | | | | | | 1.0 | |
| 17 | X | | 158,000 | | | | | | | | | | | 0.8 | |
| 18 | X | | 170,000 | | | | | | | | | | | 0.9 | |
| 19 | X | | 176,000 | | | | | | | | | | | 1.0 | |
| 20 | | | 193,000 | | | | | | | | | | | | |
| 21 | X | | 193,000 | | | | | | | | | | | 0.4 | |
| 22 | X | | 255,000 | | | | | | | | | | | 0.4 | |
| 23 | X | | 201,000 | | | | | | | | | | | 0.3 | |
| 24 | X | | 248,000 | | | | | | | | | | | 1.5 | |
| 25 | X | | 255,000 | | | | | | | | | | | 1.0 | |
| 26 | X | | 197,000 | | | | | | | | | | | 1.0 | |
| 27 | | | 217. 500 | | | | | | | | | | | | |
| 28 | X | | 211. 500 | | | | | | | | | | | 0.6 | |
| 29 | X | | 174,000 | | | | | | | | | | | 0.8 | |
| 30 | X | \ | 280. 000 | | | | | | | | | | | 0.6 | |
| 31 | X | 24 hr | 251. 000 | | | | | | | | | | | 1.0 | |
| Total | | | 6185000 | | | | | | | | | | | | |
| Average | | | 209,000 | | | | | | | | | | | | |
| Maximum | | | 301,000 | | | | | | | | | | | | |

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

# DISINFECTANT MONITORING LOG

## CYPRESS LAKES UTILITIES, INC.
## PWS ID 6535055

Please log the disinfectant residual for each sample site at the time of bacteriological sampling
This log sheet is to be submitted after each quarter with that month's MOR. (March, June, October, December)

| Sample ID Number | Sample Location | Sample Date | Disinfectant Residual |
|---|---|---|---|
| 1 | 547 Mulligan Way | 2-4-04 | 0.3 |
| | | 3-3-04 | 0.3 |
| | | | |
| 2 | Sawgrass Circle Blow-Off | 1-7-04 | 0.5 |
| | | 2-4-04 | 0.3 |
| | | 3-3-04 | 0.4 |
| 3 | 1386 Grackle Ln | 2-4-04 | 0.3 |
| | | 3-3-04 | 0.3 |
| | | | |
| 4 | Lift Station #1 Tap | 1-7-04 | 1.0 |
| | | | |
| | | | |
| 5 | 621 Lions Drive | | |
| | | | |
| | | | |
| 6 | Clubhouse Tap | | |
| | | | |
| | | | |
| 7 | 1502 Troon Ct. | | |
| | | | |
| | | | |
| 8 | Lift Station # 5 Tap | | |
| | | | |
| | | | |
| 9 | 1060 Arrowhead Dr. | | |
| | | | |
| | | | |
| 10 | 1481 Mallard Dr. | 1-7-04 | 0.4 |
| | | | |
| | | | |
| 11 | Cypress Lakes Dr. Washroom | | |
| | | | |
| | | | |
| 12 | LS # 4 Tap | | |
| | | | |
| | | | |

$Cl_2$ Aug 0.4

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes 672

MONTH/YEAR: march - 04

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | 2" | 2 | | | 5,700 | Grackle, Big Cypress, Mallard, Mockingbird, Mullican |
| 3 | 2" | 2 | | | 6,900 | Big Cypress, Sawgrass, Arrowhead, Spikerush |
| 4 | | | | | 18,000 | 9533 Cypress Lakes Dr - Stuck meter |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | 2" | 2 | | | 5,000 | mallard - Grackle Big Cypress Lakes |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | 2" | 2 | | | 7,500 | Arrowhead - Big Cypress - w/pTP |
| 19 | 2" | 2 | | | 10,600 | Big Cypress Pennisetum Meadengaect |
| 20 | | | | | 2,500 | Grackle mallard "Big Cypress" |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | 2" | 2 | | | 16,000 | Grackle Big Cypress mallard ARROWhead |
| 26 | 2" | 2 | | | 10,600 | Grackle mallard Arrowhead Big Cypress |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | 2 | 2 | | | 5500 | Grackle Arrowhead Big Cypress Ultra mallard |

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

~~70,300 Gal~~

~~.070 MGD~~

*. 88,300 gal. *. Adj for Stuck Meter.

Form Modified 10/20/03

File: Flushing & Water Loss Record

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

612

See page 4 for instructions.

APRIL-04

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: | | Total Population Served at End of Month: | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | | Contact Person's Fax Number: 407.869.5961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 800-272-1919 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

| | | | | |
|---|---|---|---|---|
| Chief Operator: | David Rynak | C | 12746 | mon-Fri |
| Shift Operator: | Todd Hiscock | C | 7992 | SAT-SUN |
| Shift Operator: | Jay Aldridge | C | 7777 | Stand by |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 Rynak 5-3-04 | David Rynak | C 12746 |
|---|---|---|
| Signature and Date | Printed or Typed Name | License Number |

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

III. [illegible] for the Month of: APRIL - 04

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of Month | Days Plant Staffed for 8 Hours by Operator (Place "X") | Days Plant Visited by Operator (Place "X") | Hours Plant Visited (If Not Staffed for 8 Hours) | Total Volume of Finished Water Produced (Gallons) | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | Lowest Disinfectant Residual Concentration in Distribution System (mg/L) | Comments (Including Reason for Any Unusual Operation, Such as Operation of Auxiliary Power, Interruptions in Water Delivery, Etc.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | | 24hr | 193,000 | | | | | | | | | | 1.0 | |
| 2 | X | | | 172,000 | | | | | | | | | | 1.0 | |
| 3 | | | | 230.000 | | | | | | | | | | | |
| 4 | X | | | 230.000 | | | | | | | | | | 0.6 | |
| 5 | X | | | 253,000 | | | | | | | | | | 1.0 | |
| 6 | X | | | 208,000 | | | | | | | | | | 0.8 | |
| 7 | X | | | 316.000 | | | | | | | | | | 1.0 | |
| 8 | X | | | 200,000 | | | | | | | | | | 1.0 | |
| 9 | X | | | 273,000 | | | | | | | | | | 1.0 | |
| 10 | | | | 231.500 | | | | | | | | | | | |
| 11 | X | | | 231.500 | | | | | | | | | | 1.0 | |
| 12 | X | | | 199,000 | | | | | | | | | | 1.0 | |
| 13 | X | | | 201,000 | | | | | | | | | | 1.3 | |
| 14 | X | | | 187,000 | | | | | | | | | | 1.0 | |
| 15 | X | | | 180,000 | | | | | | | | | | 1.0 | |
| 16 | X | | | 169,000 | | | | | | | | | | 0.8 | |
| 17 | | | | 236.500 | | | | | | | | | | | |
| 18 | X | | | 236.500 | | | | | | | | | | 1.0 | |
| 19 | X | | | 232.000 | | | | | | | | | | 1.0 | Tank #2 Inspection |
| 20 | X | | | 190,000 | | | | | | | | | | 0.8 | |
| 21 | X | | | 286,000 | | | | | | | | | | 0.8 | |
| 22 | X | | | 181,000 | | | | | | | | | | 0.6 | Tank #1 inspection |
| 23 | X | | | 202,000 | | | | | | | | | | 0.8 | |
| 24 | X | | | 258,000 | | | | | | | | | | 0.6 | |
| 25 | | | | 209,500 | | | | | | | | | | | |
| 26 | X | | | 209.500 | | | | | | | | | | 0.8 | |
| 27 | X | | | 264,000 | | | | | | | | | | 0.6 | |
| 28 | X | | | 232,000 | | | | | | | | | | 0.4 | |
| 29 | X | | | 186,000 | | | | | | | | | | 1.0 | |
| 30 | X | | 24 hr | 207,000 | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | |
| Total | | | | 6559000 | | | | | | | | | | | |
| Average | | | | 211,597 | | | | | | | | | | | |
| Maximum | | | | 316,000 | | | | | | | | | | | |

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes 672

MONTH/YEAR: APRIL 04

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2" | 2 | | | 2500 | Big Cypress mallard Arrowhead |
| 2 | 2" | 2 | | | 4500 | Grackle Red Bird Lane Ultra |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | 2" | 2 | | | 3500 | Big Cypress Peavine MockingBird Butterfly Lane |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | 2" | 2 | | | 3000 | Peavine Big Cypress Grackle Woodpecker |
| 9 | 5/8 | 3 | | | 16,000 | 9717 Cyp Lks Dr. - Stuck meter |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | 5/8 | 3 | | | 4000 | 9232 Spatterdock Dr. Stuck meter |
| 13 | 5/8 | 3 | | | 3000 | 2057 Red Cedar Dr. Stuck meter |
| 14 | 2" | 2 | | | 5000 | Big Cypress Peavine Grackle Ultra |
| 15 | 5/8 | 3 | | | 24,000 | 9334 Hoosier Ct. - Stuck meter |
| 16 | 5/8 | 3 | | | 500 | 9385 Top Flight Dr. Stuck meter |
| 17 | 5/8 | 3 | | | 1000 | 9682 Cyp Lks Dr. - Stuck meter |
| 18 | 5/8 | 3 | | | 40,000 | 9790 Cyp Lks Dr - Stuck meter |
| 19 | 5/8 | 3 | | | 1000 | 9718 Cyp Lks Dr. - Stuck meter |
| 20 | 2 | 2 | | | 12.000 | B/off's Service AREA |
| 21 | 5/8 | 3 | | | 3000 | 2074 Red Cedar Dr. - Stuck meter |
| 22 | 5/8 | 3 | | | 3000 | 3608 Taffa Dr. Stuck meter |
| 23 | 5/8 | 3 | | | 5000 | 2338 Warbler Cir. Stuck meter |
| 24 | 5/8 | 3 | | | 9000 | 9507 Manilla CT. Stuck Meter |
| 25 | 5/8 | 3 | | | 6000 | 9926 Cypress Lakes Dr. Stuck meter |
| 26 | 5/8 | 3 | | | 400 | 9633 Cypress Lakes Dr. Stuck meter |
| 27 | 5/8 | 3 | | | 5000 | 1726 Big Cypress Blvd. Stuck meter |
| 28 | 2" | 2 | | | 20,000 | B-off Service Area |
| 29 | 5/8 | 3 | | | 4,500 | 2322 Mulligan Dr. - Stuck meter |
| 30 | | | | | | |
| 31 | | | | | | |

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

50,500 Gallons

177,980 → adjusted for Stuck meter Water loss

672

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

See page 4 for instructions.

I. [redacted] MAY-04

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1190 | Total Population Served at End of Month: 2975 | | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | Plant Telephone Number: 800-272-1919 | |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |

| [redacted] | Name | License Class | License Number | Days Each Week Worked |
|---|---|---|---|---|
| [redacted] | David Kynick | C | 12746 | mon - Fri |
| [redacted] | Todd Hiscock | C | 7992 | SAT - SUN |
| [redacted] | Jay Aldridge | C | 7759 | Stand-by |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[redacted]

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 Kynick — David Kynick — C 12746

Signature and Date — Printed or Typed Name — License Number

[redacted]

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

| PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP |
|---|---|

Month and Year for the Month Covered by this Report: MAY - 09

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by a Certified Operator (Place "X") | Hours Staffed by Operator | Total Gallons of Finished Water Produced | Lowest Free Chlorine Residual Measured in Distribution System (mg/L) | Lowest Combined Chlorine Residual Measured in Distribution System (mg/L) | Lowest Chlorine Dioxide Residual Measured in Distribution System (mg/L) | Highest Turbidity Measured in Finished Water (NTU) | Number of Coliform Samples Taken in Distribution System | Number of Coliform Samples Positive for Total Coliforms | Number of Coliform Samples Positive for Fecal Coliforms or E. coli | Lowest Free Chlorine Residual Measured at Entry Point to Distribution System (mg/L) | Lowest Combined Chlorine Residual Measured at Entry Point to Distribution System (mg/L) | Lowest Chlorine Dioxide Residual Measured at Entry Point to Distribution System (mg/L) | Remarks (Optional Information Regarding Plant Operations or Water Quality) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | 24hr | 182,000 | | | | | | | | | | 0.8 | |
| 2 | X | | 182,000 | | | | | | | | | | 0.8 | |
| 3 | X | | 129,000 | | | | | | | | | | 1.0 | |
| 4 | X | | 138,000 | | | | | | | | | | 1.0 | |
| 5 | X | | 194,000 | | | | | | | | | | 1.0 | |
| 6 | X | | 178,000 | | | | | | | | | | 0.7 | |
| 7 | X | | 229,000 | | | | | | | | | | 0.8 | |
| 8 | X | | 226,000 | | | | | | | | | | | |
| 9 | | | 177,000 | | | | | | | | | | 1.0 | |
| 10 | X | | 177,000 | | | | | | | | | | 1.0 | 8" Line Valve Repair |
| 11 | X | | 259,000 | | | | | | | | | | 1.0 | |
| 12 | X | | 171,000 | | | | | | | | | | 1.0 | |
| 13 | X | | 188,000 | | | | | | | | | | 0.8 | |
| 14 | X | | 198,000 | | | | | | | | | | | |
| 15 | | | 197,500 | | | | | | | | | | 1.0 | |
| 16 | X | | 197,500 | | | | | | | | | | 0.6 | |
| 17 | X | | 150,000 | | | | | | | | | | 0.8 | 6" Line Valve Repair |
| 18 | X | | 263,000 | | | | | | | | | | 1.2 | |
| 19 | X | | 187,000 | | | | | | | | | | 0.8 | |
| 20 | X | | 206,000 | | | | | | | | | | 0.8 | |
| 21 | X | | 194,000 | | | | | | | | | | 0.6 | |
| 22 | X | | 276,000 | | | | | | | | | | | |
| 23 | | | 230,500 | | | | | | | | | | 0.8 | |
| 24 | X | | 230,500 | | | | | | | | | | 1.0 | |
| 25 | X | | 325,000 | | | | | | | | | | 0.8 | |
| 26 | X | | 219,000 | | | | | | | | | | 0.8 | |
| 27 | X | | 221,500 | | | | | | | | | | 0.8 | |
| 28 | X | | 193,000 | | | | | | | | | | | |
| 29 | | hr | 271,000 | | | | | | | | | | 0.8 | |
| 30 | X | Y | 291,500 | | | | | | | | | | | |
| 31 | X | 24hr | 240,000 | | | | | | | | | | | |
| | | | 6,424,000 | | | | | | | | | | | |
| | | | 215,000 | | | | | | | | | | | |
| | | | 382,000 | | | | | | | | | | | |

.224

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

FILE COPY

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

672

See page 4 for instructions.

Month and Year of Report: June -04

A. Public Water System (PWS) Information

PWS Name: Cypress Lakes Utilities, Inc. | PWS Identification Number: 6535055

PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 1,190 | Total Population Served at End of Month: 2,975

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave | City: Altamonte Springs | State: Fl | Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Cypress Lakes WTP | Plant Telephone Number: 800-272-1919

Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809

Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C

| | | | |
|---|---|---|---|
| Dave Ryniack | C | 12746 | mon - Fri |
| Todd Hiscock | C | 7992 | SAT - SUN |
| Robert Crow | C | 13150 | Stand - By |

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 Rynuk 6-30-04 | David Ryniak | C - 12746

Signature and Date | Printed or Typed Name | License Number

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

II. [redacted] Month Covered: June - 04

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| [redacted] | [redacted] (Days Plant Staffed for Visited by Operator Unless Noted with "X") | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | X | 24 hr | 330.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 281.000 | | | | | | | | | 0.4 | |
| [redacted] | X | | 240.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 275.000 | | | | | | | | | 0.6 | |
| [redacted] | | | 253.000 | | | | | | | | | | |
| [redacted] | X | | 253.000 | | | | | | | | | 0.8 | |
| [redacted] | X | | 145.000 | | | | | | | | | 0.4 | |
| [redacted] | X | | 321.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 359.000 | | | | | | | | | 1.0 | |
| [redacted] | X | | 110.000 | | | | | | | | | 0.8 | |
| [redacted] | X | | 148.000 | | | | | | | | | 1.0 | |
| [redacted] | X | | 226.000 | | | | | | | | | 0.6 | |
| [redacted] | | | 309.000 | | | | | | | | | 1.0 | |
| [redacted] | X | | 170.000 | | | | | | | | | | |
| [redacted] | X | | 180.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 175.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 326.000 | | | | | | | | | 0.5 | |
| [redacted] | X | | 92.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 89.000 | | | | | | | | | 0.6 | |
| [redacted] | | | 101.000 | | | | | | | | | | |
| [redacted] | X | | 96.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 318.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 318.000 | | | | | | | | | 0.6 | |
| [redacted] | X | | 196.000 | | | | | | | | | 0.8 | |
| [redacted] | X | | 335.000 | | | | | | | | | 0.6 | |
| [redacted] | | | 199.000 | | | | | | | | | | |
| [redacted] | X | | 194.000 | | | | | | | | | 0.8 | |
| [redacted] | X | | 113.000 | | | | | | | | | 0.5 | |
| [redacted] | X | V | 312.000 | | | | | | | | | 0.6 | |
| [redacted] | X | 24hr | 109.000 | | | | | | | | | 0.8 | |
| [redacted] | | | 6006.000 | | | | | | | | | | |
| [redacted] | | | 200.000 | | | | | | | | | | |
| [redacted] | | | 789.000 | | | | | | | | | | |

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

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lakes WTP

[redacted] July - 04

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of Month | Was Plant Staffed for 24 Hours by Operator? (Place "X") | Hours Plant Staffed for 24 Hours by Operator | Finished Water Pumped (Gallons) | | | | | | | | | | | Lowest Free Chlorine Residual Entering Distribution System (mg/L) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24hr | 156.000 | | | | | | | | | | | 0.5 |
| 2 | X | | 154.000 | | | | | | | | | | | 0.4 |
| 3 | | | 169.000 | | | | | | | | | | | |
| 4 | X | | 169.000 | | | | | | | | | | | 0.6 |
| 5 | X | | 137.000 | | | | | | | | | | | 0.6 |
| 6 | X | | 215.000 | | | | | | | | | | | 0.4 |
| 7 | X | | 180.000 | | | | | | | | | | | 0.8 |
| 8 | X | | 124.000 | | | | | | | | | | | 1.0 |
| 9 | X | | 173.000 | | | | | | | | | | | 0.7 |
| 10 | X | | 156.000 | | | | | | | | | | | 1.0 |
| 11 | | | 157.000 | | | | | | | | | | | |
| 12 | X | | 157.000 | | | | | | | | | | | 0.6 |
| 13 | X | | 222.000 | | | | | | | | | | | 0.8 |
| 14 | X | | 310.000 | | | | | | | | | | | 0.8 |
| 15 | X | | 169.000 | | | | | | | | | | | 1.0 |
| 16 | X | | 224.000 | | | | | | | | | | | 0.6 |
| 17 | X | | 160.000 | | | | | | | | | | | 0.6 |
| 18 | | | 112.000 | | | | | | | | | | | |
| 19 | X | | 112.000 | | | | | | | | | | | 0.8 |
| 20 | X | | 75.000 | | | | | | | | | | | 0.4 |
| 21 | X | | 177.000 | | | | | | | | | | | 0.8 |
| 22 | X | | 206.000 | | | | | | | | | | | 0.6 |
| 23 | X | | 183.000 | | | | | | | | | | | 1.0 |
| 24 | | | 134.500 | | | | | | | | | | | |
| 25 | X | | 134.500 | | | | | | | | | | | 0.8 |
| 26 | X | | 137.000 | | | | | | | | | | | 0.6 |
| 27 | X | | 215.000 | | | | | | | | | | | 1.0 |
| 28 | X | | 112.000 | | | | | | | | | | | 1.0 |
| 29 | X | | 117.000 | | | | | | | | | | | 1.0 |
| 30 | X | 24hr | 151.000 | | | | | | | | | | | 0.8 |
| 31 | | | 129.000 | | | | | | | | | | | |
| | | | 5.158000 | | | | | | | | | | | |
| | | | 166,000 | | | | | | | | | | | |
| | | | 310,000 | | | | | | | | | | | |

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes 672

MONTH/YEAR: July 2004

| DATE | SIZE | TYPE | | | GALLONS | LOCATION OF LEAK OR FLUSHING |
|---|---|---|---|---|---|---|
| 7-2 1 | 2" | | | | 500 | OLD ARROWHEAD (Peavine) |
| " 2 | 2" | | | | 850 | Nitra. |
| " 3 | Hydrant | | | | 1250 | MORPHEN DR. |
| " 4 | 2" | | | | 1000 | Putt LN. |
| " 5 | hyd. | | | | 850 | L.S.#3 hydrant |
| " 6 | hyd. | | | | 2500 | 1726 Big CYPRESS |
| " 7 | 2" | | | | 3000 | Peavine TRL. |
| 7-6 8 | 2" | | | | 600 | Peavine TRL OLD (ARROWHEAD) |
| " 9 | hyd. | | | | 800 | MORPHEN DR. |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | 2 | 2 | | | 1500 | Big cypress / Peavine / mulligan |
| 13 | | | | | | |
| 14 | 2 | 2 | | | 30,000 | Hydrant testing IN AreA |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | 2 | 2 | | | 10.000 | Flushing Service AreA Dead END's B/O |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | 5500 | 9440 Big Apple Lane (stuck meter) |
| 28 | 2 | 2 | | | 12.000 | Flushing Service AreA Dead END's B/O |
| 29 | | | | | | |
| 30 | 2 | 4 | | | 371,000 | Phase 8 Avg 12,370 Per Day |
| 31 | | | | | | |

441,350 Total For Month

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

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

FILE COPY

See page 4 for instructions.

**I. Report Information and Month Covered** August 04

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

| | | |
|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | |
| Number of Service Connections at End of Month: 1190 | Total Population Served at End of Month: 2975 | |
| PWS Owner: Utilities Inc. of Florida | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs / State: Fl / Zip Code: 32714 | |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | |

**B. Water Treatment Plant Information**

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | Plant Telephone Number: 800-272-1919 | |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |

| Operator Category | Name | Operator Class | Operator License Number | Days Worked |
|---|---|---|---|---|
| Lead/Chief Operator | David Rymiak | C | 12746 | mon - Fri |
| Other Operator | Todd Hiscock | C | 7992 | SAT - SUN |
| Other Operator | Dave Shofstall | C | 7799 | Stand-by |
| Other Operator | Robb Crews | C | 13150 | Stand-by |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**II. Certification of 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 Rymiak — Signature and Date

David Rymiak — Printed or Typed Name

C - 12746 — License Number

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

III. [illegible] August 04

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day No. | Days Plant Staffed for Visited by Operator (Place "X") | Hours Plant Staffed | Total Gallons Pumped | Lowest Residual Disinfectant Concentration (mg/L) in Any Water Entering the Distribution System | Time of Lowest Residual Disinfectant Concentration (hrs) | Was Chlorine Residual Disinfectant Concentration (mg/L) in Water Entering Distribution System Continuously Measured? (Yes/No) | Number of Positive Coliform Samples | Number of Fecal Coliform or E. coli Positive Samples | Number of Chlorine Residual Disinfectant Concentration (mg/L) Samples Taken in Distribution System | Lowest Chlorine Residual Disinfectant Concentration (mg/L) in Distribution System | Number of Heterotrophic Bacteria Samples Taken in Distribution System | Number of Heterotrophic Bacteria Samples Exceeding 500 cfu/mL | Highest Turbidity Measurement (NTU) | Was Highest Turbidity Measurement Continuous? (Yes/No) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24hr | 268,000 | | | | | | | | | | 0.6 | |
| 2 | X | | 91,000 | | | | | | | | | | 0.8 | |
| 3 | X | | 178,000 | | | | | | | | | | 0.8 | |
| 4 | X | | 122,000 | | | | | | | | | | 0.4 | |
| 5 | X | | 92,000 | | | | | | | | | | 0.6 | |
| 6 | X | | 201,000 | | | | | | | | | | 0.8 | |
| 7 | | | 136,000 | | | | | | | | | | | |
| 8 | X | | 125,000 | | | | | | | | | | 0.6 | |
| 9 | X | | 205,000 | | | | | | | | | | 0.5 | |
| 10 | X | | 116,000 | | | | | | | | | | 0.6 | |
| 11 | X | | 144,000 | | | | | | | | | | 0.8 | |
| 12 | X | | 113,000 | | | | | | | | | | 0.8 | |
| 13 | X | | 105,000 | | | | | | | | | | 0.6 | |
| 14 | X | | 108,000 | | | | | | | | | | 0.6 | |
| 15 | | | 127,000 | | | | | | | | | | | |
| 16 | X | | 128,000 | | | | | | | | | | 0.7 | |
| 17 | X | | 90,000 | | | | | | | | | | 1.5 | |
| 18 | X | | 104,000 | | | | | | | | | | 1.0 | |
| 19 | X | | 106,000 | | | | | | | | | | 1.0 | |
| 20 | X | | 113,000 | | | | | | | | | | 1.0 | |
| 21 | | | 109,000 | | | | | | | | | | | |
| 22 | X | | 110,000 | | | | | | | | | | 0.8 | |
| 23 | X | | 122,000 | | | | | | | | | | 1.0 | |
| 24 | X | | 83,000 | | | | | | | | | | 1.0 | |
| 25 | X | | 116,000 | | | | | | | | | | 1.0 | |
| 26 | X | | 85,000 | | | | | | | | | | 0.6 | |
| 27 | X | | 151,000 | | | | | | | | | | 1.0 | |
| 28 | X | | 97,000 | | | | | | | | | | 0.8 | |
| 29 | | | 118,000 | | | | | | | | | | | |
| 30 | X | ↓ | 117,000 | | | | | | | | | | 0.6 | |
| 31 | X | 24hr | 158,000 | | | | | | | | | | 0.8 | |
| | | | 158,000 | 3.905 | | | | | | | | | | |
| | | | 119,000 | 1126 | | | | | | | | | | |
| | | | 2,928,000 | | | | | | | | | | | |

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

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# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes 672

MONTH/YEAR: August 04

| DATE | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 8- 3 | 2 | 2 | | | 18,000 | Service Area |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 8- 11 | 2 | 2 | | | 20,000 | Service Area |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 8- 18 | 2 | 2 | | | 10,000 | Service Area |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | 2 | 2 | | | 16,000 | Service Area |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 8-31 30 | 2 | 2 | | | 16,000 | Service Area |
| 8- 31 | 2 | 4 | | | 18,200 | Phase 8 Construction |

tot 98,200

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

672.

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

**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month Reported** September - 04

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

| | | |
|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | PWS Identification Number: 6535035 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | |
| Number of Service Connections at End of Month: 1190 | Total Population Served at End of Month: 2975 | |
| PWS Owner: Utilities Inc. of Florida | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | |

**B. Water Treatment Plant Information**

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | Plant Telephone Number: 800-272-1919 | |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |

| Treatment Operator | Class | License Number | Daily Shift(s) Worked |
|---|---|---|---|
| David Rynak | C | 12746 | mon - Fri |
| Todd Hiscock | C | 7992 | SAT - Sun |
| Dave Shaffstall | C | 7799 | Stand By |
| Robb Crow | C | 13150 | Stand By |

**II. Certification by Treatment 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 Rynak 10-1-04
Signature and Date

David Rynak
Printed or Typed Name

C - 12746
License Number

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

III. Daily Operation Record for: September - 04

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed for Visited by Operator (Place X) | Hours Plant Staffed for Visited by Operator | Total Finished Water Produced (gallons) | Lowest Disinfectant Residual Entering Distribution System (mg/L) | Time of Lowest Residual Entering Distribution System | Lowest Disinfectant Residual in Distribution System (mg/L) | Time of Lowest Residual in Distribution System | Turbidity of Finished Water (NTU) | Time of Highest Turbidity | Number of Hours Plant Operated During Month | Number of Hours Alternate Power Source Operated | Type of Alternate Power Source | Number of Hours Chlorine Gas Was Stored On Site | Lowest Disinfectant Residual in Distribution System (mg/L) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24hr | 138,000 | | | | | | | | | | | 0.8 | |
| 2 | X | | 113,000 | | | | | | | | | | | 1.0 | |
| 3 | X | | 116,000 | | | | | | | | | | | 1.0 | |
| 4 | X | | 83,000 | | | | | | | | | | | 0.8 | |
| 5 | | | 65,500 | | | | | | | | | | | | |
| 6 | X | | 65,600 | | | | | | | | | | | 0.8 | Power loss Generator D.O Not Start (Reported) |
| 7 | X | | 118000 | | | | | | | | | | | 1.0 | |
| 8 | X | | 165,000 | | | | | | | | | | | 1.0 | |
| 9 | X | | 79,000 | | | | | | | | | | | 0.6 | |
| 10 | X | | 78,000 | | | | | | | | | | | 1.0 | |
| 11 | X | | 105,000 | | | | | | | | | | | 0.8 | |
| 12 | | | 101,000 | | | | | | | | | | | | |
| 13 | X | | 101,000 | | | | | | | | | | | 0.6 | |
| 14 | X | | 105,000 | | | | | | | | | | | 0.8 | |
| 15 | X | | 108,000 | | | | | | | | | | | 1.0 | |
| 16 | X | | 103,000 | | | | | | | | | | | 0.8 | |
| 17 | X | | 89,000 | | | | | | | | | | | 1.0 | |
| 18 | X | | 124,000 | | | | | | | | | | | 1.0 | |
| 19 | | | 112,500 | | | | | | | | | | | | |
| 20 | X | | 112,500 | | | | | | | | | | | 1.0 | |
| 21 | X | | 113,000 | | | | | | | | | | | 0.6 | |
| 22 | X | | 86,000 | | | | | | | | | | | 0.8 | |
| 23 | X | | 142,000 | | | | | | | | | | | 1.0 | |
| 24 | X | | 125,000 | | | | | | | | | | | 1.0 | |
| 25 | X | | 110,000 | | | | | | | | | | | 1.0 | |
| 26 | | | 88,500 | | | | | | | | | | | | |
| 27 | X | | 88,500 | | | | | | | | | | | 1.0 | |
| 28 | X | | 133,000 | | | | | | | | | | | 0.8 | |
| 29 | X | | 103,000 | | | | | | | | | | | 0.8 | |
| 30 | X | | 96,000 | | | | | | | | | | | 1.0 | |
| 31 | | | | | | | | | | | | | | | |
| | | | 3,181,000 | 3,156,000 | | | | | | | | | | | |
| | | | 106,000 | 105,000 | | | | | | | | | | | |
| | | | 165,000 | | | | | | | | | | | | |

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

# DISINFECTANT MONITORING LOG

## CYPRESS LAKES UTILITIES, INC.
## PWS ID 6535055

Please log the *disinfectant residual* for each *sample site* at the time of bacteriological sampling
This log sheet is to be submitted after each quarter with that month's MOR. (March, June, October, December)

| Sample ID Number | Sample Location | Sample Date | Disinfectant Residual |
|---|---|---|---|
| 1 | 547 Mulligan Way | | |
| 2 | Sawgrass Circle Blow-Off | | |
| 3 | 1386 Grackle Ln | | |
| 4 | Lift Station #1 Tap | | |
| 5 | 621 Ultra Drive | | |
| 6 | Clubhouse Tap | | |
| 7 | 1802 Troon Ct. | 7-6-04 | 1.2 |
| | | 8-4-04 | 0.5 |
| | | 9-1-04 | 0.8 |
| 8 | Lift Station # 5 Tap | 7-6-04 | 0.9 |
| | | 8-4-04 | 0.4 |
| | | 9-1-04 | 0.5 |
| 9 | 1060 Arrowhead Dr. | 7-6-04 | 1.0 |
| | | 8-4-04 | 0.5 |
| | | 9-1-04 | 0.4 |
| 10 | 1481 Mallard Dr. | | |
| 11 | Cypress Lakes Dr. Washroom | | |
| 12 | LS # 4 Tap | | |
| | | Cl2 Avg | 0.68 |

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes 672

MONTH/YEAR: September - 04

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | 2 | 2 | | | 16.000 | Service Area |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | 2 | 2 | | | 20.000 | Service Area |
| 7 | 2 | 2 | | | 3.000 | Service Area |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | 2 | 2 | | | 12.000 | Service Area |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | 2 | 2 | | | 10.000 | Service Area |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | 2 | 2 | | | 1200 | Service Area |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | 2 | 2 | | | 10,000 | Service Area |
| 30 | | | | | 72.200 | total Flushed |
| 31 | | | | | 3.000 | Construction meter Phase 8 |

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

72,200

75,200 Total Water Loss

Form Modified 10/20/03

File: Flushing & Water Loss Record

672

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

FILE COPY

See page 4 for instructions.

I. Month and Year of Report: October - 04

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1195 | | Total Population Served at End of Month: 2987 | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | | City: Altamonte Springs | State: Fl Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 800-272-1919 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |

| Personnel Operating Plant | Name | Operator Class | License Number | Days Worked |
|---|---|---|---|---|
| Lead/Chief Operator | David Rymiak | C | 12746 | mon - Fri |
| Other Operators | Todd Hiscock | C | 7992 | SAT - SUN |
| | Dave Shoffstall | C | 7789 | Stand - By |
| | Robbert Crow | C | 13150 | Stand - By |

II. Certification of 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 Rymiak — David Rymiak — C 12746

Signature and Date | Printed or Typed Name | License Number

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

October -04

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Staffed | Total Finished Water Pumped (Gallons) | Lowest Measured Disinfectant Residual Entering Distribution System (mg/L) | Time of Lowest Residual Entering Distribution System | Highest Measured Disinfectant Residual Entering Distribution System (mg/L) | Time of Highest Residual Entering Distribution System | Number of Grab Samples Taken Every 24 Hours | Number of Grab Samples Below Minimum Required Disinfectant Residual | Number of Grab Samples Above Maximum Allowed Disinfectant Residual | Number of Bacteriological Samples Taken | Lowest Measured Disinfectant Residual Concentration Leaving Plant (mg/L) | Number of Bacteriological Samples Taken Which Were Positive for Coliform Bacteria |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24hr | 145 000 | | | | | | | | | 1.0 | |
| 2 | X | | 109 000 | | | | | | | | | 0.6 | |
| 3 | | | 139 000 | | | | | | | | | | |
| 4 | X | | 134 000 | | | | | | | | | 0.8 | |
| 5 | X | | 167 000 | | | | | | | | | 1.0 | |
| 6 | X | | 115 000 | | | | | | | | | 0.6 | |
| 7 | X | | 116 000 | | | | | | | | | 1.0 | |
| 8 | X | | 119 000 | | | | | | | | | 1.0 | |
| 9 | | | 146.500 | | | | | | | | | | |
| 10 | X | | 146,500 | | | | | | | | | 1.0 | |
| 11 | X | | 114 000 | | | | | | | | | 0.8 | |
| 12 | X | | 209 000 | | | | | | | | | 1.0 | |
| 13 | X | | 185 000 | | | | | | | | | 1.8 | |
| 14 | X | | 180 000 | | | | | | | | | 1.6 | |
| 15 | X | | 142 000 | | | | | | | | | 1.0 | |
| 16 | X | | 131 000 | | | | | | | | | 1.0 | |
| 17 | X | | 172 000 | | | | | | | | | 0.8 | |
| 18 | X | | 96 000 | | | | | | | | | 0.8 | |
| 19 | X | | 184 000 | | | | | | | | | 1.0 | |
| 20 | X | | 136 000 | | | | | | | | | 0.5 | |
| 21 | X | | 145 000 | | | | | | | | | 0.8 | |
| 22 | X | | 126 000 | | | | | | | | | 0.8 | |
| 23 | X | | 102 000 | | | | | | | | | 1.0 | |
| 24 | | | 139 000 | | | | | | | | | | |
| 25 | X | | 139 000 | | | | | | | | | 1.0 | |
| 26 | X | | 228 000 | | | | | | | | | 0.6 | |
| 27 | X | | 214 000 | | | | | | | | | 0.8 | |
| 28 | X | | 155 000 | | | | | | | | | 0.6 | |
| 29 | X | | 150 000 | | | | | | | | | 0.8 | |
| 30 | | | 90.500 | | | | | | | | | | |
| 31 | X | 24hr | 90.500 | | | | | | | | | 0.8 | |
| | | | 4,576000 | | | | | | | | | | |
| | | | 147 600 | | | | | | | | | | |
| | | | 228 000 | | | | | | | | | | |

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lake 672

MONTH/YEAR: October - 04

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | 2 | 2 | | | 12,500 | Service Area |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | 2 | 2 | | | 16,000 | service Area |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | 2 | 2 | | | 12,000 | Service Area |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | 2 | 4 | | | 237,100 | Construction Meter / Flushing |

277 500

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

672

FILE COPY

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

See page 4 for instructions.

**Month and Year of Report:** November 2004

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

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535051 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1195 | | Total Population Served at End of Month: 2987 | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | | City: Altamonte Springs | State: Fl Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

**B. Water Treatment Plant Information**

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 800-272-1919 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | | Plant Class (per subsection 62-699.310(4), F.A.C.): C | |

**Part II - Plant Operations**

| Name | Class | License Number | Hours Worked |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon - Fri |
| Todd Hiscock | C | 7992 | Sat - Sun |
| David Rynak | C | 12746 | Stand-by |
| Abbb Crow | C | 13150 | Stand-By |

**Part III - Certification of Plant Operations**

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 E Shoffstall 12/6/04 — Signature and Date

David E. Shoffstall — Printed or Typed Name

C-7799 — License Number

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

[redacted] November 2004

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Days Plant Staffed by Operator (Place an X) | Days Plant Visited by Operator (Place an X) | Hours Plant Staffed | Amount of Water Produced Daily (gallons) | Amount of Water Purchased Daily (gallons) | Amount of Water Delivered Daily to Distribution System (gallons) | Number of Backflow Events | Number of Backflow Events Caused by Cross-Connection | Number of Backflow Events Caused by Backpressure | Number of Backflow Events Caused by Backsiphonage | Number of Backflow Events Caused by Unknown Cause | Number of Backflow Events Caused by Other Cause | Lowest Disinfectant Residual Entering Distribution System (mg/L) | Lowest Disinfectant Residual Measured in Distribution System (mg/L) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 0.8 |
| X | | 24 | 724,000 | | | | | | | | | | 1.0 |
| X | | ↑ | 256,000 | | | | | | | | | | 1.4 |
| X | | | 209,000 | | | | | | | | | | 1.0 |
| X | | | 156,000 | | | | | | | | | | 1.0 |
| X | | | 179,000 | | | | | | | | | | 1.0 |
| X | | | 217,000 | | | | | | | | | | |
| | | | 194,000 | | | | | | | | | | 1.0 |
| | | | 194,000 | | | | | | | | | | 0.8 |
| X | | | 250,000 | | | | | | | | | | 0.6 |
| X | | | 202,000 | | | | | | | | | | 0.6 |
| X | | | 154,000 | | | | | | | | | | 0.8 |
| X | | | 191,000 | | | | | | | | | | 0.6 |
| X | | | 268,000 | | | | | | | | | | |
| | | | 122,000 | | | | | | | | | | 0.6 |
| X | | | 160,000 | | | | | | | | | | 0.7 |
| X | | | 272,000 | | | | | | | | | | 0.7 |
| X | | | 242,000 | | | | | | | | | | 0.6 |
| X | | | 200,000 | | | | | | | | | | 0.7 |
| X | | | 193,000 | | | | | | | | | | 0.6 |
| X | | | 207,000 | | | | | | | | | | |
| | | | 221,000 | | | | | | | | | | 0.8 |
| X | | | 283,000 | | | | | | | | | | 0.7 |
| X | | | 325,000 | | | | | | | | | | 0.7 |
| X | | | 238,000 | | | | | | | | | | 0.6 |
| X | | | 98,000 | | | | | | | | | | 0.8 |
| X | | | 199,000 | | | | | | | | | | 0.5 |
| X | | | 206,000 | | | | | | | | | | |
| | | | 192,000 | | | | | | | | | | 0.6 |
| X | | ↓ | 197,000 | | | | | | | | | | 0.5 |
| X | | 24 | 230,000 | | | | | | | | | | |
| | | | 6,646,000 | | | | | | | | | | |
| | | | 222,000 | | | | | | | | | | |
| | | | 276,900 | | | | | | | | | | |

✓ ✓

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes

MONTH/YEAR: Nov 04

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|
| 1 | | | | | 0 | No Flushing |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
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| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | 0 | |

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

672

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

See page 4 for instructions.

**I. General Information** — Month Covered: December 2009

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1195 | Total Population Served at End of Month: 2987 | | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | Plant Telephone Number: 800-272-1919 | |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C | | |

| | | | |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon - Fri. |
| Todd Hiscock | C | 7982 | Sat - Sun |
| Robb Crow | C | 13150 | Stand-by |

**II. Operator Certification and Signature**

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 attach them, together with copies of this report, as a convenient location for all your records.

David E Shoffstall 1/5/10 — David E. Shoffstall — C-7799

Signature and Date — Printed or Typed Name — License Number



01/05/2010 13:17 8136261030 GARTH A PAGE 02

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

III [illegible] December /2004

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day | Days Plant Staffed For 24 Hrs | Days Plant Visited By Operator | Total Finished Water Produced (Gallons) | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | Lowest Free Chlorine Residual Reading (mg/L) | [illegible] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | AM | 205,000 | | | | | | | | | | 0.6 | |
| 2 | X | ↑ | 158,000 | | | | | | | | | | 0.7 | |
| 3 | X | | 215,000 | | | | | | | | | | 0.7 | |
| 4 | X | | 223,000 | | | | | | | | | | 0.8 | |
| 5 | | | 200,000 | | | | | | | | | | | |
| 6 | X | | 200,000 | | | | | | | | | | 0.8 | |
| 7 | X | | 267,000 | | | | | | | | | | 0.6 | |
| 8 | X | | 240,000 | | | | | | | | | | 0.7 | |
| 9 | X | | 176,000 | | | | | | | | | | 0.6 | |
| 10 | X | | 178,000 | | | | | | | | | | 1.0 | |
| 11 | X | | 168,000 | | | | | | | | | | 0.8 | |
| 12 | | | 179,000 | | | | | | | | | | | |
| 13 | X | | 178,000 | | | | | | | | | | 0.8 | |
| 14 | X | | 185,000 | | | | | | | | | | 1.0 | |
| 15 | X | | 204,000 | | | | | | | | | | 1.0 | |
| 16 | X | | 174,000 | | | | | | | | | | 1.0 | |
| 17 | X | | 179,000 | | | | | | | | | | 1.0 | |
| 18 | X | | 164,000 | | | | | | | | | | 1.0 | |
| 19 | | | 164,000 | | | | | | | | | | | |
| 20 | X | | 163,000 | | | | | | | | | | 1.0 | |
| 21 | X | | 215,000 | | | | | | | | | | 0.8 | |
| 22 | X | | 230,000 | | | | | | | | | | 0.8 | |
| 23 | X | | 159,000 | | | | | | | | | | 0.8 | |
| 24 | X | | 140,000 | | | | | | | | | | 0.9 | |
| 25 | X | | 161,000 | | | | | | | | | | 1.0 | |
| 26 | | | 160,000 | | | | | | | | | | | |
| 27 | X | | 160,000 | | | | | | | | | | 1.0 | |
| 28 | X | | 157,000 | | | | | | | | | | 1.0 | |
| 29 | X | | 134,000 | | | | | | | | | | 0.9 | |
| 30 | X | ↓ | 135,000 | | | | | | | | | | 0.9 | |
| 31 | X | AM | 139,000 | | | | | | | | | | 0.7 | |
| [illegible] | [illegible] | [illegible] | 5,711,000 | ✓ | | | | | | | | | | |
| [illegible] | [illegible] | [illegible] | 176,000 | ✓ | | | | | | | | | | |
| [illegible] | [illegible] | [illegible] | 279,000 | ✓ | | | | | | | | | | |

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



01/05/2005 13:17 8136261030 GARTH A PAGE 03

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes

MONTH/YEAR: December 2004

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | 1" | 1 | 20" | | 3000 | Ultra in the Cul de Sac |
| 9 | 1½" | 1 | 540 | 50 | 27,000 | 9567 Cyp. Lakes Dr. |
| 10 | | | | | 12,000 | meter replacement at 9393 Hoosier Drive |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | 2 | | | | Sandcrane in the Cul de Sac |
| 14 | | | | | 13,800 | Meter replacement at 9579 Cypress Drive |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | 2 | 4 | | | 5000 | New Phase construction Flushing |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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

672

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: Att. Donald Rasmussen, Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714
FACILITY: Cypress Lakes WWTP
LOCATION: 10000 North US 98
Lakeland, FL 33809
COUNTY: Polk

PERMIT NUMBER: FLA013123
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic
MONITORING GROUP NUMBER: R-001 and Influent
NO DISCHARGE FROM SITE:
3MADF % Capacity:[3]
MONITORING PERIOD From: Jan 1-04 To Jan 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow, to R-001 | Sample Measurement | 0.114 | | mgd | | | | | 0 | 5/7 | Cal Roll 12 mo Avg |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | mgd | | | | | | 5 Days/Week | Calculated Roll 12 Mo Avg |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 3.1 | | | mg/l | 0 | Calculation | Calculated Roll 12 mo Avg |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (12 Mo. Avg.) | | | mg/l | | Calculation | Calculated Roll 12 Mo. Avg |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2 | <2 | <2 | mg/l | 0 | 1/14 | 8hr FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo. Avg.) | 45.0 (Wkly. Avg.) | 50.0 (Max.) | mg/l | | Every two weeks | 8-Hr. FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 3.2 | mg/l | 0 | 3/7 | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | mg/l | | 3 Days/Week | Grab |

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE (YY/MM/ |
|---|---|---|---|
| David Rzymek Lead Operator | David Rzymek | 863-815-1524 | 04-02-13 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP
COUNTY: Polk

PERMIT NUMBER: FLA013123 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD From: Jan 1 -04 To Jan 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| pH | Sample Measurement | | | | 6.7 | | 7.1 | S.U | 0 | 5/7 | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | s.u. | | 5 Days/Week | Grab |
| Coliform, Fecal | Sample Measurement | | | | <1 | | <1 | #/100ml | 0 | 3/7 | Grab |
| PARM Code 74055 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | Non Detable (75 Percentile) | | 25 (Max.) | #/100ml | | 3 Days/Week | Grab |
| Turbidity | Sample Measurement | | | | 1.0 | | | NTU | 0 | Continuous | meter |
| PARM Code 00070<br>Mon.Site No. EFB-01 | Permit Requirement | | | | Report | | | NTU | | Continuous | Meter |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 5.0 | | | mg/l | 0 | Continuous | meter |
| PARM Code 50060 A<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | mg/l | | Continuous | Meter |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 330 | | | mg/l | 0 | monthly | Grab |
| PARM Code 80082 G<br>Mon.Site No. INF-01 | Permit Requirement | | | | Report Monthly | | | mg/l | | Monthly | Grab |
| Solids, Total Suspended | Sample Measurement | | | | 330 | | | mg/l | 0 | monthly | Grab |
| PARM Code 00530 G<br>Mon.Site No. INF-01 | Permit Requirement | | | | Report Monthly | | | mg/l | | Monthly | Grab |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform use the monthly geometric mean.
2 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent
3 FPC is Flow Proportioned Composite

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility Name: Cypress Lakes WWTP County: Polk

Three-month Average Daily Flow: .121

Daily Flow % of Permitted Capacity: 69%

Month/Year: 01 - 04

| | Flow (MGD) To R-001 | CBODs (mg/L) | TSS (mg/L) | pH (S.U.) Min/Max | Fecal Coliform Bacteria (#/100ml) | TRC (For Disinfect.) (mg/L) | Turbidity | CBODs (mg/L) | TSS (mg/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 50050 | 80082 | 00530 | 00400 | 74055 | 50060 | 00070 | 80082 | 00530 |
| Mon. Site | Calculation | EFA-01 | EFB-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | INF-01 | INF-01 |
| 1 | .121 | | <2.0 | 6.8 | <1 | 5.0+ | .63 | | |
| 2 | .110 | | | 6.8 | | 5.0+ | .71 | | |
| 3 | .131 | | | 6.9 | | 5.0+ | .42 | | |
| 4 | .135 | | | 7.0 | | 5.0+ | .46 | | |
| 5 | .137 | | <2.0 | 6.8 | <1 | 5.0+ | .56 | | |
| 6 | .136 | | <2.0 | 6.8 | <1 | 5.0+ | .57 | | |
| 7 | .140 | | | 6.9 | | 5.0+ | .65 | | |
| 8 | .136 | | <2.0 | 6.9 | <1 | 5.0+ | .69 | | |
| 9 | .128 | | | 7.0 | | 5.0+ | .66 | | |
| 10 | .118 | | | 6.7 | | 5.0+ | .73 | | |
| 11 | .155 | | | 6.8 | | 5.0+ | .58 | | |
| 12 | .123 | | <2.0 | 6.7 | <1 | 5.0+ | .58 | | |
| 13 | .140 | | <2.0 | 6.8 | <1 | 5.0+ | .92 | | |
| 14 | .109 | <2.0 | | 6.9 | | 5.0+ | .63 | 330 | 330 |
| 15 | .123 | | <2.0 | 6.9 | <1 | 5.0+ | .66 | | |
| 16 | .120 | | | 6.9 | | 5.0+ | .85 | | |
| 17 | .120 | | | 6.9 | | 5.0+ | .66 | | |
| 18 | .139 | | | 7.0 | | 5.0+ | .64 | | |
| 19 | .138 | | <2.0 | 6.7 | <1 | 5.0+ | .72 | | |
| 20 | .145 | | 3.0 | 6.8 | <1 | 5.0+ | .78 | | |
| 21 | .140 | | | 6.9 | | 5.0+ | .71 | | |
| 22 | .132 | | 3.2 | 6.8 | <1 | 5.0+ | .80 | | |
| 23 | .110 | | | 6.9 | | 5.0+ | .78 | | |
| 24 | .113 | | | 7.0 | | 5.0+ | .77 | | |
| 25 | .125 | | | 7.1 | | 5.0+ | .94 | | |
| 26 | .117 | | <2.0 | 6.7 | <1 | 5.0+ | .68 | | |
| 27 | .151 | | <2.0 | 6.7 | <1 | 5.0+ | .59 | | |
| 28 | .160 | <2.0 | | 7.0 | | 5.0+ | .49 | | |
| 29 | .110 | | <2.0 | 7.0 | <1 | 5.0+ | .54 | | |
| 30 | .144 | | | 7.0 | | 5.0+ | .59 | | |
| 31 | .166 | | | 6.9 | | 5.0+ | 1.0 | | |

110?

4.066 ÷31 = .131 Avg

PLANT STAFFING:

| | Class: | Certificate No: | Name: |
|---|---|---|---|
| Day Shift Operator | C | 8600 | David Kyniak |
| Evening Shift Operator | A | 7523 | Robert Hudson |
| Night Shift Operator | B | 7274 | Ivan Hiscock |
| Lead Operator | C | 8600 | DAVID KYNIAK |

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather

*Attach additional sheets if necessary to list all certified operators



DEP Form 62-620.910(10), effective November 29, 1994

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 203 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123
LIMIT: Final
CLASS SIZE: N/A
REPORT GROUP: Monthly Domestic

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feb 1-04 To Feb 29-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.112 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 1 Mon.Site No. FLW-01 | Permit Requirement | 0.15 (2-Mo Ave) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.147 | | mGD | | | | | 0 | 5days/week | Flowmeter totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-01 | Permit Requirement | Report (Mo Avg) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| 00310, Carbonaceous 5 day, 20C | Sample Measurement | | | | 3.0 | | | mG/L | 0 | monthly | Calculated |
| PARM Code 80082 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (Mo Avg) | | | MGL | | Monthly | Calculated |
| 00310, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | mGL | 0 | EVERY TWO WEEK'S | 8hr FPC |
| PARM Code 80082 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo Avg) | | 60.0 (Max) | MGL | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 3.4 | mG/l | 0 | 4Days/week | Grab |
| PARM Code 00530 1 Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max) | MGL | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.6 | | 7.1 | SU | 0 | 5day/week | Grab |
| PARM Code 00400 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min) | | 8.5 (Max) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David Remick Lead operator | David Remick | 863-815-1221 | 04-03-18 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Feb 1-04 To: Feb 29-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 % | | | Percent | 0 | Monthly | Calculated |
| PARM Code 51003 J | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100 ml | 0 | 4 Days/week | Grab |
| PARM Code 74055 I | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 3.4 | | | mg/l | 0 | Continuous | meter |
| PARM Code 50060 A | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Turbidity | Sample Measurement | | | | | | 1.0 | NTU | 0 | Continuous | meter |
| PARM Code 00070 B | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Flow | Sample Measurement | 0.131 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 P | Permit Requirement | 0.494 (3MADF) | | MGD | | | | | | Monthly | Calculated |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| Flow | Sample Measurement | 0.147 | | MGD | | | | | 0 | 5 days/week | Flowmeter TOTALIZER |
| PARM Code 50050 Q | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flowmeters and totalizers |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 75% | | | Percent | 0 | monthly | Calculated |
| PARM Code 00180 J | Permit Requirement | | | | Report (Mo.Total) | | | PER-CENT | | Monthly | Calculated |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 260 | | | mg/l | 0 | monthly | 8hr FPC |
| PARM Code 80082 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MGL | | Monthly | 8 hour FPC |
| Mon.Site No. INF-01 | | | | | | | | | | | |
| Solids, Total Suspended | Sample Measurement | | | | 260 | | | mg/l | 0 | Monthly | 8 hr FPC |
| PARM Code 00530 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MGL | | Monthly | 8 hour FPC |
| Mon.Site No. INF-01 | | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTP

Monitoring Period From: Feb 1-04 To: Feb 29-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.1 | 5.0+ | | 1.0 | .155 | | |
| 2 | | <1 | 6.6 | 5.0+ | <2.0 | .91 | .135 | | |
| 3 | | <1 | 7.0 | 5.0+ | <2.0 | .60 | .149 | | |
| 4 | | | 6.8 | 5.0+ | | .52 | .149 | | |
| 5 | | <1 | 6.8 | 5.0+ | <2.6 | .50 | .140 | | |
| 6 | | | 7.0 | 5.0 | | .50 | .142 | | |
| 7 | | | 6.7 | 5.0 | | .54 | .136 | | |
| 8 | | | 6.9 | 5.0 | | .48 | .109 | | |
| 9 | | <1 | 6.8 | 5.0 | <2.0 | .45 | .151 | | |
| 10 | | <1 | 6.9 | 5.0 | 3.4 | .54 | .150 | | |
| 11 | <2.0 | | 6.9 | 5.0 | | .41 | .123 | 260 | 260 |
| 12 | | <1 | 6.8 | 5.0 | <2.0 | .35 | .114 | | |
| 13 | | | 6.8 | 5.0 | | .35 | .152 | | |
| 14 | | | 6.9 | 5.0 | | .31 | .150 | | |
| 15 | | | 7.0 | 3.4 | | .40 | .177 | | |
| 16 | | <1 | 6.6 | 5.0 | <2.0 | .48 | .156 | | |
| 17 | | <1 | 6.9 | 5.0 | <2.0 | .40 | .141 | | |
| 18 | | | 7.0 | 5.0 | | .42 | .153 | | |
| 19 | | <1 | 6.8 | 5.0 | <2.0 | .35 | .147 | | |
| 20 | | | 6.9 | 5.0 | | .35 | .135 | | |
| 21 | | | 7.0 | 5.0 | | .32 | .105 | | |
| 22 | | | 7.0 | 5.0 | | .32 | .134 | | |
| 23 | | <1 | 6.7 | 5.0 | <2.0 | .31 | .141 | | |
| 24 | | <1 | 6.8 | 5.0 | <2.0 | .33 | .154 | | |
| 25 | <2.0 | | 6.8 | 5.0 | | .27 | .171 | | |
| 26 | | <1 | 7.0 | 5.0 | <2.0 | .24 | .163 | | |
| 27 | | | 6.9 | 5.0 | | .24 | .151 | | |
| 28 | | | 6.8 | 5.0 | | .24 | .149 | | |
| 29 | | | 6.9 | 5.0 | | .24 | .140 | | |
| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| Total | 2 | 12 | | 28 | | | | 1 | 1 |
| Min. Avg. | <2.0 | <1 | | 4.9 | | | | 260 | 260 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 86000 | Name: | David Rymiak | |
| Evening Shift Operator | Class: D | Certificate No. 7294 | Name: | Todd Hitchcock | |
| Night Shift Operator | Class: A | Certificate No: 7523 | Name: | Robert Hudson | |
| Lead Operator | Class: C | Certificate No: 86000 | Name: | David Rymiak | |

DA File No. FLA013123-004-DW/PR

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME/ MAILING ADDRESS: Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: NA

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March 1-04 To March 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.111 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 F | Permit Requirement | 0.135 (2-Mo Ave) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.135 | | MGD | | | | | 0 | 5 days/week | Flow meter totalizer |
| PARM Code 50050 I Mon Site No. FLW-01 | Permit Requirement | Report (Mo Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.9 | | | mg/l | 0 | monthly | Calculated |
| PARM Code 80082 Y Mon Site No. EFA-01 | Permit Requirement | | | | 20.0 (Mo Avg) | | 45.0 (Max) | 60DL | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | mg/l | 0 | Every two weeks | 8hr FPC |
| PARM Code 80082 I Mon Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo Avg) | | 60.0 (Max) | mG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 2.6 | mg/l | 0 | 4 days/week | Grab |
| PARM Code 00530 I Mon Site No. EFD-01 | Permit Requirement | | | | | | 5.0 (Max.) | MGL | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.7 | | 7.0 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 I Mon Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
|---|---|---|---|
| David Kyniak Lead Operator | David Kyniak | [illegible] | 04/05/18 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March 1-04 To March 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 % | | | Percent | 0 | monthly | Calculated |
| PARM Code 51005 I<br>Mon Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100ml | 0 | 4 Days/week | Grab |
| PARM Code 74055 J<br>Mon Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection)<br>PARM Code 50060 A<br>Mon Site No. EFA-01 | Sample Measurement | | | | 3.6 | | | mg/l | 0 | Continuous | meter |
| | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity<br>PARM Code 00070 B<br>Mon Site No. EFB-01 | Sample Measurement | | | | | | .82 | NTU | 0 | Continuous | meter |
| | Permit Requirement | | | | | | Report (max.) | NTU | | Continuous | Meter |
| Flow<br>PARM Code 50050 P<br>Mon Site No. FLW-01 | Sample Measurement | 0.138 | | MGD | | | | | 0 | monthly | Calculated |
| | Permit Requirement | 0.175 (AMADF) | | MGD | | | | | | Monthly | Calculated |
| Flow<br>PARM Code 50050 Q<br>Mon Site No. FLW-01 | Sample Measurement | 0.135 | | MGD | | | | | 0 | 5days week | Flow meter Totalizer |
| | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 78% | | | percent | 0 | monthly | Calculated |
| PARM Code 50180 I<br>Mon Site No. FLW-01 | Permit Requirement | | | | Report (Mo. Total) | | | PER-CENT | | Monthly | Calculated |
| CBOD, Carbonaceous 5 day, 20C<br>PARM Code 80082 G<br>Mon Site No. INF-01 | Sample Measurement | | | | 300 | | | mg/l | 0 | monthly | 8 hr FPC |
| | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended<br>PARM Code 00530 G<br>Mon Site No. INF-01 | Sample Measurement | | | | 240 | | | mg/l | 0 | monthly | 8 hr FPC |
| | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8 hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

3 The AMADF % Capacity is the TMADF divided by the plant capacity multiplied by 100, reported as a percent.

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: March 1-04 To: March 31-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFD-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 6.9 | 5.0+ | <2.0 | .29 | .140 | | |
| 2 | | <1 | 6.9 | 5.0+ | <2.0 | .30 | .152 | | |
| 3 | | | 6.8 | 5.0+ | | .30 | .132 | | |
| 4 | | <1 | 7.0 | 5.0+ | <2.0 | .32 | .146 | | |
| 5 | | | 6.7 | 5.0+ | | .25 | .140 | | |
| 6 | | | 6.9 | 5.0+ | | .33 | .143 | | |
| 7 | | | 7.0 | 5.0+ | | .69 | .153 | | |
| 8 | | <1 | 6.9 | 5.0+ | 2.6 | .64 | .125 | | |
| 9 | | <1 | 6.9 | 5.0+ | <2.0 | .59 | .142 | | |
| 10 | <2.0 | | 7.0 | 5.0+ | | .49 | .122 | 3C | 240 |
| 11 | | <1 | 6.9 | 5.0+ | <2.0 | .51 | .137 | | |
| 12 | | | 6.7 | 5.0+ | | .41 | .140 | | |
| 13 | | | 6.8 | 5.0+ | | .36 | .138 | | |
| 14 | | | 6.7 | 5.0+ | | .32 | .146 | | |
| 15 | | <1 | 6.8 | 5.0+ | <2.0 | .63 | .161 | | |
| 16 | | <1 | 6.9 | 5.0+ | 2.4 | .60 | .157 | | |
| 17 | | | 6.9 | 5.0+ | | .78 | .172 | | |
| 18 | | <1 | 6.8 | 5.0+ | <2.0 | .52 | .142 | | |
| 19 | | | 7.0 | 5.0+ | | .56 | .111 | | |
| 20 | | | 7.0 | 5.0+ | | .18 | .110 | | |
| 21 | | | 7.0 | 3.6 | | .38 | .093 | | |
| 22 | | <1 | 6.9 | 5.0+ | <2.0 | .82 | .079 | | |
| 23 | | <1 | 6.9 | 5.0+ | <2.0 | .73 | .165 | | |
| 24 | <2.0 | | 7.0 | 5.0+ | | .54 | .140 | | |
| 25 | | <1 | 6.9 | 5.0+ | <2.0 | .36 | .145 | | |
| 26 | | | 6.9 | 5.0+ | | .33 | .160 | | |
| 27 | | | 7.0 | 5.0+ | | .30 | .150 | | |
| 28 | | | 6.9 | 5.0+ | | .32 | .135 | | |
| 29 | | <1 | 6.8 | 5.0+ | <2.0 | .34 | .125 | | |
| 30 | | <1 | 6.8 | 5.0+ | <2.0 | .32 | .083 | | |
| 31 | | | 6.9 | 5.0+ | | .21 | .142 | | |
| Total | 2 | 14 | 31 | 31 | 14 | 31 | 4.285 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 6.8 | 4.9 | 2.0 | .44 | 0.135 | 3(C) | 240 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 8600 | Name: | David Rynrak | |
| Evening Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | |
| Night Shift Operator | Class: A | Certificate No: 7523 | Name: | Robert Hudson | |
| Lead Operator | Class: C | Certificate No: 8600 | Name: | David Rynrak | |

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

(When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3560, 2600 Blair Stone Road, Tallahassee, FL 32399-2400)

| | | | | | |
|---|---|---|---|---|---|
| PERMITTEE NAME: | Cypress Lakes Utilities, Inc. | PERMIT NUMBER | FLA013123 | | |
| MAILING ADDRESS: | 200 Weathersfield Avenue | | | | |
| | Altamonte Springs, FL 32714 | FACILITY CLASS: | Final N/A | REPORT GROUP: | Municipal Domestic |
| FACILITY: | Cypress Lakes WWTF | | | | |
| LOCATION: | 10,000 North US Highway 98 Lakeland, FL 33809 | MONITORING GROUP NUMBER: | R-001 | | |
| | | MONITORING GROUP DESC: | Public access reuse (R-001), including influent. | | |
| COUNTY: | Polk | NO DISCHARGE FROM SITE: | ☐ | | |
| | | MONITORING PERIOD From: | April 1-04 To: April 30-04 | | |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.112 | | mgD | | | | | 0 | monthly | Calculation |
| PARM Code 50050 Y | Permit Requirement | 0.125 (Monthly Avg) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.125 | | mgD | | | | | 0 | 5 Days/week | Flow meter Totalizer |
| PARM Code 50050 1 | Permit Requirement | Report (Mo. Avg.) | | MGD | | | | | | 5 Days/Week | Flowmeters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.9 | | | mg/l | 0 | monthly | Calculated |
| PARM Code 80082 Y | Permit Requirement | | | | 20.0 (Mo Avg) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | mg/L | 0 | Every Two weeks | 8hr FPC |
| PARM Code 80082 1 | Permit Requirement | | | | 30.0 (Mo Avg) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8 hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 2.6 | mg/l | 0 | 4 Days/week | Grab |
| PARM Code 00530 1 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.8 | | 7.1 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 1 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David Rymsak Lead Operator | David Rymsak | 863-815-1524 | 04-17-18 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April 1 01 To April 30 01

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 % | | | Percent | 0 | Monthly | Calculated |
| FARM Code 51005 J<br>Mon Site No: EFA-01 | Permit Requirement | | | | 75 (Min) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100ml | 0 | 4 day/week | Grab |
| FARM Code 74055 I<br>Mon Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max) | M100/L | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection)<br>FARM Code 50060 A<br>Mon Site No. EFA-01 | Sample Measurement | | | | 5.0 | | | mg/l | 0 | Continuous | Meter |
| | Permit Requirement | | | | 1.0 (Min.) | | | MGL | | Continuous | Meter |
| Turbidity<br>FARM Code 00070 B<br>Mon Site No. EFE-01 | Sample Measurement | | | | | | .81 | NTU | 0 | Continuous | meter |
| | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow<br>FARM Code 50050 P<br>Mon Site No FLW-01 | Sample Measurement | 0.134 | | mgd | | | | | 0 | monthly | Calculated |
| | Permit Requirement | 0.175 (3MADF) | | MGD | | | | | | Monthly | Calculated |
| Flow<br>FARM Code 50050 Q<br>Mon Site No. FLW-01 | Sample Measurement | 0.125 | | mgd | | | | | 0 | 5 Days/week | Flow meter Totalizer |
| | Permit Requirement | Report (Mo Avg.) | | MGD | | | | | | 5 Days/Week | Flow meter and totalizers |
| Treatm Capacity, (TMADF/Permitted Capacity) x 100<br>FARM Code 00180 I<br>Mon Site No. FLW-01 | Sample Measurement | | | | 76 % | | | Percent | 0 | monthly | Calculated |
| | Permit Requirement | | | | Report (Mo Total) | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C<br>FARM Code 80082 G<br>Mon Site No INF-01 | Sample Measurement | | | | 2600 | | | mg/l | 0 | monthly | 8 hr FPC |
| | Permit Requirement | | | | Report (Mo Ave) | | | MGL | | Monthly | 8-hour FPC |
| Solids, Total Suspended<br>FARM Code 00530 G<br>Mon Site No. INF-01 | Sample Measurement | | | | 300 | | | mg/l | 0 | monthly | 8hr FPC |
| | Permit Requirement | | | | Report (Mo Ave.) | | | MGL | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: April 1-04 To: April 30-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.0 | 5.0 + | <2.0 | .20 | .148 | | |
| 2 | | | 7.0 | 5.0 + | | .25 | .140 | | |
| 3 | | | 7.0 | 5.0 + | | .31 | .122 | | |
| 4 | | | 7.0 | 5.0 + | | .26 | .144 | | |
| 5 | | <1 | 6.9 | 5.0 + | <2.0 | .59 | .136 | | |
| 6 | | <1 | 7.0 | 5.0 + | <2.0 | .18 | .031 | | |
| 7 | <2.0 | | 7.0 | 5.0 + | | .22 | .137 | 260 | 300 |
| 8 | | <1 | 7.1 | 5.0 + | <2.0 | .23 | .125 | | |
| 9 | | | 7.1 | 5.0 + | | .28 | .138 | | |
| 10 | | | 6.8 | 5.0 + | | .81 | .148 | | |
| 11 | | | 7.0 | 5.0 + | | .22 | .146 | | |
| 12 | | <1 | 6.9 | 5.0 + | 2.5 | .41 | .171 | | |
| 13 | | <1 | 6.9 | 5.0 + | <2.0 | .17 | .179 | | |
| 14 | | | 6.9 | 5.0 + | | .17 | .200 | | |
| 15 | | <1 | 7.0 | 5.0 + | <2.0 | .17 | .139 | | |
| 16 | | | 7.0 | 5.0 + | | .14 | .134 | | |
| 17 | | | 6.9 | 5.0 + | | .16 | .128 | | |
| 18 | | | 7.0 | 5.0 + | | .22 | .129 | | |
| 19 | | <1 | 7.0 | 5.0 + | <2.0 | .27 | .123 | | |
| 20 | | <1 | 7.1 | 5.0 + | <2.0 | .18 | .077 | | |
| 21 | <2.0 | | 7.0 | 5.0 + | | .28 | .094 | | |
| 22 | | <1 | 6.9 | 5.0 + | <2.0 | .30 | .115 | | |
| 23 | | | 6.9 | 5.0 + | | .71 | .118 | | |
| 24 | | | 6.8 | 5.0 + | | .31 | .083 | | |
| 25 | | | 6.9 | 5.0 + | | .40 | .115 | | |
| 26 | | <1 | 7.0 | 5.0 + | <2.0 | .40 | .115 | | |
| 27 | | <1 | 7.1 | 5.0 + | 2.6 | .41 | .122 | | |
| 28 | | | 7.0 | 5.0 + | | .35 | .107 | | |
| 29 | | <1 | 7.0 | 5.0 + | <2.0 | .23 | .098 | | |
| 30 | | | 7.0 | 5.0 + | | .35 | .117 | | |
| 31 | | | | | | | | | |
| Total | 1 | 13 | 30 | 30 | 13 | 30 | 3.779 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 7.0 | 5.0 | 2.0 | .30 | 0.125 | 260 | 300 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 8600 | Name: | David Rymiak | |
| Evening Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | |
| Night Shift Operator | Class: A | Certificate No: 7523 | Name: | Robert Hudson | |
| Lead Operator | Class: C | Certificate No: 8600 | Name: | David Rymiak | |

## DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

1,072

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May 1-04 To May 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.412 | | mgd | | | | | 0 | monthly | calculate |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF) | | MGD | | | | | | Monthly | Calculat |
| Flow | Sample Measurement | 0.099 | | mGD | | | | | 0 | 5 Days/week | Flow meta Totalizer |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow met and totali |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.9 | | | MG/L | 0 | monthly | Calculate |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculat |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | MG/L | 0 | Every two week | 8hr FR |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour F |
| Solids, Total Suspended | Sample Measurement | | | | | | 3.8 | mG/L | 0 | 4 Days/week | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.8 | | 7.1 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/ |
|---|---|---|---|
| David Rymak Lead Operator | David Rymak | 863-815-1524 | 04-06-17 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: MAY 1 - 04 To MAY 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100% | | | Per Cent | 0 | monthly | Calculated |
| PARM Code 51005 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100ml | 0 | 4 Days/week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 4.1 | | | mg/l | 0 | Continuous | meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 0.161 | NTU | 0 | Continuous | meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.118 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[3] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.099 | | MGD | | | | | 0 | 5 Days/week | Flowmeter totalizers |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 67 | | | Per Cent | 0 | monthly | Calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 290 | | | mg/l | 0 | Monthly | 8 hour FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 390 | | | mg/l | 0 | monthly | 8 hour FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: MAY 01-04 To: MAY 31-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 6.9 | 5.0+ | | .23 | .117 | | |
| 2 | | | 7.0 | 5.0+ | | .29 | .129 | | |
| 3 | | <1 | 6.8 | 5.0+ | 3.8 | .46 | .108 | | |
| 4 | | <1 | 6.8 | 5.0+ | <2.0 | .25 | .132 | | |
| 5 | <2.0 | | 6.9 | 5.0+ | | .36 | .098 | 290 | 390 |
| 6 | | <1 | 6.9 | 5.0+ | <2.0 | .34 | .091 | | |
| 7 | | | 7.0 | 5.0+ | | .24 | .098 | | |
| 8 | | | 6.9 | 5.0+ | | .26 | .103 | | |
| 9 | | | 7.0 | 4.1 | | .32 | .100 | | |
| 10 | | <1 | 6.8 | 5.0+ | <2.0 | .24 | .097 | | |
| 11 | | <1 | 6.9 | 5.0+ | <2.0 | .25 | .102 | | |
| 12 | | | 6.9 | 5.0+ | | .29 | .102 | | |
| 13 | | <1 | 7.0 | 5.0+ | <2.0 | .28 | .101 | | |
| 14 | | | 7.0 | 5.0+ | | .36 | .102 | | |
| 15 | | | 7.0 | 5.0+ | | .24 | .096 | | |
| 16 | | | 7.0 | 5.0+ | | .61 | .091 | | |
| 17 | | <1 | 7.0 | 5.0+ | <2.0 | .38 | .105 | | |
| 18 | | <1 | 6.9 | 5.0+ | <2.0 | .29 | .092 | | |
| 19 | <2.0 | <1 | 6.9 | 5.0+ | <2.0 | .30 | .090 | | |
| 20 | | <1 | 6.8 | 5.0+ | <2.0 | .31 | .090 | | |
| 21 | | | 6.8 | 5.0+ | | .39 | .083 | | |
| 22 | | | 7.1 | 5.0+ | | .43 | .087 | | |
| 23 | | | 6.9 | 5.0+ | | .36 | .089 | | |
| 24 | | <1 | 6.8 | 5.0+ | <2.0 | .42 | .095 | | |
| 25 | | <1 | 7.0 | 5.0+ | <2.0 | .31 | .096 | | |
| 26 | | <1 | 7.0 | 5.0+ | <2.0 | .24 | .092 | | |
| 27 | | <1 | 6.8 | 5.0+ | <2.0 | .41 | .089 | | |
| 28 | | | 7.0 | 5.0+ | | .31 | .102 | | |
| 29 | | | 7.0 | 5.0+ | | .29 | .100 | | |
| 30 | | | 7.0 | 5.0 | | .24 | .092 | | |
| 31 | | <1 | 7.0 | 5.0+ | <2.0 | .32 | .112 | | |
| Total | 2 | 15 | 31 | 31 | 15 | 31 | 3.081 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 6.9 | 4.9+ | 2.1 | 0.32 | 0.099 | 290 | 390 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 8600 | Name: | David Ryniak | |
| Evening Shift Operator | Class: D | Certificate No: 7294 | Name: | Todd Hiscock | |
| Shift Operator | Class: A | Certificate No: 7523 | Name: | Robert Hudson | |
| Lead Operator | Class: C | Certificate No: 8600 | Name: | David Ryniak | |

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# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

| | | | |
|---|---|---|---|
| PERMITTEE NAME: | Cypress Lakes Utilities, Inc. | PERMIT NUMBER | FLA013123 |
| MAILING ADDRESS: | 200 Weathersfield Avenue<br>Altamonte Springs, FL 32714 | LIMIT:<br>CLASS SIZE: | Final<br>N/A |
| FACILITY:<br>LOCATION: | Cypress Lakes WWTF<br>10,000 North US Highway 98<br>Lakeland, FL 33809 | MONITORING GROUP NUMBER:<br>MONITORING GROUP DESC: | R-001<br>Public access reuse (R-001), including Influent |
| COUNTY: | Polk | NO DISCHARGE FROM SITE: ☐ | |

REPORT: Monthly
GROUP: Domestic

MONITORING PERIOD From: June 1-04 To June 30-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.112 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculat |
| Flow | Sample Measurement | 0.099 | | MGD | | | | | 0 | 5 Days/week | Flow meta Totalizer |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow met and totali |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | < 2 | | | mg/l | 0 | monthly | Calculation |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculat |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | < 2.0 | | < 2.0 | mg/l | 0 | EVERY TWO WEEKS | 8hr Flt |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour F |
| Solids, Total Suspended | Sample Measurement | | | | | | 2.2 | mg/l | 0 | 4 Day/Week | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.8 | | 7.3 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/ |
|---|---|---|---|
| David Rymiak Lead Operator | David Rymiak | 863-815-1524 | 04-07-15 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June 1 - 04 To: June 30-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Ty |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100% | | | Per Cent | 0 | Monthly | Calculat |
| PARM Code 51005 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculate |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100ml | 0 | 4 Days/week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 5.0 | | | mg/l | 0 | Continuous | meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 0.43 | NTU | 0 | Continuous | meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.106 | | MGD | | | | | | monthly | Calculat |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculat |
| Flow | Sample Measurement | 0.099 | | MGD | | | | | | 5 Days/week | Flow me-ter totaliz |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow-met and totaliz |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 60 | | | Per Cent | 0 | monthly | Calculat |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculat |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 230 | | | mg/l | 0 | Monthly | 8hr FP |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour Fl |
| Solids, Total Suspended | Sample Measurement | | | | 270 | | | mg/l | 0 | monthly | 8hr FP |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour Fl |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: June 1-04 To: June 30-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.0 | 5.0+ | <2.0 | .24 | .112 | | |
| 2 | <2.0 | <1 | 7.0 | 5.0+ | <2.0 | .23 | .101 | 230 | 270 |
| 3 | | <1 | 7.0 | 5.0+ | <2.0 | .23 | .101 | | |
| 4 | | | 7.1 | 5.0+ | | .24 | .098 | | |
| 5 | | | 7.0 | 5.0+ | | .16 | .089 | | |
| 6 | | | 7.1 | 5.0+ | | .28 | .104 | | |
| 7 | | <1 | 7.0 | 5.0+ | <2.0 | .22 | .112 | | |
| 8 | | <1 | 7.0 | 5.0+ | <2.0 | .36 | .111 | | |
| 9 | | <1 | 7.0 | 5.0+ | <2.0 | .22 | .098 | | |
| 10 | | <1 | 7.0 | 5.0+ | <2.0 | .17 | .118 | | |
| 11 | | | 7.0 | 5.0+ | | .20 | .106 | | |
| 12 | | | 7.0 | 5.0+ | | .15 | .100 | | |
| 13 | | | 7.0 | 5.0+ | | .19 | .110 | | |
| 14 | | <1 | 7.0 | 5.0+ | <2.0 | .43 | .093 | | |
| 15 | | <1 | 7.1 | 5.0+ | <2.0 | .22 | .107 | | |
| 16 | <2.0 | <1 | 7.3 | 5.0+ | <2.0 | .22 | .110 | | |
| 17 | | <1 | 7.2 | 5.0+ | <2.0 | .21 | .099 | | |
| 18 | | | 7.0 | 5.0+ | | .28 | .091 | | |
| 19 | | | 6.8 | 5.0+ | | .19 | .090 | | |
| 20 | | | 7.0 | 5.0+ | | .22 | .102 | | |
| 21 | | <1 | 7.0 | 5.0+ | <2.0 | .28 | .099 | | |
| 22 | | <1 | 7.2 | 5.0+ | <2.0 | .21 | .096 | | |
| 23 | | <1 | 7.3 | 5.0+ | <2.0 | .19 | .092 | | |
| 24 | | <1 | 7.2 | 5.0+ | <2.0 | .24 | .098 | | |
| 25 | | | 7.3 | 5.0+ | | .18 | .095 | | |
| 26 | | | 7.1 | 5.0+ | | .19 | .084 | | |
| 27 | | | 7.0 | 5.0+ | | .20 | .077 | | |
| 28 | | <1 | 7.0 | 5.0+ | <2.0 | .18 | .102 | | |
| 29 | | <1 | 7.0 | 5.0+ | 2.2 | .21 | .103 | | |
| 30 | | <1 | 7.0 | 5.0+ | <2.0 | .21 | .101 | | |
| 31 | | | | | | | | | |
| Total | 2 | 18 | 30 | 30 | 18 | 30 | 2.999 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 7.0 | 5.0 | 0-1 | 0.22 | 0.099 | 230 | 270 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 8600 | Name: | David Ryniak | |
| Evening Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | |
| Shift Operator | Class: A | Certificate No: 7523 | Name: | Robert Hudson | |
| Lead Operator | Class: C | Certificate No: 8600 | Name: | David Ryniak | |

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

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

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

# Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | David Ryniak | **Date:** | 7/19/2004 16:37 PM |
| **Company:** | Cypress Lakes Utilities, Inc. | **Fax #:** | (239) 561-1263 (863) 815-1524 |
| **From:** | Michael Dunn | **Pages:** | 2 including this cover page. |
| **Subject:** | Discharge Monitoring Report (DMR) | | |

☐ **URGENT** ☐ For Your Review ☐ For your Information ☒ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail



## Messages:

The (DMR) was reviewed. Please make the following changes to the document:

Page 3:

When TSS is less than the detection limit, consider it to be 0 when computing the monthly average. Change the Mo. Avg. value from 2.0 to 0.1.

Send a revised copy to the Altamonte Springs office for our files.

FAXED 7-29-04.

FAXED 7-20-04 JA

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

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

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

# Fax Transmittal

Attn: Mike Dunn Date: 7-29-04

Company: U I F Fax #: 407-869-6961

From: Dave R Cypress Lakes Pages: 4

Subject: D M R Revised Copy

☐ URGENT ☒ As Requested ☐ For Your Review ☐ Please Comment ☒ For your information ☐ Please Reply Original: ☐ will not be sent ☐ via U.S. Mail

**Messages:**

The DMR has been Revised.
The monthly Avg For TSS was Changed
From 2.0 to 0.1 on page 3.

Dave R.

**COPY**

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

C:\Documents and Settings\Mike Dunn\Desktop\Email Transfer Files\Rynlak DMR Review (fax).doc

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# DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1-04 To July 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.113 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.101 | | MGD | | | | | 0 | 5 Days/week | Flow meters Totalizers |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | mg/L | | monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | mg/L | 0 | EVERY TWO WEEKS | 8hr FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | <2.0 | mg/L | 0 | 4 Days/week | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.8 | | 7.3 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David Rymiak Lead Operator | David Rymiak | 863-815-1524 | 04-08-17 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: July 1-04 To July 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 51005 1 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100 ml | 0 | 4 Days/week | Grab |
| PARM Code 74055 1 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 3.2 | | | mg/l | 0 | Continuous | meter |
| PARM Code 50060 A | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 1.8 | NTU | 0 | Continuous | meter |
| PARM Code 00070 B | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.099 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 P | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.101 | | MGD | | | | | 0 | 5 Day/week | Flow meters and totalizers |
| PARM Code 50050 Q | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 56% | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 00180 1 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 200 | | | mg/L | 0 | monthly | 8 hour FPC |
| PARM Code 80082 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 170 | | | mg/L | 0 | monthly | 8hr FPC |
| PARM Code 00530 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: July 1-04 To: July 31-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.1 | 5.0+ | <2.0 | .21 | .098 | | |
| 2 | | | 7.3 | 5.0 | | .28 | .099 | | |
| 3 | | | 7.1 | 5.0 | | .31 | .113 | | |
| 4 | | | 7.2 | 5.0 | | .21 | .103 | | |
| 5 | | <1 | 7.4 | 5.0 | <2.0 | .38 | .109 | | |
| 6 | | <1 | 7.1 | 3.3 | <2.0 | .29 | .113 | | |
| 7 | | <1 | 7.2 | 3.6 | <2.0 | .16 | .094 | | |
| 8 | | <1 | 7.0 | 3.3 | <2.0 | .13 | .101 | | |
| 9 | | | 7.0 | 5.0 | | .17 | .094 | | |
| 10 | | | 7.0 | 4.6 | | .18 | .097 | | |
| 11 | | | 7.0 | 5.0 | | .21 | .103 | | |
| 12 | | <1 | 7.1 | 5.0 | <2.0 | .15 | .100 | | |
| 13 | | <1 | 7.0 | 5.0 | <2.0 | .17 | .097 | | |
| 14 | <2.0 | <1 | 7.1 | 5.0 | <2.0 | .22 | .098 | 200 | 170 |
| 15 | | <1 | 7.0 | 5.0 | <2.0 | .22 | .098 | | |
| 16 | | | 7.1 | 4.7 | | .13 | .102 | | |
| 17 | | | 7.0 | 4.8 | | .28 | .105 | | |
| 18 | | | 6.8 | 3.2 | | .21 | .103 | | |
| 19 | | <1 | 7.0 | 3.4 | <2.0 | .23 | .116 | | |
| 20 | | <1 | 7.1 | 3.4 | <2.0 | .17 | .118 | | |
| 21 | | <1 | 7.1 | 5.0+ | <2.0 | .19 | .127 | | |
| 22 | | <1 | 7.0 | 5.0+ | <2.0 | .28 | .098 | | |
| 23 | | | 7.0 | 5.0+ | | .20 | .088 | | |
| 24 | | | 7.0 | 5.0 | | .58 | .094 | | |
| 25 | | | 7.0 | 5.0 | | .71 | .097 | | |
| 26 | | <1 | 7.0 | 5.0 | <2.0 | 1.8 | .096 | | |
| 27 | | <1 | 7.0 | 5.0 | <2.0 | .33 | .102 | | |
| 28 | | <1 | 7.0 | 5.0 | <2.0 | .35 | .094 | | |
| 29 | <2.0 | <1 | 7.0 | 5.0 | <2.0 | .15 | .102 | | |
| 30 | | | 7.1 | 5.0 | | .10 | .094 | | |
| 31 | | | 7.0 | 5.0 | | .33 | .105 | | |
| Total | 2 | 17 | 31 | 31 | 17 | 31 | 3.158 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 7.0 | 4.6 | 0.1 | .30 | 0.101 | 200 | 170 |

PLANT STAFFING:

| | | | | | | |
|---|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: | 8600 | Name: | David Rynak | |
| Evening Shift Operator | Class: B | Certificate No: | 7294 | Name: | Todd Hiscock | |
| Shift Operator | Class: A | Certificate No: | 7523 | Name: | Robert Hudson | |
| Lead Operator | Class: C | Certificate No: | 8600 | Name: | David Rynak | |

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## DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FILE COPY

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Aug 1-04 To Aug 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.114 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculat |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| Flow | Sample Measurement | 0.104 | | MGD | | | | | 0 | 5days/week | Flow meter Totalizer |
| PARM Code 50050 1 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow met and totali |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | < 2.0 | | | mg/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculat |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | < 2.0 | | < 2.0 | mg/l | 0 | Every Two Weeks | |
| PARM Code 80082 1 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour F |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Solids, Total Suspended | Sample Measurement | | | | | | < 2.0 | | 0 | 4Days/week | Grab |
| PARM Code 00530 1 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| Mon.Site No. EFB-01 | | | | | | | | | | | |
| pH | Sample Measurement | | | | 6.8 | | 7.3 | SU | 0 | 5day/week | Grab |
| PARM Code 00400 1 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |
| Mon.Site No. EFA-01 | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/ |
|---|---|---|---|
| David Rynuck Lead Operator | David Rynuck | 33885-1524 | 01-09-15 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Aug 1-04 To Aug 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 | | | Per Cent | 0 | monthly | calculated |
| PARM Code 51005 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100ml | 0 | 4days/week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 4.4 | | | mg/L | 0 | Continuous | meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 1.70 | NTU | 0 | Continuous | meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.101 | | mGD | | | | | 0 | monthly | calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.104 | | mGD | | | | | 0 | 5days/week | Flow meter Totalizer |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 57 | | | Per Cent | 0 | monthly | calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[1] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 200 | | | mG/L | 0 | Monthly | 8 hr FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 180 | | | mG/L | 0 | Monthly | 8hr FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: Aug 1 - 04 To: Aug 31 - 04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.1 | 5.0+ | | .40 | .100 | | |
| 2 | | <1 | 7.0 | 5.0+ | <2.0 | .48 | .104 | | |
| 3 | | <1 | 7.0 | 5.0+ | <2.0 | .49 | .101 | | |
| 4 | | <1 | 7.0 | 5.0+ | <2.0 | .29 | .112 | | |
| 5 | | <1 | 7.1 | 5.0+ | <2.0 | .24 | .103 | | |
| 6 | | | 7.0 | 5.0+ | | .25 | .111 | | |
| 7 | | | 7.0 | 5.0+ | | .60 | .113 | | |
| 8 | | | 7.0 | 5.0+ | | 1.70 | .110 | | |
| 9 | | <1 | 7.0 | 4.8 | <2.0 | .37 | .112 | | |
| 10 | | <1 | 7.1 | 5.0+ | <2.0 | .32 | .111 | | |
| 11 | 2.0 | <1 | 7.0 | 5.0+ | <2.0 | .33 | .099 | 200 | 180 |
| 12 | | <1 | 7.0 | 5.0+ | <2.0 | .41 | .094 | | |
| 13 | | | 7.0 | 5.0+ | | .25 | .109 | | |
| 14 | | | 6.8 | 5.0+ | | .36 | .112 | | |
| 15 | | | 7.2 | 5.0+ | | .40 | .104 | | |
| 16 | | <1 | 7.2 | 5.0+ | <2.0 | .34 | .111 | | |
| 17 | | <1 | 7.0 | 5.0+ | <2.0 | .38 | .110 | | |
| 18 | | <1 | 7.0 | 5.0+ | <2.0 | .37 | .117 | | |
| 19 | | <1 | 7.0 | 5.0+ | <2.0 | .41 | .105 | | |
| 20 | | | 7.0 | 5.0+ | | .32 | .101 | | |
| 21 | | | 7.0 | 5.0+ | | .35 | .156 | | |
| 22 | | | 7.0 | 5.0 | | .44 | .049 | | |
| 23 | | <1 | 7.0 | 4.4 | <2.0 | .19 | .088 | | |
| 24 | | <1 | 7.0 | 5.0+ | <2.0 | .15 | .107 | | |
| 25 | <2.0 | <1 | 7.0 | 5.0+ | <2.0 | .15 | .097 | | |
| 26 | | <1 | 7.3 | 5.0+ | <2.0 | .12 | .106 | | |
| 27 | | | 7.1 | 5.0+ | | .15 | .103 | | |
| 28 | | | 7.0 | 5.0+ | | .19 | .107 | | |
| 29 | | | 7.2 | 5.0+ | | .20 | .090 | | |
| 30 | | <1 | 7.0 | 5.0+ | <2.0 | .19 | .095 | | |
| 31 | | <1 | 7.0 | 5.0+ | <2.0 | .15 | .098 | | |
| Total | 2 | 18 | 31 | 31 | 18 | 31 | 3.235 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 7.0 | 4.9 | <2.0 | 0.35 | .104 | 200 | 180 |

PLANT STAFFING:

| | | | | | | |
|---|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 8600 | Name: David Ryniak |
| Evening Shift Operator | Class: B | Certificate No: 7294 | Name: Todd Hiscock |
| Shift Operator | Class: A | Certificate No: 7523 | Name: Robbert Hudson |
| Lead Operator | Class: C | Certificate No: 8600 | Name: David Ryniak |

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# DEPARTMENT OF ENVIRONMENTAL P[illegible]TECTION DISCHARGE MONITORING REPORT - PART A

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FILE COPY

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: September 1-04 To September 30-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.116 | | mgD | | | | | 0 | monthly | Calculation |
| PARM Code 50050 Y Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculat |
| Flow | Sample Measurement | 0.117.18 | | mgD | | | | | 0 | 5 Days/week | Flow meter and totalizer |
| PARM Code 50050 1 Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow met and totaliz |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | mg/l | 0 | monthly | Calculation |
| PARM Code 80082 Y Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculat |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | mg/l | 0 | every two weeks | 8 hour Ffc |
| PARM Code 80082 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour Fl |
| Solids, Total Suspended | Sample Measurement | | | | | | <2.0 | mg/l | 0 | 4 Days/week | Grab |
| PARM Code 00530 1 Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.9 | | 7.4 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/ |
|---|---|---|---|
| David Rynear Lead Operator | David Rynear | 863-815-1524 | 04-10-18 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: September 1-04 To September 30-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 | | | Percent | 0 | monthly | Calculated |
| PARM Code 51005 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100ML | 0 | 4 Days/week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.8 | | | mg/L | 0 | Continuous | Meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 0.50 | ~~NTU~~ 0.50 | 0 | Continuous | meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.107 | | mGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.117 | | mGD | | | | | 0 | 5 Days/week | Flow meter and Totalizer |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 61 | | | Percent | 0 | monthly | Calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 270 | | | mG/L | 0 | monthly | 8 hour FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 460 | | | mG/L | 0 | monthly | 8 hour FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: September -1-04 To: September 30-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.2 | 5.0+ | <2.0 | .21 | .102 | | |
| 2 | | <1 | 7.3 | 5.0+ | <2.0 | .20 | .100 | | |
| 3 | | | 7.3 | 5.0+ | | .16 | .103 | | |
| 4 | | | 7.0 | 5.0+ | | .18 | .085 | | |
| 5 | | | 7.2 | 5.0+ | | .21 | .075 | | |
| 6 | | | 6.9 | 3.6 | | .22 | .125 | | |
| 7 | | <1 | 6.8 | 1.8 | <2.0 | .42 | .255 | | |
| 8 | <2.0 | <1 | 7.0 | 5.0+ | <2.0 | .20 | .126 | 270 | 460 |
| 9 | | <1 | 7.2 | 5.0+ | <2.0 | .20 | .109 | | |
| 10 | | <1 | 7.3 | 5.0+ | <2.0 | .17 | .121 | | |
| 11 | | | 7.1 | 5.0+ | | .21 | .117 | | |
| 12 | | | 7.2 | 5.0+ | | .20 | .129 | | |
| 13 | | <1 | 7.0 | 5.0+ | <2.0 | .17 | .121 | | |
| 14 | | <1 | 6.9 | 5.0+ | <2.0 | .21 | .116 | | |
| 15 | | <1 | 6.9 | 5.0+ | <2.0 | .18 | .125 | | |
| 16 | | <1 | 7.2 | 5.0+ | <2.0 | .21 | .122 | | |
| 17 | | | 7.2 | 5.0+ | | .21 | .116 | | |
| 18 | | | 6.9 | 5.0+ | | .21 | .118 | | |
| 19 | | | 7.0 | 5.0+ | | .24 | .122 | | |
| 20 | | <1 | 7.3 | 5.0+ | <2.0 | .16 | .103 | | |
| 21 | | <1 | 7.0 | 5.0+ | <2.0 | .16 | .107 | | |
| 22 | <2.0 | <1 | 7.3 | 5.0+ | <2.0 | .21 | .113 | | |
| 23 | | 1 | 7.3 | 5.0+ | <2.0 | .18 | .105 | | |
| 24 | | | 7.3 | 5.0+ | | .20 | .091 | | |
| 25 | | | 7.2 | 5.0+ | | .19 | .100 | | |
| 26 | | | 7.4 | 5.0+ | | .18 | .121 | | |
| 27 | | <1 | 7.2 | 5.0+ | <2.0 | .25 | .196 | | |
| 28 | | <1 | 7.2 | 5.0+ | <2.0 | .50 | .110 | | |
| 29 | | <1 | 7.2 | 5.0+ | <2.0 | .15 | .127 | | |
| 30 | | <1 | 7.2 | 5.0+ | <2.0 | .12 | .124 | | |
| 31 | | | | | | | | | |
| Total | 2 | 18 | 30 | 30 | 18 | 30 | 3.534 | 1 | 1 |
| Mo. Avg. | <2.0 | 1 | 7.1 | 4.8 | <2.0 | .21 | .117, .118 | 270 | 460 |

PLANT STAFFING:

| | | | | | | |
|---|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 8600 | Name: | David Rynak | | |
| Evening Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | | |
| Shift Operator | Class: C | Certificate No: 12994 | Name: | Shan Rainey | | |
| Lead Operator | Class: C | Certificate No: 8600 | Name: | David Rynak | | |

**CYPRESS LAKES**

MONTH September
YEAR 04

| | FLOW | TRC | NTU | PH | TSS | FECAL | POND LEVEL AM | POND LEVEL PM |
|---|---|---|---|---|---|---|---|---|
| 1 | .102 | 5.0 | .21 | 7.2 | <2.0 | <1 | | |
| 2 | .100 | 5.0 | .20 | 7.3 | <2.0 | <1 | | |
| 3 | .103 | 5.0 | .16 | 7.3 | | | | |
| 4 | .085 | 5.0 | .18 | 7.0 | | | | |
| 5 | .075 | 5.0 | .21 | 7.2 | | | | |
| 6 | .125 | 3.6 | .22 | 6.9 | | | | |
| 7 | .255 | 1.8 | .42 | 6.8 | <2.0 | <1 | 5.3 | |
| 8 | .126 | 5.0 | .20 | 7.0 | <2.0 | <1 | 5.3 | |
| 9 | .109 | 5.0 | .20 | 7.2 | <2.0 | <1 | 5.3 | |
| 10 | .121 | 5.0 | .17 | 7.3 | <2.0 | <1 | 5.3 | |
| 11 | .117 | 5.0 | .21 | 7.1 | | | 5.3 | |
| 12 | .129 | 5.0 | .20 | 7.2 | | | 4.9 | |
| 13 | .121 | 5.0 | .17 | 7.0 | <2.0 | <1 | | |
| 14 | .116 | 5.0 | .21 | 6.9 | <2.0 | <1 | 3.5 | |
| 15 | .125 | 5.0 | .18 | 6.9 | <2.0 | <1 | | |
| 16 | .122 | 5.0 | .21 | 7.2 | <2.0 | <1 | 2.6 | |
| 17 | .116 | 5.0 | .21 | 7.2 | | | 0 | 0 |
| 18 | .118 | 5.0 | .21 | 6.9 | | | 0 | 0 |
| 19 | .122 | 5.0 | .24 | 7.0 | | | 0 | 0 |
| 20 | .103 | 5.0 | .16 | 7.3 | <2.0 | <1 | 0 | 0 |
| 21 | .107 | 5.0 | .16 | 7.0 | <2.0 | <1 | 0 | 0 |
| 22 | .113 | 5.0 | .21 | 7.3 | <2.0 | <1 | 0 | 0 |
| 23 | .105 | 5.0 | .18 | 7.3 | <2.0 | <1 | | |
| 24 | .091 | 5.0 | .20 | 7.3 | | | | |
| 25 | .100 | 5.0 | .19 | 7.2 | | | | |
| 26 | .121 | 5.0 | .18 | 7.4 | | | | |
| 27 | .146 | 5.0 | .25 | 7.2 | <2.0 | <1 | | |
| 28 | .110 | 5.0 | .50 | 7.2 | <2.0 | <1 | | |
| 29 | .127 | 5.0 | .15 | 7.2 | <2.0 | <1 | | |
| 30 | .124 | 5.0 | .12 | 7.2 | <2.0 | <1 | | |
| 31 | | | | | | | | |

Tot 3534
AVG 117

672

# DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

**FILE COPY**

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: October 1-04 To October 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample T |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.116 | | mGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 Y | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculate |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| Flow | Sample Measurement | 0.113 | | mGD | | | | | 0 | 5Day/week | Flow meter totalizer |
| PARM Code 50050 I | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow met and totaliz |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | mG/L | 0 | monthly | Calculated |
| PARM Code 80082 Y | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculat |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | mg/L | 0 | Every two weeks | 8hr FPC |
| PARM Code 80082 I | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour Fl |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Solids, Total Suspended | Sample Measurement | | | | | | <2.0 | mg/L | 0 | 4 Day/week | Grab |
| PARM Code 00530 I | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| Mon.Site No. EFB-01 | | | | | | | | | | | |
| pH | Sample Measurement | | | | 7.0 | | 7.5 | SU | 0 | 5Days/week | Grab |
| PARM Code 00400 I | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |
| Mon.Site No. EFA-01 | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/ |
|---|---|---|---|
| David Rynuk Lead Operator | David Rynuk | 863-815-1524 | 11-11-04 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: October 1-04 To October 31-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 94 | | | Per cent | 0 | monthly | Calculated |
| PARM Code 51005 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | 8 | #/100 ml | 1 | 4 Days/week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 5.0 | | | mg/l | 0 | continuous | meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 0.40 | NTU | 0 | continous | meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.113 | | MGD | | | | | 0 | monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[3] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.113 | | MGD | | | | | 0 | 5 Days/week | Flow meter totalizer |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 64 | | | Per Cent | 0 | monthly | Calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 290 | | | mg/L | 0 | monthly | 8hr FPC |
| PARM Code 80082 Q Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 140 | | | mg/L | 0 | monthly | 8 hr FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: October 1-04 To: October 31-04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.2 | 5.0+ | | .14 | .135 | | |
| 2 | | | 7.1 | 5.0+ | | .13 | .128 | | |
| 3 | | | 7.2 | 5.0+ | | .123 | .124 | | |
| 4 | | <1 | 7.0 | 5.0+ | <2.0 | .16 | .130 | | |
| 5 | | <1 | 7.2 | 5.0+ | <2.0 | .15 | .126 | | |
| 6 | <2.0 | <1 | 7.0 | 5.0+ | <2.0 | .10 | .112 | 290 | 140 |
| 7 | | <1 | 7.1 | 5.0+ | <2.0 | .11 | .109 | | |
| 8 | | | 7.2 | 5.0+ | | .12 | .093 | | |
| 9 | | | 7.1 | 5.0+ | | .19 | .100 | | |
| 10 | | | 7.3 | 5.0+ | | .40 | .109 | | |
| 11 | | <1 | 7.2 | 5.0+ | <2.0 | .30 | .116 | | |
| 12 | | <1 | 7.2 | 5.0+ | <2.0 | .25 | .133 | | |
| 13 | | <1 | 7.1 | 5.0+ | <2.0 | .29 | .094 | | |
| 14 | | 8 | 7.2 | 5.0+ | <2.0 | .30 | .131 | | |
| 15 | | | 7.2 | 5.0+ | | .20 | .101 | | |
| 16 | | | 7.2 | 5.0+ | | .18 | .109 | | |
| 17 | | | 7.5 | 5.0+ | | .17 | .100 | | |
| 18 | | <1 | 7.3 | 5.0+ | <2.0 | .16 | .110 | | |
| 19 | | <1 | 7.2 | 5.0+ | <2.0 | .17 | .112 | | |
| 20 | <2.0 | <1 | 7.2 | 5.0+ | <2.0 | .17 | .111 | | |
| 21 | | <1 | 7.3 | 5.0+ | <2.0 | .16 | .122 | | |
| 22 | | | 7.1 | 5.0+ | | .12 | .111 | | |
| 23 | | | 7.1 | 5.0+ | | .16 | .115 | | |
| 24 | | | 7.2 | 5.0+ | | .19 | .114 | | |
| 25 | | <1 | 7.2 | 5.0+ | <2.0 | .18 | .110 | | |
| 26 | | <1 | 7.2 | 5.0+ | <2.0 | .22 | .103 | | |
| 27 | | <1 | 7.2 | 5.0+ | <2.0 | .17 | .113 | | |
| 28 | | <1 | 7.2 | 5.0+ | <2.0 | .12 | .109 | | |
| 29 | | | 7.3 | 5.0+ | | .14 | .111 | | |
| 30 | | | 7.3 | 5.0+ | | .17 | .114 | | |
| 31 | | | 7.4 | 5.0+ | | .17 | .116 | | |
| Total | | 16 | 31 | 31 | 16 | 31 | 3.521 | 1 | 1 |
| Mo. Avg. | <2.0 | 1.4 | 7.2 | 5.0 | <2.0 | 0.18 | 0.113 .114 | 290 | 140 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 13840 | Name: | Robert Bono | |
| Evening Shift Operator | Class: C | Certificate No: 12994 | Name: | Shan Rainey | |
| Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | |
| Lead Operator | Class: C | Certificate No: 8600 | Name: | David Rynick | |

## DEPARTMENT OF ENVIRONMENTAL P[illegible]TECTION DISCHARGE MONITORING REPORT - PART A

672

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

**FILE COPY**

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: November-1-04 To November-30-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.117 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.122 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 I<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | < 2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | < 20 | | < 20 | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 I<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 2.8 | MG/L | 0 | 4 Days/Week | Grab |
| PARM Code 00530 I<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.9 | | 7.3 | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 I<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shoffstall Head Operator | David E Shoffstall | 863-815-1534 | 12/20/04 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: November-1-04 To November-30-04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | < 1 | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 51005 I | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100ML | 0 | 4 Days/Week | Grab |
| PARM Code 74055 I | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 5.0 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 0.57 | NTU | 0 | continuous | meter |
| PARM Code 00070 B | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.117 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P | Permit Requirement | 0.175 (3MADF)[3] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.123 | | MGD | | | | | 0 | 5 Days/Week | Flowmeter and totalizer |
| PARM Code 50050 Q | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 68 | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 00188 I | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 260 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 80082 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 310 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 00530 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: November - 1 - 04 To: November - 30 - 04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.3 | 5.0+ | <2.0 | .29 | .113 | | |
| 2 | | <1 | 7.2 | 5.0+ | <2.0 | .19 | .126 | | |
| 3 | | <1 | 7.1 | 5.0+ | <2.0 | .17 | .109 | 260 | 310 |
| 4 | <2.0 | <1 | 7.2 | 5.0+ | <2.0 | .20 | .115 | | |
| 5 | | | 7.3 | 5.0+ | | .19 | .114 | | |
| 6 | | | 7.2 | 5.0+ | | .17 | .125 | | |
| 7 | | | 7.3 | 5.0+ | | .14 | .109 | | |
| 8 | | <1 | 7.2 | 5.0+ | <2.0 | .20 | .119 | | |
| 9 | | <1 | 7.3 | 5.0+ | <2.0 | .20 | .117 | | |
| 10 | | <1 | 7.2 | 5.0+ | <2.0 | .22 | .132 | | |
| 11 | | <1 | 7.2 | 5.0+ | <2.0 | .23 | .113 | | |
| 12 | | | 6.9 | 5.0+ | | .22 | .113 | | |
| 13 | | | 7.1 | 5.0+ | | .20 | .139 | | |
| 14 | | | 7.2 | 5.0+ | | .19 | .134 | | |
| 15 | | <1 | 7.1 | 5.0+ | <2.0 | .21 | .140 | | |
| 16 | | <1 | 7.2 | 5.0+ | <2.0 | .19 | .119 | | |
| 17 | | <1 | 7.1 | 5.0+ | 2.2 | .23 | .134 | | |
| 18 | <2.0 | <1 | 7.2 | 5.0+ | 2.6 | .16 | .115 | | |
| 19 | | | 7.2 | 5.0+ | | .18 | .117 | | |
| 20 | | | 7.3 | 5.0+ | | .24 | .121 | | |
| 21 | | | 7.2 | 5.0+ | | .32 | .123 | | |
| 22 | | <1 | 7.2 | 5.0+ | <2.0 | .31 | .122 | | |
| 23 | | <1 | 7.1 | 5.0+ | <2.0 | .35 | .120 | | |
| 24 | | <1 | 7.3 | 5.0+ | <2.0 | .46 | .127 | | |
| 25 | | <1 | 7.2 | 5.0+ | <2.0 | .45 | .132 | | |
| 26 | | | 7.2 | 5.0+ | | .49 | .138 | | |
| 27 | | | 7.1 | 5.0+ | | .32 | .118 | | |
| 28 | | | 7.3 | 5.0+ | | .49 | .133 | | |
| 29 | | <1 | 7.0 | 5.0+ | <2.0 | .57 | .120 | | |
| 30 | | <1 | 7.0 | 5.0+ | 2.8 | .54 | .132 | | |
| 31 | | | | | | | | | |
| Total | 2 | 18 | 30 | 30 | 18 | 30 | 3.669 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 7.2 | 5.0+ | 2.1 | .28 | 0.122 | 260 | 310 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 13840 | Name: | Robert Bouno |
| Evening Shift Operator | Class: C | Certificate No: 12994 | Name: | Shan Rainey |
| Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock |
| Lead Operator | Class: C | Certificate No: 8045 | Name: | David E. Shoffstall |

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# DEPARTMENT OF ENVIRONMENTAL F[illegible]TECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FILE COPY

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: December 1/04 To December 31/04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.118 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.121 | | MGD | | | | | 0 | 5 Days/Week | Flow Meters and totalizers |
| PARM Code 50050 I<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | MG/L | 0 | Every Two Weeks | 8 hour FPC |
| PARM Code 80082 I<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | <2.0 | MGL | 0 | 4 Days/Week | Grab |
| PARM Code 00530 I<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.8 | | 7.4 | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 I<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shoffstall Lead Operator | David E. Shoffstall | 863-815-1534 | 05/1/19 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTP

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: December/1/04 To December/31/04

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than desection | Sample Measurement | | | | <1 | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 51005 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100ML | 0 | 4 Days/Week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 4.3 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | .51 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | .119 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[3] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | .121 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 68 | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 180 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 110 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: 12/1/04 To: 12/31/04

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.0 | 5.0+ | <2.0 | .27 | .112 | 180 | 110 |
| 2 | <2.0 | <1 | 7.1 | 5.0+ | <2.0 | .28 | .113 | | |
| 3 | | | 7.2 | 5.0+ | | .44 | .117 | | |
| 4 | | | 7.3 | 5.0+ | | .42 | .115 | | |
| 5 | | | 7.4 | 5.0+ | | .51 | .130 | | |
| 6 | | <1 | 7.0 | 5.0+ | <2.0 | .28 | .123 | | |
| 7 | | <1 | 6.9 | 5.0+ | <2.0 | .30 | .132 | | |
| 8 | | <1 | 6.8 | 5.0+ | <2.0 | .25 | .126 | | |
| 9 | | <1 | 7.3 | 5.0+ | <2.0 | .37 | .114 | | |
| 10 | | | 7.2 | 5.0+ | | .39 | .137 | | |
| 11 | | | 7.1 | 5.0+ | | .34 | .130 | | |
| 12 | | | 7.2 | 5.0+ | | .24 | .115 | | |
| 13 | | <1 | 7.3 | 5.0+ | <2.0 | .31 | .128 | | |
| 14 | | <1 | 7.2 | 5.0+ | <2.0 | .22 | .123 | | |
| 15 | <2.0 | <1 | 7.2 | 5.0+ | <2.0 | .36 | .120 | | |
| 16 | | <1 | 7.2 | 5.0+ | <2.0 | .26 | .110 | | |
| 17 | | | 7.1 | 5.0+ | | .24 | .120 | | |
| 18 | | | 7.2 | 5.0+ | | .35 | .124 | | |
| 19 | | | 7.1 | 5.0+ | | .42 | .116 | | |
| 20 | | <1 | 7.0 | 5.0+ | <2.0 | .31 | .115 | | |
| 21 | | <1 | 7.0 | 5.0+ | <2.0 | .42 | .091 | | |
| 22 | | <1 | 7.1 | 5.0+ | <2.0 | .22 | .118 | | |
| 23 | | <1 | 7.2 | 5.0+ | <2.0 | .23 | .119 | | |
| 24 | | | 7.2 | 5.0+ | | .30 | .120 | | |
| 25 | | | 7.3 | 5.0+ | | .31 | .124 | | |
| 26 | | | 7.2 | 5.0+ | | .36 | .108 | | |
| 27 | | <1 | 7.2 | 5.0+ | <2.0 | .32 | .126 | | |
| 28 | | <1 | 7.1 | 5.0+ | <2.0 | .37 | .127 | | |
| 29 | <2.0 | <1 | 7.2 | 4.3 | <2.0 | .44 | .117 | | |
| 30 | | <1 | 7.0 | 5.0+ | <2.0 | .45 | .133 | | |
| 31 | | | 7.2 | 5.0+ | | .37 | .135 | | |
| Total | 3 | 18 | 31 | 31 | 18 | 31 | 3.738 | 1 | 1 |
| Mo. Avg | <2.0 | <1 | 7.1 | 5.0 | <2.0 | .33 | 0.121 | 180 | 110 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 13840 | Name: | Robert Bouno | |
| Evening Shift Operator | Class: C | Certificate No: 12994 | Name: | Shan Rainey | |
| Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | |
| Lead Operator | Class: C | Certificate No: 8045 | Name: | David E. Shoffstall | |

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FILE COPY

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

See page 4 for instructions.

Jan 2005

A. Public Water System (PWS) Information

PWS Name: Cypress Lakes Utilities, Inc. | PWS Identification Number: 6533055

PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | Total Population Served at End of Month: 2787

Number of Service Connections at End of Month: 1185

PWS Owner: Utilities Inc. of Florida | Contact Person's Title: Regional Director

Contact Person: Patrick C. Flynn | City: Altamonte Springs | State: Fl | Zip Code: 32714

Contact Person's Mailing Address: 200 Weathersfield Ave. | Contact Person's Fax Number: 407 869 6961

Contact Person's Telephone Number: 407 869 1919

Contact Person's E-Mail Address: pc.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Cypress Lakes WTP | Plant Telephone Number: 800-272-1919/863 815-1574

Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809

Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C

| | | | |
|---|---|---|---|
| David E. Shoffstall | C | 7999 | Mon - Fri |
| Todd Hiscock | C | 7992 | Sat - Sun |
| Robb Crow | C | 13150 | Stand-by |

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(1), 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 E Shoffstall 2/5/05 — Signature and Date

David E. Shoffstall — Printed or Typed Name

C-7775 — License Number

02/08/2005 11:51 8136261030 GARTH A PAGE 05

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

[redacted] Jan / 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | X | 27 | 203,000 | | | | | | | | | | 0.6 | |
| [redacted] | | ↑ | 203,000 | | | | | | | | | | | |
| [redacted] | X | | 192,000 | | | | | | | | | | 0.9 | |
| [redacted] | X | | 273,000 | | | | | | | | | | 0.9 | |
| [redacted] | X | | 184,000 | | | | | | | | | | 0.9 | |
| [redacted] | X | | 178,000 | | | | | | | | | | 0.9 | |
| [redacted] | X | | 227,000 | | | | | | | | | | 0.9 | |
| [redacted] | X | | 191,000 | | | | | | | | | | 0.6 | |
| [redacted] | | | 193,000 | | | | | | | | | | | |
| [redacted] | X | | 209,000 | | | | | | | | | | 0.7 | |
| [redacted] | X | | 253,000 | | | | | | | | | | 1.0 | |
| [redacted] | X | | 178,000 | | | | | | | | | | 1.1 | |
| [redacted] | X | | 178,000 | | | | | | | | | | 1.0 | |
| [redacted] | X | | 130,000 | | | | | | | | | | 0.9 | |
| [redacted] | X | | 181,000 | | | | | | | | | | 1.0 | |
| [redacted] | | | 182,000 | | | | | | | | | | | |
| [redacted] | X | | 172,000 | | | | | | | | | | 0.9 | |
| [redacted] | X | | 249,000 | | | | | | | | | | 0.8 | |
| [redacted] | X | | 191,000 | | | | | | | | | | 0.8 | |
| [redacted] | X | | 140,000 | | | | | | | | | | 0.8 | |
| [redacted] | X | | 212,000 | | | | | | | | | | 0.7 | |
| [redacted] | X | | 200,000 | | | | | | | | | | 0.6 | |
| [redacted] | | | 200,000 | | | | | | | | | | | |
| [redacted] | X | | 261,000 | | | | | | | | | | 0.7 | |
| [redacted] | X | | 193,000 | | | | | | | | | | 0.7 | |
| [redacted] | X | | 229,000 | | | | | | | | | | 0.7 | |
| [redacted] | X | | 137,000 | | | | | | | | | | 0.7 | |
| [redacted] | X | | 218,000 | | | | | | | | | | 0.7 | |
| [redacted] | X | | 211,000 | | | | | | | | | | 0.8 | |
| [redacted] | | ↓ | 213,000 | | | | | | | | | | | |
| [redacted] | X | 24 | 193,000 | | | | | | | | | | 0.7 | |
| [redacted] | | | 244,000 | 6.143 | | | | | | | | | | |
| [redacted] | | | 198,193 | | | | | | | | | | | |
| [redacted] | | | 269,000 | | | | | | | | | | | |

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes / 672

MONTH/YEAR: Jan 05

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | 2 | 2 | 40mins | | 3000 | End of Big Cypress Blvd |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | 3" | 2 | 20mins | | 1500 | Cul de sak Spatterdock |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| * 28 | 2" | 2 | 40mins | | 3000 | End of Big Cypress Blvd. |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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

FILE COPY 672

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

See page 4 for instructions.

**Reporting Period:** February 2005

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

PWS Name: Cypress Lakes Utilities, Inc.

PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

PWS Identification Number: 6535055

Number of Service Connections at End of Month: 1195

Total Population Served at End of Month: 2987

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Flynn

Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave.

City: Altamonte Springs State: Fl Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919

Contact Person's Fax Number: 407.869.6961 / 863-815-1524

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**B. Water Treatment Plant Information**

Plant Name: Cypress Lakes WTP

Plant Address: 10000 Us Hwy 98 N

City: Lakeland Plant Telephone Number: 800-272-1919/863-815-1524

Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water State: Fl Zip Code: 33809

Permitted Maximum Day Operation Capacity of Plant, gallons per day: 350,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V

Plant Class (per subsection 62-699.310(4), F.A.C.): C

**Operator(s) in Charge of Plant During Month Indicated Above**

| Name | Class | License Number | Shift |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon - Fri. |
| Todd Hiscock | C | 7992 | Sat - Sun |
| Robb Crow | C | 13150 | Stand-by |

**Certification by Operator(s) in Charge of Plant During Month Indicated Above**

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 E Shoffstall 3/6/05 David E Shoffstall C-7799

Signature and Date Printed or Typed Name License Number

DEP Form 62-555.900(5)(a)

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

PWS Identification Number: 0355055 | Plant Name: Crosses Lakes WTP

February 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day | Plant Effluent | Hours Plant Was Operated | Finished Water Pumped (gallons) | Purchased Water (gallons) | Disinfectant Residual Entering Distribution System (mg/L) | Lowest Disinfectant Residual in Distribution System (mg/L) | Location of Lowest Disinfectant Residual in Distribution System |
|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 269,000 | | | 0.7 | |
| 2 | X | 1 | 144,000 | | | 0.8 | |
| 3 | X | | | 84,000 | | 0.8 | |
| 4 | X | | 207,000 | | | | |
| 5 | X | | 215,000 | | | 0.6 | |
| 6 | | | 213,000 | | | | |
| 7 | X | | 235,000 | | | 0.6 | |
| 8 | X | | 243,000 | | | 0.6 | |
| 9 | X | | 175,000 | | | 0.6 | |
| 10 | X | | 199,000 | | | 0.8 | |
| 11 | X | | 216,000 | | | 0.7 | |
| 12 | X | | 212,000 | | | 0.5 | |
| 13 | | | 214,000 | | | | |
| 14 | X | | 265,000 | | | 0.7 | |
| 15 | X | | 298,000 | | | 0.7 | |
| 16 | X | | 220,000 | | | 0.7 | |
| 17 | X | | 233,000 | | | 0.8 | |
| 18 | X | | 234,000 | | | 0.8 | |
| 19 | X | | 248,000 | | | 0.5 | |
| 20 | | | 242,000 | | | | |
| 21 | X | | 300,000 | | | 0.6 | |
| 22 | X | | 276,000 | | | 0.6 | |
| 23 | X | | 233,000 | | | 0.5 | |
| 24 | X | | 210,000 | | | 0.5 | |
| 25 | X | | 197,000 | | | 0.6 | |
| 26 | X | | 186,000 | | | 0.8 | |
| 27 | | ↓ | 182,000 | | | | |
| 28 | X | 24 | 232,000 | | | 0.4 | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| | | | 6,477,000 | | | | |
| | | | 295,000 | | | | |
| | | | 300,000 | | | | |

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

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

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

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

# Fax Transmittal

**Attn:** Dave Shoffstall **Date:** 4/14/2005 10:00 AM

**Company:** Cypress Lakes **Fax #:** 863-815-1524

**From:** Jackie Tappan **Pages:** 2 including this cover page.

**Subject:** MOR's

☐ **URGENT** ☐ For Your Review ☐ For your ☐ Please Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** Information Reply ☐ via U.S. Mail

## Messages:

Dave,

The faxed copy of the Feb. MOR for Cypress Lakes came over with the flow for the 3rd missing (see attached). Could you please fax me a cleaner copy. I plug these daily flow numbers into a speadsheet.

Thanks
Jackie

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

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

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-[illegible]6440

Telephone: 407-[illegible]859-1919
Florida: 800-[illegible]272-1919
Fax: 407-[illegible]869-6061
florida@utilities[illegible].com

# Fax Transmittal

Attn: Jackie Date: 4/14/05

Company: Fax #:

From: David S Pages: 1

Subject: Cypress Lakes Feb 3 Flow

☐ URGENT ☐ For Your Review ☐ For your information ☐ Reply ☐ Please Recycle Original: ☐ will not be sent ☐ will be sent via U.S. Mail

**Messages:**

Feb 3rd Flow

184,000

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

C:\Documents and Settings\Mike Dunn\Desktop\Email Folder Files\Rynick DMR Review (fax).doc

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FILE COPY

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

672

I. March 2005

A. PWS: TYPE, SERVICE LEVEL AND ADDRESS

PWS Name: Cypress Lakes Utilities, Inc. | PWS Identification Number: 6533045

PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 1195 | Total Population Served at End of Month: 2987

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Cypress Lakes WTP | Plant Telephone Number: 800-272-1919/863-815-1594

Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809

Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C

| | | | |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon - Fri. |
| Todd Hiscock | C | 7992 | Sat - Sun |
| Robb Crow | C | 13156 | Stand-by |

MAX WRONG.

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 E Shoffstall 4/2/05 — Signature and Date

David E Shoffstall — Printed or Typed Name

C-7799 — License Number

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

[redacted] March 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day | Days Plant Staffed | Days Plant Visited by Operator | Hours Plant Staffed | Lowest Disinfectant Residual Entering Distribution System (mg/L) | Lowest Disinfectant Residual in Distribution System (mg/L) | Highest Turbidity Level Entering Distribution System (NTU) | Highest Turbidity Level Measured in Distribution System (NTU) | Number of Coliform Samples Positive for Total Coliforms | Number of Fecal Coliform or E. coli Positive Samples | Number of Heterotrophic Bacteria Samples Exceeding 500/cfu/mL | Number of Chlorine Residual Samples Below Minimum Level | Highest Daily Flow (gallons) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | X | 24 | 1.2 | | | | | | | | 806,000 |
| 2 | X | | | 0.6 | | | | | | | | 295,000 |
| 3 | X | | | 1.8 | | | | | | | | 166,000 |
| 4 | X | | | 1.4 | | | | | | | | 262,000 |
| 5 | X | | | 1.8 | | | | | | | | 216,000 |
| 6 | | | | | | | | | | | | 216,000 |
| 7 | X | | | 0.8 | | | | | | | | 270,000 |
| 8 | X | | | 2.0 | | | | | | | | 240,000 |
| 9 | X | | | 2.0 | | | | | | | | 158,000 |
| 10 | X | | | 2.0 | | | | | | | | 184,000 |
| 11 | X | | | 2.1 | | | | | | | | 204,000 |
| 12 | X | | | 2.0 | | | | | | | | 235,000 |
| 13 | | | | | | | | | | | | 229,000 |
| 14 | X | | | 2.2 | | | | | | | | 195,000 |
| 15 | X | | | 2.1 | | | | | | | | 196,000 |
| 16 | X | | | 2.0 | | | | | | | | 133,000 |
| 17 | X | | | 2.0 | | | | | | | | 134,000 |
| 18 | X | | | 1.6 | | | | | | | | 216,000 |
| 19 | X | | | 2.2 | | | | | | | | 212,000 |
| 20 | | | | | | | | | | | | 211,000 |
| 21 | X | | | 2.1 | | | | | | | | 178,000 |
| 22 | X | | | 2.1 | | | | | | | | 233,000 |
| 23 | X | | | 1.5 | | | | | | | | 175,000 |
| 24 | X | | | 1.6 | | | | | | | | 140,000 |
| 25 | X | | | 1.8 | | | | | | | | 254,000 |
| 26 | X | | | 2.8 | | | | | | | | 218,000 |
| 27 | | | | | | | | | | | | 220,000 |
| 28 | X | | | 2.2 | | | | | | | | 215,000 |
| 29 | X | | | 2.2 | | | | | | | | 862,000 |
| 30 | X | | | 2.2 | | | | | | | | 284,000 |
| 31 | X | 24 | | 2.1 | | | | | | | | 263,000 |
| | | | | | | | | | | | | 427,000 |
| | | | | | | | | | | | | 207,000 |
| | | | | | | | | | | | | 270,000 |

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

# FLUSHING & WATER LOSS RECORD

672

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Cypress Lakes

MONTH/YEAR: March 2005

| DATE | SIZE | START TIME | STOP TIME | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | 3/4 | | | 60 | 20 | 1200 | WWTP backflow preventor |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |

FILE COPY

672

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

April 2005

A. Public Water System (PWS) Information

PWS Name: Cypress Lakes Utilities, Inc. | PWS Identification Number: 6535055

PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 1195 | Total Population Served at End of Month: 2987

PWS Owner: Utilities Inc. of Florida | Contact Person's Title: Regional Director

Contact Person: Patrick C. Flynn | City: Altamonte Springs | State: Fl | Zip Code: 32714

Contact Person's Mailing Address: 200 Weathersfield Ave. | Contact Person's Fax Number: 407.869.6961

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Cypress Lakes WTP | Plant Telephone Number: 800-272-1919

Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809

Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): C

| | | | |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon - Fri |
| Todd Hiscock | C | 7997 | Sat |
| John Holdman | A | 12034 | Backup |

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 visited 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 E Shoffstall 5/5/05 — Signature and Date

David E. Shoffstall — Printed or Typed Name

C-7799 — License Number



DEP Form 62-555.900(9)/Monthly

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

PWS Identification Number: 0353055 | Plant Name: Cypress Lakes WTP

Apr. 1 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Days Plant Staffed for Visits by Operator (Place X) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | X | 24 | 210,000 | 2.9 | | | | | | | | 0.7 | |
| | X | | 202,000 | 2.8 | | | | | | | | 0.6 | |
| | | | 203,000 | | | | | | | | | | |
| | X | | 197,000 | 2.8 | | | | | | | | 0.7 | |
| | X | | 261,000 | 2.8 | | | | | | | | 0.9 | |
| | X | | 310,000 | 2.8 | | | | | | | | 1.0 | |
| | X | | 181,000 | 2.1 | | | | | | | | 0.8 | |
| | X | | 238,000 | 2.7 | | | | | | | | 0.8 | |
| | X | | 225,000 | 2.0 | | | | | | | | 0.6 | |
| | | | 225,000 | | | | | | | | | | |
| | X | | 206,000 | 2.0 | | | | | | | | 0.8 | |
| | X | | 184,000 | 2.0 | | | | | | | | 0.8 | |
| | X | | 235,000 | 1.8 | | | | | | | | 0.7 | |
| | X | | 214,000 | 2.0 | | | | | | | | 0.8 | |
| | X | | 217,000 | 1.8 | | | | | | | | 0.6 | |
| | X | | 211,000 | 1.6 | | | | | | | | 0.8 | |
| | | | 213,000 | | | | | | | | | | |
| | X | | 258,000 | 1.8 | | | | | | | | 0.8 | |
| | X | | 203,000 | 1.8 | | | | | | | | 0.9 | |
| | X | | 227,000 | 1.9 | | | | | | | | 0.8 | |
| | X | | 303,000 | 1.7 | | | | | | | | 0.8 | |
| | X | | 204,000 | 2.0 | | | | | | | | 1.0 | |
| | X | | 213,000 | 1.8 | | | | | | | | 0.8 | |
| | | | 210,000 | | | | | | | | | | |
| | X | | 176,000 | 1.9 | | | | | | | | 0.8 | |
| | X | | 216,000 | 1.8 | | | | | | | | 0.7 | |
| | X | | 160,000 | 1.8 | | | | | | | | 0.7 | |
| | X | | 166,000 | 1.2 | | | | | | | | 0.5 | |
| | X | | 178,000 | 2.0 | | | | | | | | 0.8 | |
| | X | 24 | 178,000 | 1.6 | | | | | | | | 0.6 | |
| | | | | | | | | | | | | | |
| | | | 6390000 | | | | | | | | | | |
| | | | 211333 | | | | | | | | | | |
| | | | 302900 | | | | | | | | | | |

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



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# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes 672

MONTH/YEAR: April 05

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | 2in | 2 | 30 | | 2,000 | 2409 | Sandcrane (Sandcrane Blow off) |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | 2in | 2 | 60 | | 2,000 | 2409 | Sandcrane (Sandcrane Blow off) |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |

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

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FILE COPY

672

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

[redacted] May 2005

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

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1195 | Total Population Served at End of Month: 2987 | | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

**B. Water Treatment Plant Information**

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 800-272-1919 / 863-815-1524 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (see subsection 62-699.310(4), F.A.C.): V | | Plant Class (see subsection 62-699.310(4), F.A.C.): C | |

| [redacted] | | | |
|---|---|---|---|
| David E. Shaffstall | C | 7799 | Mon - Friday |
| John Holdman | A | 13039 | Backup |
| Todd Hiscock | C | 7992 | Sat. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[redacted]

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

| Signature and Date | Printed or Typed Name | License Number |
|---|---|---|
| [signature] 6/4/05 | David E Shaffstall | C-7799 |

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8136261030
06/13/2005 09:19

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lakes

For Each Day in the Month Year of: May 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed — Visited by Operator (Place "X") | Hours Plant Is in Operation | Net Quantity of Finished Water Produced, gal | Peak Hour Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at the First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Actual CT Provided in Plant Contact Piping During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | UV Dose — Lowest Operating UV Dose, mW-sec/cm² | UV Dose — Minimum UV Dose Required, mW-sec/cm² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | a4 | 178,000 | | | | | | | | | | | |
| 2 | X | | 158,000 | | 1.6 | | | | | | | | 0.7 | |
| 3 | X | | 254,000 | | 1.5 | | | | | | | | 0.6 | |
| 4 | X | | 125,000 | | 1.8 | | | | | | | | 0.5 | |
| 5 | X | | 92,000 | | 1.5 | | | | | | | | 0.5 | |
| 6 | X | | 166,000 | | 1.6 | | | | | | | | 0.6 | |
| 7 | X | | 175,000 | | 1.6 | | | | | | | | 0.5 | |
| 8 | | | 175,000 | | | | | | | | | | | |
| 9 | X | | 268,000 | | 1.4 | | | | | | | | 0.5 | |
| 10 | X | | 177,000 | | 1.2 | | | | | | | | 0.5 | |
| 11 | X | | 163,000 | | 1.9 | | | | | | | | 0.7 | |
| 12 | X | | 222,000 | | 1.8 | | | | | | | | 0.7 | |
| 13 | X | | 175,000 | | 1.4 | | | | | | | | 0.6 | |
| 14 | X | | 187,000 | | 1.2 | | | | | | | | 0.6 | |
| 15 | | | 187,000 | | | | | | | | | | | |
| 16 | X | | 189,000 | | 1.3 | | | | | | | | 0.7 | |
| 17 | X | | 174,000 | | 1.5 | | | | | | | | 0.7 | |
| 18 | X | | 126,000 | | 1.9 | | | | | | | | 0.8 | |
| 19 | X | | 227,000 | | 2.0 | | | | | | | | 0.9 | |
| 20 | X | | 162,000 | | 2.1 | | | | | | | | 0.9 | |
| 21 | X | | 181,000 | | 2.0 | | | | | | | | 0.8 | |
| 22 | | | 182,000 | | | | | | | | | | | |
| 23 | X | | 274,000 | | 1.8 | | | | | | | | 0.7 | |
| 24 | X | | 171,000 | | 2.0 | | | | | | | | 0.8 | |
| 25 | X | | 143,000 | | 1.6 | | | | | | | | 0.7 | |
| 26 | X | | 190,000 | | 1.7 | | | | | | | | 0.7 | |
| 27 | X | | 178,000 | | 1.3 | | | | | | | | 0.6 | |
| 28 | X | | 160,000 | | 1.8 | | | | | | | | 0.8 | |
| 29 | | | 160,000 | | | | | | | | | | | |
| 30 | X | | 183,000 | | 1.6 | | | | | | | | 0.8 | |
| 31 | X | 24 | 92,000 | | 1.8 | | | | | | | | 0.8 | |
| Total | | | 5428,000 | | | | | | | | | | | |
| Average | | | 175,129 | | | | | | | | | | | |
| Maximum | | | 274,000 | | | | | | | | | | | |

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 672 Cypress Lakes

MONTH/YEAR: May 05

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| * 13 | See | back | of | Water | Loss | Record | for Flushing * |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| * 19 | See | back | of | Water | Loss | Record | for Flushing * |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | 2 | 2 | 20 | | | 2409 | Sandcrane |
| 25 | | | | | | | |
| 26 | 2 | 2 | 20 | | | 2409 | Sandcrane |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |

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

Total 31,100

+ 7,800 Stuck Meter

Form Modified 1/30/04

File: Flushing & Water Loss Record

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

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

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

# Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | Dave Shofstall | **Date:** | 6/13/2005 16:35 PM |
| **Company:** | Cypress Lakes | **Fax #:** | 863-815-1524 |
| **From:** | Jackie Tappan | **Pages:** | 4 including this cover page. |
| **Subject:** | May MOR | | |

☐ **URGENT** ☐ For Your Review ☐ For your Information ☐ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail

## Messages:

Dave,

The daily flow numbers on the May MOR are not matching what is reflected on the spreadsheet I update. Could you please take a look at the numbers and let me know where I am off.

Thanks
Jackie

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

# CYPRESS LAKES

| | MAY |
|---|---|
| 1 | 0.178000 |
| 2 | 0.158000 |
| 3 | 0.254000 |
| 4 | 0.125000 |
| 5 | 0.092000 |
| 6 | 0.166000 |
| 7 | 0.145000 |
| 8 | 0.145000 |
| 9 | 0.268000 |
| 10 | 0.177000 |
| 11 | 0.163000 |
| 12 | 0.222000 |
| 13 | 0.175000 |
| 14 | 0.187000 |
| 15 | 0.187000 |
| 16 | 0.189000 |
| 17 | 0.174000 |
| 18 | 0.126000 |
| 19 | 0.222000 |
| 20 | 0.162000 |
| 21 | 0.121000 |
| 22 | 0.182000 |
| 23 | 0.274000 |
| 24 | 0.171000 |
| 25 | 0.143000 |
| 26 | 0.190000 |
| 27 | 0.178000 |
| 28 | 0.160000 |
| 29 | 0.160000 |
| 30 | 0.183000 |
| 31 | 0.092000 |
| | |
| | 5.369000 |
| | 0.173194 |
| | 0.274000 |

Totals on MOR

| |
|---|
| 5.429000 |
| 0.175129 |
| 0.274000 |

PAGE 02
GARTH A
07/08/2005 09:51 8136261030

FILE COPY
672

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

June / 2005

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

A. Public Water System (PWS) Information

PWS Name: Cypress Lakes Utilities, Inc. — PWS Identification Number: 6535053

PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive — Total Population Served at End of Month: 2987

Number of Service Connections at End of Month: 1195

PWS Owner: Utilities Inc. of Florida — Contact Person's Title: Regional Director

Contact Person: Patrick C. Flynn — City: Altamonte Springs — State: Fl — Zip Code: 32714

Contact Person's Mailing Address: 200 Weathersfield Ave. — Contact Person's Fax Number: 407.869.6961

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: pc.flynn@utilitiesinc.com

B. Water Treatment Plant Information — Plant Telephone Number: 800-272-1919/863-815-1524

Plant Name: Cypress Lakes WTP — City: Lakeland — State: FL — Zip Code: 33809

Plant Address: 10000 Us Hwy 98 N

Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000

Plant Category (see subsection 62-699.310(4), F.A.C.): V — Plant Class (per subsection 62-699.310(4), F.A.C.): C

| Name | Grade | Number | Days Worked |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon – Fri |
| Steve Habecy | C | 8012 | Sat |

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 E Shoffstall 7/6/05 — David E Shoffstall — C-7799

Signature and Date — Printed or Typed Name — License Number

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lakes

Month Data is for the Month Ended: June/2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ☐ Ultraviolet Radiation ☐ Other (Describe): ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed or by Operator (Place "X") | Hours Plant at Operation | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes | Lowest (CT) Provided at Plant Customer During Peak Flow, mg-min/L | Temp. of Water °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating CT Dose, mg/L as "X" weight | Minimum CT Dose Required, mg/L as "X" weight | Lowest Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 145,000 | | 1.2 | | | | | | | | 0.6 | |
| 2 | X | | 88,600 | | 2.0 | | | | | | | | 0.9 | |
| 3 | X | | 146,000 | | 2.0 | | | | | | | | 0.9 | |
| 4 | X | | 109,000 | | 1.8 | | | | | | | | 0.6 | |
| 5 | | | 110,000 | | | | | | | | | | | |
| 6 | X | | 132,000 | | 1.4 | | | | | | | | 0.6 | |
| 7 | X | | 140,000 | | 2.0 | | | | | | | | | |
| 8 | X | | 121,000 | | 2.2 | | | | | | | | 0.6 | |
| 9 | X | | 97,000 | | 1.6 | | | | | | | | 0.6 | |
| 10 | X | | 122,000 | | 1.3 | | | | | | | | 1.0 | |
| 11 | X | | 105,000 | | 1.8 | | | | | | | | 0.7 | |
| 12 | | | 106,000 | | | | | | | | | | 0.6 | |
| 13 | X | | 193,000 | | 1.5 | | | | | | | | 0.6 | |
| 14 | X | | 131,000 | | 1.4 | | | | | | | | | |
| 15 | X | | 163,000 | | 1.4 | | | | | | | | 0.6 | |
| 16 | X | | 128,000 | | 1.3 | | | | | | | | 0.5 | |
| 17 | X | | 156,000 | | 1.6 | | | | | | | | 0.5 | |
| 18 | X | | 176,000 | | 1.7 | | | | | | | | 0.5 | |
| 19 | | | 176,000 | | | | | | | | | | 0.7 | |
| 20 | X | | 112,000 | | 2.0 | | | | | | | | 0.8 | |
| 21 | X | | 109,000 | | 1.4 | | | | | | | | | |
| 22 | X | | 182,000 | | 1.3 | | | | | | | | 0.9 | |
| 23 | X | | 138,000 | | 1.9 | | | | | | | | 0.5 | |
| 24 | X | | 98,000 | | 1.5 | | | | | | | | 0.6 | |
| 25 | X | | 149,000 | | 1.6 | | | | | | | | 0.8 | |
| 26 | | | 149,000 | | | | | | | | | | 0.7 | |
| 27 | X | | 149,000 | | 2.5 | | | | | | | | 0.7 | |
| 28 | X | | 122,000 | | 2.8 | | | | | | | | | |
| 29 | X | | 117,000 | | 2.7 | | | | | | | | 1.0 | |
| 30 | X | | 109,000 | | 2.2 | | | | | | | | 0.8 | |
| 31 | | | | | | | | | | | | | 0.9 | |
| Total | | | 3948,000 | | 3.96 | | | | | | | | 0.5 | |
| Average | | | 131,400 | | 1.32 | | | | | | | | | |
| Maximum | | | 176,200 | | | | | | | | | | | |

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

DEP Form 62-555.900(3) Attached

# WATER LOSS RECORD

672

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes

MONTH/YEAR: June, 2005

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | 2" / 2" | 2 | 20mins / 20mins | 100gals / 100gals | 2000 / 2000 | 2408 Sandcrane / 9517 Maidencane Ct |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | 1200 | 2162 Cypress Cross - defective meter |
| 7 | 2" | 2 | 30mins | 100gals | 6000 | 2408 Ultra / 2409 Sandcrane |
| 8 | 3/4 | 2 | 30mins | 12.5gals | 375 | Temp BO @ Pewine Trl |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | 6700 | 9549 Cypress Tree - defective meter |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | 2" | 2 | 20mins | 100gals | 2000 | 2409 Sandcrane |
| 22 | 2" / 3/4" | 2 | 20 mins | 100gals / 12.5gals | 2000 / 250 = 2250 | 2408 Ultra / Temp BO @ Pewine Trl |
| 23 | 2" | 2 | 30mins | 100gals | 3000 | 9590 Grackle |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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

Total - 25525 G

revised - discard old sheet and substitute this replacement

Form Modified 10/20/03

File: Flushing & Water Loss Record

FILE COPY

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

672

July /2005

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 4535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Conservation | | | |
| Number of Service Connections at End of Month: 1451 | | | Total Population Served at End of Month: 3987 |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | | City: Altamonte Springs | State: Fl Zip Code: 32714 |
| Contact Person's Telephone Number: 407.862.1919 | | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 800-272-1919 / 863-815-1919 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (see subsection 62-699.310(4), F.A.C.): V | Plant Class (see subsection 62-699.310(4), F.A.C.): C | | |

| | | | | |
|---|---|---|---|---|
| [redacted] | David E. Shoffstall | C | 7799 | Mon – Fri. |
| | Joe Cribbs | C | 14084 | Sat + Backup |
| | | | | |
| [redacted] | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[redacted]

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 [illegible] standards referenced in subsection 62-553.320(3), F.A.C. I also certify that the following additional operations records for this [illegible] each day that a licensed operator staffed or visited this plant during the month listed above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance reports. I [illegible] additional records in the PWS name and PWS number listed above, together with copies of this report, at a convenient location for at least ten years.

[redacted] [redacted] C-7799

Signature and Date | Printed or Typed Name | License Number

08/08/2005 15:14 8136251030 GARTH A PAGE 08

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

PWS Identification Number: 6355055 | Plant Name: Cypress Lakes WTP

July/2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ [illegible] ☐ Other (Describe):

Type of Disinfectant Residual Maintained in [illegible]: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day | Days Plant Surface Area Visited by Operator (Enter "X") | Hours | Net Quantity of Finished Water Produced (Gallons) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 109,000 | | 1.9 | | | | | | | | 0.4 | |
| 2 | X | | 132,000 | | 2.1 | | | | | | | | 1.3 | |
| 3 | | | 123,000 | | | | | | | | | | | |
| 4 | X | | 132,000 | | 2.3 | | | | | | | | | |
| 5 | X | | 107,000 | | 1.0 | | | | | | | | 2.0 | |
| 6 | X | | 147,000 | | 1.0 | | | | | | | | 0.4 | |
| 7 | X | | 164,000 | | 1.2 | | | | | | | | 0.5 | |
| 8 | X | | 149,000 | | 1.1 | | | | | | | | 0.6 | |
| 9 | X | | 149,000 | | 2.3 | | | | | | | | 0.6 | |
| 10 | | | 150,000 | | | | | | | | | | 0.7 | |
| 11 | X | | 145,000 | | 1.7 | | | | | | | | | |
| 12 | X | | 141,000 | | 1.8 | | | | | | | | 0.6 | |
| 13 | X | | 126,000 | | 1.8 | | | | | | | | 0.7 | |
| 14 | X | | 140,000 | | 2.0 | | | | | | | | 0.9 | |
| 15 | | | [illegible] no | | 1.8 | | | | | | | | 0.7 | |
| 16 | X | | 114,000 | | 2.2 | | | | | | | | 0.8 | |
| 17 | | | 115,000 | | | | | | | | | | | |
| 18 | X | | 130,000 | | 2.6 | | | | | | | | 0.8 | |
| 19 | X | | 119,000 | | 2.5 | | | | | | | | 0.8 | |
| 20 | X | | 119,000 | | 2.5 | | | | | | | | 0.8 | |
| 21 | X | | 127,000 | | 2.6 | | | | | | | | 0.9 | |
| 22 | X | | 132,000 | | 2.8 | | | | | | | | 1.0 | |
| 23 | X | | 114,000 | | 2.8 | | | | | | | | 1.0 | |
| 24 | | | 113,000 | | | | | | | | | | | |
| 25 | X | | 163,000 | | 2.8 | | | | | | | | 0.9 | |
| 26 | X | | [illegible] no | | 3.4 | | | | | | | | 0.8 | |
| 27 | X | | 121,000 | | 2.4 | | | | | | | | 1.0 | |
| 28 | X | | [illegible] | | [illegible] | | | | | | | | [illegible] | |
| 29 | X | | 123,000 | | 1.6 | | | | | | | | [illegible] | |
| 30 | X | | 205,500 | | [illegible] | | | | | | | | 0.5 | |
| 31 | | | [illegible] | | | | | | | | | | | |
| Total | | | 3935,000 | | | | | | | | | | | |
| Average | | | 126,935 | | | | | | | | | | | |
| Maximum | | | 205,500 | | | | | | | | | | | |

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



08/08/2005 15:14 8136261030 GARTH A PAGE 09

# FLUSHING & WATER LOSS RECORD

672

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Cypress Lakes

MONTH/YEAR: July 2005

| DATE | SIZE | START TIME | STOP TIME | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | 100,000 | Flow Meter at Well # 2 |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |

File: Flushing & Water Loss Record

# WATER LOSS RECORD

672

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lake /672

MONTH/YEAR: July /2005

| Day | | | | | | |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | 2" | 2 | 25 | 100 | 2500 | Hydrant #: 4 2126 Cypress Cross |
| 7 | 2" | 2/5 | — | — | 37750 | See back of Water Loss Record |
| 8 | 2" | 2/5 | — | — | 47250 | See back of Water Loss Record |
| 9 | 2" | 5 | 30 | 150 | 4500 | 2409 Sandcrane |
| 10 | 2" | 5 | 45/30 | 150/250 | 6750 7500/14250 | 9822 Mooney<br>9405 Maid a Crane |
| 11 | 2" | 5 | 30/1020 | 200/100 | 6000 102000/108000 | Hydrant # Big Cypress Wood stock |
| 12 | " " | " " | " " | " " | " " | " " |
| 13 | 2" | 2/5 | 10/240 | 250/100 | 26500 | 2408 Sandcrane Hyd. Ca[illegible] |
| 14 | 2" | 5 | 30 | 150 | 4500 | 2409 Mulligan |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | 2" | 2/5 | — | — | 19500 | See back |
| 22 | 2" | 5 | 25 | 200 | 7000 | Brackle Hyd # |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | 2" | 2/5 | — | — | 149000 | See back |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |

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

416250

Post-it® Fax Note 7671 Date 8-4 # pgs

To Jackie From SI

Co./Dept. UIF Co. Cyp Lake

Phone # Phone #

Fax # Fax #

Form Modified 10/20/03

File: Flushit

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

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

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

FAXED

# Fax Transmittal

**Attn:** Dave Shoffstall **Date:** 9/12/2005 10:45 AM

**Company:** Cypress Lakes **Fax #:** 863-815-1524

**From:** Jackie Tappan **Pages:** 3 including this cover page.

**Subject:** July - Cypress Lakes MOR

☐ **URGENT** ☐ For Your Review ☐ For your Information ☐ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail

## Messages:

Dave,

Could you please fax me another copy of the July 05 MOR for Cypress Lakes. The original copy faxed to me is unreadable.

Thanks
Jackie

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

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

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

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

FAXED

# Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | Dave Shoffstall | **Date:** | 8/23/2005 11:03 AM |
| **Company:** | Cypress Lakes | **Fax #:** | 863-815-1524 |
| **From:** | Jackie Tappan | **Pages:** | 3 including this cover page. |
| **Subject:** | July MOR | | |

☐ **URGENT** ☐ For Your Review ☐ For your Information ☐ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail

## Messages:

Dave,

The faxed copy of June MOR for Cypress Lakes is very hard to read. I can't make out the # for the 31st at all. The number's I come out with are higher than what the total is on the MOR. Could you please take a look at it and let me know where it is off?

Thanks
Jackie

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

CYPRESS LAKES
~~PEBBLE CREEK~~ MOR - JULY 2005

| | | |
|---|---|---|
| 1 | 0.109000 | |
| 2 | 0.122000 | |
| 3 | 0.123000 | |
| 4 | 0.182000 | |
| 5 | 0.107000 | |
| 6 | 0.107000 | |
| 7 | 0.164000 | |
| 8 | 0.149000 | |
| 9 | 0.149000 | |
| 10 | 0.150000 | |
| 11 | 0.145000 | |
| 12 | 0.141000 | |
| 13 | 0.126000 | |
| 14 | 0.140000 | |
| 15 | 0.053000 | |
| 16 | 0.114000 | |
| 17 | 0.115000 | |
| 18 | 0.130000 | |
| 19 | 0.119000 | |
| 20 | 0.119000 | |
| 21 | 0.127000 | |
| 22 | 0.132000 | |
| 23 | 0.114000 | |
| 24 | 0.115000 | |
| 25 | 0.163000 | |
| 26 | 0.156000 | |
| 27 | 0.121000 | |
| 28 | 0.117000 | |
| 29 | 0.123000 | |
| 30 | 0.205500 | |
| 31 | * | |
| | | Totals on MOR |
| Total | 3.937500 | 3.935000 |
| Avg. | 0.127016 | 0.126935 |
| Max. | 0.205500 | |

* Can't read # on MOR copy.
(Would make my total even higher)

PAGE 02
GARTH A
8136261030
09/12/2005 07:54

672

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

FILE COPY

August 12002

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

| | | |
|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | |
| Number of Service Connections at End of Month: 1251 | Total Population Served at End of Month: 2987 | |
| PWS Owner: Utilities Inc. of Florida | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave | City: Altamonte Springs | State: Fl Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | |

**B. Water Treatment Plant Information**

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | Plant Telephone Number: 800-272-1919/863-815-1524 | |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (see subsection 62-699.310(4), F.A.C.): V | Plant Class (see subsection 62-699.310(4), F.A.C.): C | | |

| | | | |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon - Friday |
| Joe Cribbs | C | 14084 | Sat & Backup |

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

| Signature and Date | Printed or Typed Name | License Number |
|---|---|---|
| David E Shoffstall 9/7/05 | David E. Shoffstall | C-7799 |

PAGE 03
GARTH A
8136261030
09/12/2005 07:54

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lakes

III. Data Given for the Month and Year of: August / 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant in Operation | Net Quantity of Finished Water Produced, gal | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) in mg/L of Finished Water During Peak Flow, mg/L | Disinfectant Contact Time (T) in Minutes Measurement Point During Peak Flow, minutes | Product of Lowest Measured C and T in Plant Effluent During Peak Flow, mg-min/L | Temp. of Water, °C | pH of Water, If Applicable | Minimum CT Required, mg-min/L | Power Operating UV Dose, mW-s/cm² | Minimum UV Dose Required, mW-s/cm² | Lowest Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 140,000 | | 1.7 | | | | | | | | 0.8 | |
| 2 | X | | 143,000 | | 1.9 | | | | | | | | 1.0 | |
| 3 | X | | 132,000 | | 1.5 | | | | | | | | 1.0 | |
| 4 | X | | 149,000 | | 2.4 | | | | | | | | 1.6 | |
| 5 | X | | 138,000 | | 2.4 | | | | | | | | 1.6 | |
| 6 | X | | 134,000 | | 2.0 | | | | | | | | 1.0 | |
| 7 | | | 135,000 | | | | | | | | | | 0.9 | |
| 8 | X | | 117,000 | | 1.6 | | | | | | | | | |
| 9 | X | | 164,000 | | 1.5 | | | | | | | | 0.9 | |
| 10 | X | | 160,000 | | 2.0 | | | | | | | | 0.9 | |
| 11 | X | | 174,000 | | 2.1 | | | | | | | | 1.0 | |
| 12 | X | | 122,000 | | 2.1 | | | | | | | | 1.0 | |
| 13 | X | | 144,000 | | 2.2 | | | | | | | | 0.9 | |
| 14 | | | 145,000 | | | | | | | | | | 1.0 | |
| 15 | X | | 136,000 | | 2.4 | | | | | | | | | |
| 16 | X | | 143,000 | | 2.1 | | | | | | | | 1.0 | |
| 17 | X | | 146,000 | | 1.8 | | | | | | | | 0.9 | |
| 18 | X | | 145,000 | | 2.4 | | | | | | | | 0.8 | |
| 19 | X | | 148,000 | | 2.2 | | | | | | | | 1.0 | |
| 20 | X | | 156,000 | | 2.3 | | | | | | | | 1.0 | |
| 21 | | | 156,000 | | | | | | | | | | 1.1 | |
| 22 | X | | 150,000 | | 2.2 | | | | | | | | | |
| 23 | X | | 139,000 | | 2.1 | | | | | | | | 1.0 | |
| 24 | X | | 172,000 | | 2.1 | | | | | | | | 1.0 | |
| 25 | X | | 82,000 | | 2.0 | | | | | | | | 1.0 | |
| 26 | X | | 124,000 | | 2.0 | | | | | | | | 0.9 | |
| 27 | X | | 139,000 | | 2.4 | | | | | | | | 0.9 | |
| 28 | | | 140,000 | | | | | | | | | | 1.2 | |
| 29 | X | | 123,000 | | 2.3 | | | | | | | | | |
| 30 | X | | 166,000 | | 2.2 | | | | | | | | 1.1 | |
| 31 | X | 24 | 142,000 | | 1.6 | | | | | | | | 1.1 | |
| Total | | | 4,194,000 | | | | | | | | | | 0.9 | |
| Average | | | 141,470 | | | | | | | | | | | |
| Maximum | | | 196,000 | | | | | | | | | | | |

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

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lake / 672

MONTH/YEAR: Aug / 2005

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | 2" | 2/5 | — | — | 39600 | See back of Water Loss Record Sheet | |
| 5 | | | | | 41700 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | 2" | 2/5 | — | — | 38600 | See back | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | 2" | 2/5 | 90 | 200 | 18000 | 2309 [illegible] Mulligan, B/O/Sandcranes, Hydrant/Ultra | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | 2" | 2 | 35 | 250 | 8750 | 2309 Mulligan | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |

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

107050

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GARTH A
10/11/2005 10:51 8136261030

FILE COPY 672

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

September/2005

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Crossroads Lakes Utilities, Inc. | | | PWS Identification Number: #6530055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Connection | | | |
| Number of Service Connections at End of Month: 1251 | | Total Population Served at End of Month: 2987 | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | | Contact Person's Title: Regional Director | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | | City: Altamonte Springs | State: Fl Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | | Contact Person's Fax Number: 407.869.6961 | |
| Contact Person's E-Mail Address: pc.flynn@utilities-inc.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Crossroads Lakes WTP | | | Plant Telephone Number: 800-272-1919 |
| Plant Address: 16000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operation Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (see subsection 62-699.310(4), F.A.C.): V | Plant Class (see subsection 62-699.310(4), F.A.C.): C | | |

| | | | |
|---|---|---|---|
| David E. Sheffstall | C | 7799 | Mon - Fri. |
| Joe Crubbs | C | 14084 | Sat + Backup |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 operational 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 reports. Furthermore, I agree to provide these additional operational 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 E. Sheffstall 10/1/05 — Signature and Date

David E. Sheffstall — Printed or Typed Name

C-7799 — License Number

PAGE 03
GARTH A
10/11/2005 10:51 8136261030

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lakes

[redacted] September /2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant Operated | [redacted] | Peak Flow Rate, gpm | [redacted] | Chemical Feed Rate at Peak Flow, mg/L | Rate Set at Plant Observed During Peak Flow, mg/L | Time of Water in Contact with [redacted] | pH of Water in Contact with [redacted] | Minimum % Required [redacted] | Other [redacted] (If Used, Specify Purpose) | Minimum [redacted] Dose Required [redacted] | Minimum Disinfectant Concentration at Entry Point to Distribution System | Description of Abnormal Operating Condition, Repair or Maintenance that Involves Taking Water System Components Out of Operation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 73,000 | | 4.8 | | | | | | | | 0.8 | |
| 2 | X | | 136,000 | | 1.9 | | | | | | | | 0.8 | |
| 3 | X | | 89,000 | | 2.0 | | | | | | | | 0.9 | |
| 4 | | | 81,000 | | | | | | | | | | | |
| 5 | X | | 174,000 | | 1.6 | | | | | | | | 0.6 | |
| 6 | X | | 185,000 | | 1.8 | | | | | | | | 0.8 | |
| 7 | X | | 289,000 | | 0.9 | | | | | | | | 0.4 | |
| 8 | X | | 142,000 | | 2.0 | | | | | | | | 0.8 | |
| 9 | X | | 262,000 | | 1.8 | | | | | | | | 0.8 | |
| 10 | X | | 140,000 | | 1.6 | | | | | | | | 1.2 | |
| 11 | | | 141,000 | | | | | | | | | | | |
| 12 | X | | 152,000 | | 2.2 | | | | | | | | 1.1 | |
| 13 | X | | 270,000 | | 2.1 | | | | | | | | 1.0 | |
| 14 | X | | 233,000 | | 1.6 | | | | | | | | 0.8 | |
| 15 | X | | 162,000 | | 2.3 | | | | | | | | 1.0 | |
| 16 | X | | 304,000 | | 2.2 | | | | | | | | 1.0 | |
| 17 | X | | 120,000 | | 2.1 | | | | | | | | 1.0 | |
| 18 | | | 120,000 | | | | | | | | | | | |
| 19 | X | | 170,000 | | 2.3 | | | | | | | | 1.0 | |
| 20 | X | | 251,000 | | 2.1 | | | | | | | | 0.9 | |
| 21 | X | | 263,000 | | 2.1 | | | | | | | | 1.0 | |
| 22 | X | | 417,000 | | 1.6 | | | | | | | | 0.6 | |
| 23 | X | | 851,000 | | 2.2 | | | | | | | | 0.9 | |
| 24 | X | | 145,000 | | 2.5 | | | | | | | | 1.0 | |
| 25 | | | 146,000 | | | | | | | | | | | |
| 26 | X | | 256,000 | | 0.8 | | | | | | | | 0.5 | |
| 27 | X | | 391,000 | | 0.7 | | | | | | | | 0.4 | |
| 28 | X | | 205,000 | | 2.5 | | | | | | | | 0.5 | |
| 29 | X | | 144,000 | | 1.9 | | | | | | | | 0.5 | |
| 30 | X | 24 | 186,000 | | 1.6 | | | | | | | | 0.6 | |
| 31 | | | | | | | | | | | | | | |
| [redacted] | | | 4,114,990 | | | | | | | | | | | |
| [redacted] | | | 137,166 | | | | | | | | | | | |
| [redacted] | | | 417,000 | | | | | | | | | | | |

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

# CYPRESS LAKES
# WTP LOG

MONTH Sept.
YEAR 2005

| DAY | WELL #1 | Well #2 | FLOW | CL2 | REM. CL2 | HRS. | TIME | LIC# | INTS. |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 141744 | 158 | 73 | 1.8 | 0.8 | 53.3/78.7 | 1440 | C14084 | JC |
| 2 | 141778 | 192 | 131 | 1.9 | 0.8 | 46.1/83.1 | 0650 | C-7799 | MES |
| 3 | 141838 | 268 | 80 | 2.0 | 0.9 | 47.4/75.6 | 0815 | C-7795 | MES |
| 4 | | | 81 | | | | | | |
| 5 | 141965 | 417 | 174 | 1.6 | 0.8 | 50.5/76.6 | 0915 | C-7799 | MES |
| 6 | 142034 | 517 | 185 | 1.8 | 0.8 | 51.7/102.9 | 1200 | C-7795 | MES |
| 7 | 142124 | 656 | 282 | 0.9 | 0.4 | 53.5/87.7 | 0705 | C-7799 | MES |
| 8 | 142251 | 811 | 168 | 2.0 | 0.8 | 52.8/85.9 | 0700 | C-7799 | MES |
| 9 | 142319 | 894 | 212 | 1.8 | 0.8 | 59.9/88.1 | 0715 | C-7799 | MES |
| 10 | 142414 | 1011 | 140 | 1.6 | 1.2 | 54.7/96.1 | 0920 | C14084 | JC |
| 11 | | | 141 | | | | | | |
| 12 | 142544 | 1162 | 152 | 2.2 | 1.1 | 62.9/94.2 | 0715 | C-7799 | MES |
| 13 | 142614 | 1244 | 270 | 2.1 | 1.0 | 64.0/96.0 | 0700 | C-7799 | MES |
| 14 | 142733 | 1395 | 233 | 1.6 | 0.9 | 66.3/91.3 | 0705 | C-7799 | MES |
| 15 | 142921 | 1440 | 162 | 2.2 | 1.0 | 70.2/100.2 | 0700 | C-7799 | MES |
| 16 | 143083 | 1440 | 204 | 2.2 | 1.0 | 74.0/100.1 | 0715 | C-7799 | MES |
| 17 | 143387 | 1440 | 170 | 2.1 | 1.0 | 78.4/100.1 | 0735 | C-7796 | MES |
| 18 | | | 170 | | | | | | |
| 19 | 143627 | 1440 | 170 | 2.2 | 1.0 | 85.2/99.1 | 0710 | C-7799 | MES |
| 20 | 143755 | 1582 | 251 | 2.1 | 0.9 | 88.3/97.0 | 0715 | C-7799 | MES |
| 21 | 143867 | 1721 | 168 | 2.1 | 1.0 | 90.4/95.9 | 0720 | C-7799 | MES |
| 22 | 143943 | 1813 | 417 | 1.6 | 0.8 | 92.4/97.8 | 0715 | C-7799 | MES |
| 23 | 144130 | 2043 | 251 | 2.2 | 0.9 | 96.2/97.5 | 0725 | C-7799 | MES |
| 24 | 144367 | 2057 | 145 | 2.5 | 1.0 | 01/12.9 | 0705 | C14084 | JC |
| 25 | | | 146 | | | | | | |
| 26 | 144658 | 2057 | 256 | 0.9 | 0.5 | 7.6/12.8 | 0715 | C-7799 | MES |
| 27 | 144914 | 2057 | 391 | 0.7 | 0.4 | 13.1/18.3 | 0705 | C-7799 | MES |
| 28 | 145305 | 2057 | 205 | 2.5 | 0.5 | 24/23.8 | 0700 | C-7799 | MES |
| 29 | 145510 | 2057 | 144 | 1.9 | 0.5 | 25.1/28.8 | 0700 | C-7799 | MES |
| 30 | 145654 | 2057 | 186 | 1.6 | 0.6 | 28.2/16.8 | 0705 | C-7799 | MES |
| 31 | 145840 | 2057 | | | | 32.2/12.8 | 0700 | C-7795 | |

Comments: T 4,114,990

10/11/2005 10:51 8136261030 GARTH A PAGE 06

# FLUSHING & WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Cypress Lakes

MONTH/YEAR: Sept 2005

| DATE | SIZE | START TIME | STOP TIME | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|---|
| 1 | 2" | | | 60 | 100 | 6000 | 2309 Mulligan |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | 2" | | | 100 | 100 | 10,000 | Phase 8 hydrant at pond |
| 6 | 2" | | | 120 | 100 | 12,000 | 2431 Sandcrane blow off |
| 7 | | | | | | | |
| 8 | 2" | | | 100 | 60 | 6,000 | Phase 8 hydrant at pond |
| 9 | 2" | | | 100 | 80 | 8,000 | Phase 8 hydrant @ pond |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | 2 | | | 40 | 100 | 4,000 | Sandcrane blow-off |
| 14 | 2" | | | 33 | 120 | 3960 | Ultra - #52 |
| 15 | 2" | | | 60 | 100 | 6000 | Moorhen, Top Flight |
| 16 | 2" | | | 60 | 100 | 6000 | WWTP |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | 2" | | | 25 | 100 | 2,500 | Mulligan blow-off |
| 20 | 2" | | | 7 | 100 | 700 | Cypress Cross # 34 |
| 21 | 2" | | | 12 | 120 | 1440 | Peavine Circle |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | 2" | | | 720 | 100 | 72000 | Phase 8 hydrant @ pond |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |

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

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

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

# Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | Dave Shoffstall | **Date:** | 10/27/2005 8:18 AM |
| **Company:** | Cypress Lakes | **Fax #:** | 863-515-1524 |
| **From:** | Jackie Tappan | **Pages:** | 1 including this cover page. |
| **Subject:** | Sept. MOR | | |

☐ **URGENT** ☐ For Your Review ☐ For your ☒ Please Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** Information Reply ☐ via U.S. Mail



## Messages:

Dave,

Patrick has asked me to find out if the flow for 9/22 of 0.417 mgd is correct, or if it was an error on the MOR. If it is correct, please provide an expanation for water use being that high. It is much higher than the next highest value. If it was an error, that may be why my MOR flow totals are not matching what shows on the MOR.

Jackie

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

**From:** Patrick <p.c.flynn@utilitiesinc-usa.com>
**To:** Jackie Tappan <florida@utilitiesinc-usa.com>
**Date:** Wednesday, October 26, 2005 2:13 PM
**Subject:** Cypress Lakes MOR

---

Jackie,
In looking over the daily flow data in 2005, I noticed that the peak day so far this year at Cypress Lakes is 9/22/05, 0.417 mgd. That number is much higher than the next highest value. Please have the operator, Shan or Dave Shoffstall, check on this and provide you with the correct number if it's in error. Or if there was an explanation for water use actually being that high, let me know.

Thanks,
Patrick

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

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

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

# Fax Transmittal

**Attn:** Dave Shoffstall **Date:** 10/17/2005 10:17 AM

**Company:** Cypress Lakes **Fax #:**

**From:** Jackie Tappan **Pages:** 3 including this cover page.

**Subject:** Sept. MOR

☐ **URGENT** ☐ For Your Review ☐ For your Information ☐ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail



## Messages:

Dave,
My flow totals are not matching what shows on the MOR. Could you please take a look at it and let me know if I've misread some of the numbers. The faxed copies are sometimes hard to make out.

Thanks
Jackie

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

## Cypress Lakes (Sept. MOR)

| | | |
|---|---|---|
| 1 | 0.073 | |
| 2 | 0.131 | |
| 3 | 0.080 | |
| 4 | 0.081 | |
| 5 | 0.174 | |
| 6 | 0.185 | |
| 7 | 0.282 | |
| 8 | 0.168 | |
| 9 | 0.212 | |
| 10 | 0.140 | |
| 11 | 0.141 | |
| 12 | 0.152 | |
| 13 | 0.270 | |
| 14 | 0.233 | |
| 15 | 0.162 | |
| 16 | 0.204 | |
| 17 | 0.170 | |
| 18 | 0.170 | |
| 19 | 0.170 | |
| 20 | 0.251 | |
| 21 | 0.163 | |
| 22 | 0.417 | |
| 23 | 0.251 | |
| 24 | 0.145 | |
| 25 | 0.146 | |
| 26 | 0.256 | |
| 27 | 0.391 | |
| 28 | 0.205 | |
| 29 | 0.144 | |
| 30 | 0.186 | |
| | | MOR Shows |
| | | |
| Total | 5.753 | 4,114,990 |
| Avg. | 0.186 | 137,166 |
| Max | 0.417 | 417,000 |

PAGE 03
GARTH A
10/11/2005 10:51 8136261030

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lakes

[redacted] September /2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Was Plant Visited by WS Operator (Place X) | Hours Plant Operated | Total Finished Water Pumped, gal | Peak Hourly Flow, gpm | Disinfectant Residual Entering Distribution System, mg/L | Lowest Disinfectant Residual Measured in Distribution System During Peak Hourly Flow, mg/L | Location of Lowest Disinfectant Residual Measured During Peak Hourly Flow | Treatment Plant Backwash Water Used, gal | Backwash Water Recycled, gal | Backwash Water Discharged to Sanitary Sewer System? (Yes or No) | Backwash Water Discharged to Storm Water System? (Yes or No) | Lowest Disinfectant Residual Entering Distribution System During Backwash, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance that Involves Taking Water-Using Components Out of Operation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 73,000 | | 1.8 | | | | | | | 0.8 | |
| 2 | X | | 131,000 | | 1.4 | | | | | | | 0.8 | |
| 3 | X | | 80,000 | | 2.0 | | | | | | | 0.9 | |
| 4 | | | 81,000 | | | | | | | | | | |
| 5 | X | | 174,000 | | 1.6 | | | | | | | 0.6 | |
| 6 | X | | 185,000 | | 1.8 | | | | | | | 0.8 | |
| 7 | X | | 282,000 | | 0.9 | | | | | | | 0.4 | |
| 8 | X | | 168,000 | | 2.0 | | | | | | | 0.8 | |
| 9 | X | | 212,000 | | 1.8 | | | | | | | 0.8 | |
| 10 | X | | 140,000 | | 1.6 | | | | | | | 1.2 | |
| 11 | | | 141,000 | | | | | | | | | | |
| 12 | X | | 152,000 | | 2.2 | | | | | | | 1.1 | |
| 13 | X | | 270,000 | | 2.1 | | | | | | | 1.0 | |
| 14 | X | | 233,000 | | 1.6 | | | | | | | 0.8 | |
| 15 | X | | 162,000 | | 2.2 | | | | | | | 1.0 | |
| 16 | X | | 204,000 | | 2.2 | | | | | | | 1.0 | |
| 17 | X | | 170,000 | | 2.1 | | | | | | | 1.0 | |
| 18 | | | 170,000 | | | | | | | | | | |
| 19 | X | | 170,000 | | 2.2 | | | | | | | 1.0 | |
| 20 | X | | 851,000 | | 2.1 | | | | | | | 0.9 | |
| 21 | X | | 163,000 | | 2.1 | | | | | | | 1.0 | |
| 22 | X | | 417,000 | | 1.6 | | | | | | | 0.6 | |
| 23 | X | | 851,000 | | 2.2 | | | | | | | 0.9 | |
| 24 | X | | 145,000 | | 2.5 | | | | | | | 1.0 | |
| 25 | | | 146,000 | | | | | | | | | | |
| 26 | X | | 256,000 | | 0.9 | | | | | | | 0.5 | |
| 27 | X | | 391,000 | | 0.7 | | | | | | | 0.4 | |
| 28 | X | | 205,000 | | 2.5 | | | | | | | 0.5 | |
| 29 | X | | 144,000 | | 1.9 | | | | | | | 0.5 | |
| 30 | X | 24 | 126,000 | | 1.6 | | | | | | | 0.6 | |
| [redacted] | | | 4,114,990 | | | | | | | | | | |
| [redacted] | | | 137,166 | | | | | | | | | | |
| [redacted] | | | 417,000 | | | | | | | | | | |

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

FILE COPY

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

672.

See page 4 for instructions.

[redacted] Oct / 2005

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Crowne Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1251 | Total Population Served at End of Month: 2937 | | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Crowne Lakes WTP | | | Plant Telephone Number: 800-272-1919 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operation Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (see subsection 62-699.310(4), F.A.C.): V | Plant Class (see subsection 62-699.310(4), F.A.C.): C | | |

[redacted]

| | | | |
|---|---|---|---|
| David E. Shoffstall | C | 7799 | Mon - Sat |
| Shan Ramey | C | 14160 | Mon - Sat |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[redacted]

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 visited or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical dose rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

| Signature and Date | Printed or Typed Name | License Number |
|---|---|---|
| 11/7/05 | David E. Shoffstall | C-7799 |

DEP Form 62-555.900(5)(b) Effective



11/08/2005 07:42 8136261030 GARTH A PAGE 02

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

| PWS Identification Number: 6355035 | Plant Name: Cypress Lakes WTP |
|---|---|

Oct /2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of Month | Days Plant Staffed for Visited by Operator (Place "X") | Hours Staffed | No. of Finished Water Entry Points Sampled | Total Finished Water Volume Pumped (Gallons) | Lowest Disinfectant Residual Entering Distribution System (mg/L) | Lowest Disinfectant Residual in Distribution System (mg/L) | Location of Lowest Residual | Number of Distribution System Samples Taken | Number of Distribution System Samples Containing Disinfectant | Number of Distribution System Samples Containing Coliform Bacteria | Number of Distribution System Samples Containing E. coli | Number of Distribution System Samples Containing Fecal Coliform | Highest Disinfectant Residual in Distribution System (mg/L) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 1 | 144,000 | 1.0 | | | | | | | | 0.5 | |
| 2 | | | | 145,000 | | | | | | | | | | |
| 3 | X | | | 274,000 | 1.5 | | | | | | | | 0.5 | |
| 4 | X | | | 305,000 | 1.0 | | | | | | | | 0.5 | |
| 5 | X | | | 492,000 | 1.0 | | | | | | | | 0.5 | |
| 6 | X | | | 252,000 | 2.8 | | | | | | | | 1.0 | |
| 7 | X | | | 157,000 | 2.9 | | | | | | | | 1.0 | |
| 8 | X | | | 142,000 | 2.1 | | | | | | | | 0.8 | |
| 9 | | | | 147,000 | | | | | | | | | | |
| 10 | X | | | 154,000 | 1.9 | | | | | | | | 0.8 | |
| 11 | X | | | 271,000 | 2.3 | | | | | | | | 0.8 | |
| 12 | X | | | 261,000 | 2.1 | | | | | | | | 0.7 | |
| 13 | X | | | 239,000 | 2.9 | | | | | | | | 1.0 | |
| 14 | X | | | 193,000 | 2.9 | | | | | | | | 1.0 | |
| 15 | X | | | 173,000 | 2.8 | | | | | | | | 1.0 | |
| 16 | | | | 173,000 | | | | | | | | | | |
| 17 | X | | | 168,000 | 2.9 | | | | | | | | 1.0 | |
| 18 | X | | | 148,000 | 2.5 | | | | | | | | 1.0 | |
| 19 | X | | | 208,000 | 2.7 | | | | | | | | 0.9 | |
| 20 | X | | | 152,000 | 2.9 | | | | | | | | 0.9 | |
| 21 | X | | | 146,000 | 2.9 | | | | | | | | 1.0 | |
| 22 | X | | | 178,000 | 2.8 | | | | | | | | 0.9 | |
| 23 | | | | 179,000 | | | | | | | | | | |
| 24 | X | | | 190,000 | 2.4 | | | | | | | | 0.7 | |
| 25 | X | | | 153,000 | 2.5 | | | | | | | | 0.9 | |
| 26 | X | | | 126,000 | 2.6 | | | | | | | | 0.9 | |
| 27 | X | | | 165,000 | 2.6 | | | | | | | | 0.9 | |
| 28 | X | | | 141,000 | 2.7 | | | | | | | | 1.4 | |
| 29 | X | | | 178,000 | 2.6 | | | | | | | | 0.8 | |
| 30 | | | | 177,000 | | | | | | | | | | |
| 31 | X | 24 | | 190,000 | 2.3 | | | | | | | | 0.6 | |
| | | | | 6016,000 | | | | | | | | | | |
| | | | | 194,000 | | | | | | | | | | |
| | | | | 492,000 | | | | | | | | | | |

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



11/08/2005 07:42 8135261030 GARTH A PAGE 03

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lake /1672

MONTH/YEAR: Oct / 2005

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 1-½" | 1 | 420 | 120 | 50,400 | 9579 Cypress Lakes Blvd |
| 2 | 2" | 1 | 330 | 200 | 66,000 | Utra Drive |
| 3 | 2" | 2/5 | — | 80-100 | 132440 | See Back |
| 4 | 2" | 2/5 | — | 100-120 | 212900 | See Back |
| 5 | 2" | 2/5 | — | 60-120 | 368200 | See Back |
| 6 | 2" | 2 | — | 100 | 56500 | See Back |
| 7 | 2" | 2/5 | — | 50-100 | 77650 | See Back |
| 8 | 2" | 2 | 1440 | 30 | 43200 | On... & Hydrant |
| 9 | 2" | 2 | 1440 | 30 | 43200 | |
| 10 | 2" | 2 | 1440 | 30 | 43200 | |
| 11 | 2" | 2/5 | — | 100 | 64400 | |
| 12 | 2" | 2 | 1440 | 30 | 43200 | |
| 13 | ¾"-2" | 2/5 | — | 5-100 | 74550 | |
| 14 | ¾"-2" | 2/5 | 360 x 2 | 5-30 | 28800 | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| * 18 | 2" | 2/5 | 40 | 50 | 2000 | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | 2" | 2/5 | 60 | 50 | 3000 | Checked Cl2 res throughout system 1.2+ |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | | | | | | |
| 31 | 2" | 2/5 | 90 | 50 | 4500 | Checked Cl2 res throughout distribution system 1.0+ |

use revised flushing log

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

1,270,940 gallons

Form Modified 10/20/03

File: Flushing & Water Loss Record

FILE COPY

672

12/06/2005 11:01 8136261030 GARTH A PAGE 02
12/02/2005 11:59 18638151524 CYPRESS LAKE PAGE 17/19

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

See page 4 for instructions.

Nov/2005

A. Public Water System (PWS) Information

| | | | |
|---|---|---|---|
| PWS Name: Cypress Lakes Utilities, Inc. | | | PWS Identification Number: 6535055 |
| PWS Type: ■ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive | | | |
| Number of Service Connections at End of Month: 1251 | Total Population Served at End of Month: 2987 | | |
| PWS Owner: Utilities Inc. of Florida | | | |
| Contact Person: Patrick C. Flynn | Contact Person's Title: Regional Director | | |
| Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl | Zip Code: 32714 |
| Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961 | | |
| Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com | | | |

B. Water Treatment Plant Information

| | | | |
|---|---|---|---|
| Plant Name: Cypress Lakes WTP | | | Plant Telephone Number: 352-372-1919 |
| Plant Address: 10000 Us Hwy 98 N | City: Lakeland | State: Fl. | Zip Code: 33809 |
| Type of Water Treated by Plant: ■ Raw Ground Water ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operation Capacity of Plant, gallons per day: 350,000 | | | |
| Plant Category (see subsection 62-699.310(4), F.A.C.): V | Plant Class (see subsection 62-699.310(4), F.A.C.): C | | |

| | | | |
|---|---|---|---|
| Shantavious S. Rainey | C | 14160 | Mon - Friday |
| David E. Shaffstall | C | 7749 | Sat & Backup |
| DAMO P. RODRIGUEZ | A | 7880 | SAT & BackUP |

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 ANSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Shantavious S. Rainey
Printed or Typed Name

C14160
License Number

DEP Form 62-555.900(5) (Revised)

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

PWS Identification Number: 6535055 | Plant Name: Cypress Lakes

III. Data Entered for the Month Year of: November 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * ■ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ■ Free Chlorine ☒ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours Plant Operated | Net Quantity of Finished Water Produced, gal | Peak Hourly Flow Rate, gpm | Lowest Residual Disinfectant Concentration (CT) in Effluent When Peak Hourly Flow Occurred, mg/L | Disinfectant Contact Time (T) at CT Minimum When Peak Hourly Flow Occurred, minutes | Lowest CT Provided Before or At First Customer During Peak Hourly Flow, mg-min/L | Temp. of Water, °C | pH of Water, If Applicable | Minimum CT Required, mg-min/L | Lowest Operating CT Used, mg-min/L | Minimum UV Dose Required, mJ/cm² | Lowest Residual Disinfectant Concentration at Entry Point to Distribution System, mg/L | Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | X | 24 | 174,000 | | 2.4 | | | | | | | | 0.6 | |
| 2 | X | | 189,000 | | 2.0 | | | | | | | | 0.7 | |
| 3 | X | | 186,000 | | 2.5 | | | | | | | | 0.6 | |
| 4 | X | | 209,000 | | 2.2 | | | | | | | | 0.6 | |
| 5 | X | | 177,000 | | 2.3 | | | | | | | | 0.6 | |
| 6 | | | 176,000 | | | | | | | | | | | |
| 7 | X | | 241,000 | | 2.4 | | | | | | | | 0.5 | |
| 8 | X | | 362,000 | | 2.3 | | | | | | | | 0.8 | |
| 9 | X | | 197,000 | | 2.1 | | | | | | | | 0.6 | |
| 10 | X | | 188,000 | | 2.1 | | | | | | | | 0.6 | |
| 11 | X | | 202,000 | | 2.4 | | | | | | | | 0.7 | |
| 12 | X | | 193,000 | | 2.3 | | | | | | | | 0.7 | |
| 13 | | | 184,000 | | | | | | | | | | | |
| 14 | X | | 224,000 | | 2.3 | | | | | | | | 0.8 | |
| 15 | X | | 186,000 | | 2.3 | | | | | | | | 0.6 | |
| 16 | X | | 203,000 | | 2.3 | | | | | | | | 0.7 | |
| 17 | X | | 213,000 | | 2.4 | | | | | | | | 0.6 | |
| 18 | X | | 232,000 | | 2.2 | | | | | | | | 0.7 | |
| 19 | X | | 206,000 | | 2.3 | | | | | | | | 0.8 | |
| 20 | | | 207,000 | | | | | | | | | | | |
| 21 | X | | 208,000 | | 2.2 | | | | | | | | 0.8 | |
| 22 | X | | 162,000 | | 2.3 | | | | | | | | 0.7 | |
| 23 | X | | 71,000 | | 2.0 | | | | | | | | 0.6 | |
| 24 | X | | 177,000 | | 2.0 | | | | | | | | 0.5 | |
| 25 | X | | 191,000 | | 2.2 | | | | | | | | 0.6 | |
| 26 | X | | 224,000 | | 2.0 | | | | | | | | 0.6 | |
| 27 | | | 234,000 | | | | | | | | | | | |
| 28 | X | | 186,000 | | 2.0 | | | | | | | | 0.6 | |
| 29 | X | | 260,000 | | 2.2 | | | | | | | | 0.8 | |
| 30 | X | ↓ | 127,000 | | 2.3 | | | | | | | | 0.6 | |
| 31 | | | | | | | | | | | | | | |
| Total | | | 5,920,000 | 5,922,000 | | | | | | | | | | |
| Average | | | 197,400 | 197,400 | | | | | | | | | | |
| Maximum | | | 362,000 | 363,000 | | | | | | | | | | |

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

1

Nov/2005

# WATER FLUSHING LOG

System Name: Cypress Lakes PWS ID No: 6536057

Dead End Main Location _____ Frequency: _____

| Date | Gallons Per Minute (GPM) | Initial Chlorine | Final Chlorine | Flush Duration Minutes | Total Gallons Flushed | Comments | Operator/ Personnel |
|---|---|---|---|---|---|---|---|
| 11-7-05 | 50 | 0.5 | 1.0 | 15 | 750 | Hydrant # 34 @ 2126 Cypress Cross Drive | |
| 11-7-05 | 80 | ≤0.2 | 1.0 | 45 | 3600 | Hydrant # @ Grackle Loop | |
| 11-7-05 | 50 | 0.5 | 0.8 | 15 | 750 | Hydrant # Phase #8 Big Cypress near pond | |
| 11-7-05 | 50 | 0.3 | 1.0 | 15 | 750 | Blowoff @ Redbird | |
| 11-7-05 | 80 | ≤0.2 | 0.8 | 45 | 3600 | Blowoff @ Moorhen | |
| 11-7-05 | 50 | ≤0.2 | 0.8 | 30 | 1500 | Blowoff @ Maidencain | |
| 11-7-05 | 50 | ≤0.2 | 0.5 | 30 | 1500 | Blowoff @ Spatterdock | |
| 11-7-05 | 50 | 0.4 | 0.8 | 30 | 1500 | Blowoff @ Ulva | |
| 11-7-05 | 50 | 0.3 | 0.8 | 30 | 1500 | Blowoff @ Sandcrane | |
| 11-7-05 | 50 | 0.3/0.4 | 0.8/0.8 | 30/30 | 1500/1500 | Blowoff @ Mulligan | |
| 11-7-05 | 50 | ≤0.2 | 0.5 | 30 | 1500 | Blowoff @ Putt | |
| — | — | — | — | — | 19950 | 11-7-05 Totals Gallons | |
| 11-8-05 | 80 | 0.3 | 1.5 | 150 | 12000 | Hydrant Phase #8 Big Cypress near pond | |
| 11-8-05 | 80 | 0.5 | 1.8 | 170 | 13600 | Blowoff @ Sandcrane | |
| 11-8-05 | 80 | 0.3 | 1.2 | 85/85 | 6800/6800 | Blowoff @ Mulligan | |
| 11-8-05 | 80 | 0.4 | 1.8 | 170 | 13600 | Blowoff @ Putt | |
| — | — | — | — | — | 52800 | 11-8-05 Total Gallons | |
| 11-12-05 | 80 | 0.3 | 1.8 | 30 | 2400 | 2304 Mulligan (Odor Complaint) | |
| — | — | — | — | — | 2400 | 11-12-05 Total Gallons | |
| 11-13-05 | 100 | 0.4 | 1.0 | 60 | 6000 | Blow off @ WWTP | |
| — | — | — | — | — | 6000 | 11-13-05 Total Gallons | |
| 11-16-05 | 50 | 0.8 | 1.1 | 25 | 1250 | Hydrant # 34 @ 2126 Cypress Cross | |
| 11-16-05 | 50 | ≤0.2 | 1.0 | 25 | 1250 | Blow off @ Redbird | |
| 11-16-05 | 50 | 0.3 | 1.1 | 30 | 1500 | Hydrant # @ Grackle Loop | |
| 11-16-05 | 50 | ≤0.2 | 0.8 | 20 | 1000 | Blow off @ Moorhen | |
| 11-16-05 | 80 | 0.5 | 1.1 | 80 | 6400 | Hydrant phase #8 Big Cypress near pond | |
| 11-16-05 | 80 | ≤0.2 | 0.8 | 40 | 3200 | Blowoff @ Ulva | |

2)

Nov/2005

## WATER FLUSHING LOG

System Name: CYPRESS LAKES PWS ID No: 6535055

Dead End Main Location _____ Frequency: _____

| Date | Gallons Per Minute (GPM) | Initial Chlorine | Final Chlorine | Flush Duration Minutes | Total Gallons Flushed | Comments | Operator/ Personnel |
|---|---|---|---|---|---|---|---|
| 11-16-05 | 50 | ≤0.2 | 0.8 | 30 | 1500 | Blow off @ Mulligan | @ |
| 11-16-05 | 50 | ≤0.2 | 0.7 | 30 | 1500 | Blow off @ Putt | @ |
| 11-16-05 | 50 | ≤0.2 | 0.8 | 25 | 1250 | Blow off @ Sandcrane | @ |
| — | — | — | — | — | 18850 | 11-16-05 Total Gallons | |
| 11-18-05 | 50 | ≤0.2 | 1.0 | 60 | 3000 | Blow off @ Maidencane | @ |
| 11-18-05 | 20 | ≤0.2 | 1.0 | 60 | 1000 | Blow off @ Spatterdock | @ |
| 11-18-05 | 80 | ≤0.2 | 1.0 | 40 | 3100 | Hydrant # phase #11 Prairie Circle | @ |
| 11-18-05 | 120 | 0.6 | 1.2 | 60 | 7200 | Blow off @ WWTP | @ |
| — | — | — | — | — | 14400 | 11-18-05 Total Gallons | |
| 11-23-05 | 80 | 0.5 | 1.0 | 30 | 2400 | Hydrant Big Cypress | @ |
| 11-23-05 | 50 | 0.6 | 1.2 | 30 | 1500 | Hydrant # Dollar Bennett | @ |
| 11-23-05 | 50 | 0.5 | 1.1 | 30 | 1500 | Hydrant # Prairie Circle | @ |
| 11-23-05 | 50 | ≤0.2 | 0.8 | 45 | 2250 | Blow off @ Spatterdock | @ |
| 11-23-05 | 50 | ≤0.2 | 1.0 | 45 | 2250 | Blow off @ Maidencane | @ |
| 11-23-05 | 50 | ≤0.2 | 1.3 | 15 | 750 | Blow off @ Lilies | @ |
| 11-23-05 | 50 | ≤0.2 | 1.5 | 15 | 750 | Blow off @ Sandcrane | @ |
| 11-23-05 | 50 | 0.3 | 1.5 | 15 | 750 | Blow off @ Mulligan | @ |
| 11-23-05 | 50 | ≤0.2 | 1.5 | 15 | 750 | Blow off @ Putt | @ |
| — | — | — | — | — | 12900 | 11-23-05 Total Gallons | |
| 11-25-05 | 120 | ≤0.2 | 1.2 | 25 | 3000 | Blow off @ Redbird | @ |
| 11-25-05 | 50 | 0.5 | 1.0 | 35 | 1750 | Blow off @ Monarch | @ |
| 11-25-05 | 80 | 0.5 | 1.3 | 35 | 2800 | Hydrant # @ Grackle | @ |
| 11-25-05 | 80 | 0.7 | 1.8 | 15 | 1200 | Hydrant # 34 @ Cypress Trees | @ |
| 11-25-05 | 120 | 0.6 | 1.0 | 60 | 7200 | Blow off @ WWTP | @ |
| — | — | — | — | — | 15950 | 11-25-05 Total Gallons | |
| 11-30-05 | 80 | 0.3 | 1.0 | 25 | 2000 | Hydrant @ Prairie Circle | @ |
| 11-30-05 | 80 | 0.8 | 1.8 | 15 | 1200 | Hydrant near pond phase 8 | @ |

Nov/2005

**WATER FLUSHING LOG**

System Name: Cypress Lakes PWS ID No: 6536075

Dead End Main Location _____ Frequency: _____

| Date | Gallons Per minute (GPM) | Initial Chlorine | Final Chlorine | Flush Duration Minutes | Total Gallons Flushed | Comments | Operator/ Reviewed |
|---|---|---|---|---|---|---|---|
| 11-30-05 | 50 | 0.3 | 1.0 | 15 | 750 | Blow off @ Mooring | @ |
| 11-30-05 | 300 | — | — | 20 | 6000 | Break in line @ Pipe=10 | @ |
| 11-30-05 | 50 | 0.3 | 1.2 | 10 | 500 | Blowoff @ End Yard | @ |
| 11-30-05 | 50 | 0.5 | 1.2 | 20 | 1000 | Hydrant = Unusable | @ |
| 11-30-05 | — | — | — | — | 11450 | 11-30-05 Total Gallons | |

17000 Gallons for Nov/2005

(3)

MONTH Nov
YEAR 2005

# WTP LOG

| Day | WELL #1 | WELL #2 | FLOW | CL2 | REM CL2 | HRS | TIME | LIC # | INTS. |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 150636 | 3277 | 174 | 2.4 | 0.6 | 34.9 | 1300 | C-14160 | |
| 2 | 150743 | 3344 | 189 | 2.0 | 0.7 | 39.4 | 1125 | C-14160 | |
| 3 | 150830 | 3446 | 116 | 2.5 | 0.6 | 42.5 | 1440 | C-14160 | |
| 4 | 150884 | 3508 | 201 | 2.2 | 0.6 | 45.1 | 0945 | C-14160 | |
| 5 | 150976 | 3617 | 177 | 2.3 | 0.6 | 49.1 | 1050 | C-14160 | |
| 6 | | | 176 | | | | | | |
| 7 | 151136 | 3810 | 261 | 2.4 | 0.5 | 52.0 | 0935 | C-14160 | |
| 8 | 151251 | 3956 | 363 | 2.3 | 0.8 | 54.4 | 0625 | C-14160 | |
| 9 | 151496 | 4074 | 192 | 2.1 | 0.6 | 58.5 | 1145 | C-14160 | |
| 10 | 151584 | 4178 | 188 | 2.1 | 0.6 | 58.6 | 1100 | C-14160 | |
| 11 | 151671 | 4279 | 202 | 2.4 | 0.7 | 60.9 | 1230 | C-14160 | |
| 12 | 151761 | 4391 | 183 | 2.3 | 0.7 | | 0940 | C-7799 | YES |
| 13 | | | 184 | ~~2.0~~ | ~~0.5~~ | | | | |
| 14 | 151928 | 4591 | 224 | 2.3 | 0.8 | 65.1 | 0716 | C-14160 | |
| 15 | 152030 | 4713 | 196 | 2.3 | 0.6 | 67.6 | 1200 | C-14160 | |
| 16 | 152120 | 4819 | 203 | 2.3 | 0.7 | 69.8 | 1145 | C-14160 | |
| 17 | 152198 | 4944 | 218 | 2.4 | 0.6 | 72.0 | 0935 | C-14160 | |
| 18 | 152283 | 5045 | 237 | 2.2 | 0.7 | 74.4 | 1045 | C-14160 | |
| 19 | 152395 | 5170 | 206 | 2.3 | 0.8 | 76.9 | 1121 | C-14160 | |
| 20 | | | 207 | 2. | | | 1730 | C14160 | |
| 21 | 152585 | 5393 | 183 | 2.2 | 0.8 | 81.5 | 1730 | C-14160 | |
| 22 | 152667 | 5494 | 169 | 2.3 | 0.7 | 83.6 | 1645 | C-14160 | |
| 23 | 152745 | 5576 | 77 | 2.0 | 0.6 | 85.3 | 1230 | A-7880 | TRAILER |
| 24 | 152863 | 5576 | 177 | 2.0 | 0.5 | 85.4 | 0715 | C-14160 | |
| 25 | 152940 | 5666 | 191 | 2.2 | 0.6 | 87.1 | 0650 | C-14160 | |
| 26 | 153026 | 5771 | 234 | 2.0 | 0.6 | 89.2 | 0545 | C-14160 | 0545 |
| 27 | | | 234 | | | | | | |
| 28 | 153240 | 6025 | 178 | 2.0 | 0.6 | 94.4 | 1500 | C-14160 | |
| 29 | 153321 | 6122 | 250 | 2.2 | 0.8 | 96.4 | 1345 | C-14160 | |
| 30 | 153407 | 6286 | 137 | 2.1 | 0.6 | 99.6 | 1530 | C-14160 | |
| 31 | | | | | | | | | |
| | 153467 | 6363 | 25 | 0.7 | | 01.2 | 0945 | C-14160 | |

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lake / 672

MONTH/YEAR: Nov/2005

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|
| 1 | 6" | | 200 | 500 | 100,000 | phase 10 |
| 2 | 2" | 2 | 30 | 60 | 1500 | 2158 Horseshoe Dr |
| 3 | 2" | 2 | 120 | 50 | 6000 | Hydrant @ Moorhen ; Hydrant @ Grackle |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | 2" | 2/5 | — | — | 19950 | ~~see back~~ / Water Flushing Log |
| 8 | 2" | 2/5 | — | — | 52800 | Water Flushing Log |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | 2" | 5 | 30 | 80 | 2400 | 2304 Milligan |
| 13 | 2" | 5 | 60 | 1000 | 6000 | Blowoff WWTP |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | 2" | 2/5 | — | — | 18850 | Water Flushing Log |
| 17 | | | | | | |
| 18 | 2" | 2/5 | — | — | 14400 | Water Flushing Log |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | 2" | 2/5 | — | — | 12900 | Water Flushing |
| 24 | | | | | | |
| 25 | 2" | 2/5 | — | — | 15950 | Water Flushing |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | 2" | | — | — | 11450 | Water Flushing log / Line break in phase 10 |
| 31 | | | | | | |

adjust water loss record as shown ✓

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

262200

Form Modified 1/30/04

File: Flushing & Water Loss Record

PAGE 03
01/05/2006 13:52 18638151524
GARTH A
CYPRESS LAKE
01/05/2006 15:01 8136261030
PAGE 03/15

072

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

FILE COPY

**I. General Information for the Month Year of:** December / 2005

## A. Public Water System (PWS) Information

| | | | | | |
|---|---|---|---|---|---|
| PWS Name: | Cypress Lakes | | | PWS Identification Number: | 6535055 |
| PWS Type: | ☑ Community | ☐ Non-Transient Non-Community | ☐ Transient Non-Community | ☐ Consecutive | |
| Number of Service Connections at End of Month: | 1251 | | | Total Population Served at End of Month: | 2,987 |
| PWS Owner: | Utilities Inc. of Florida | | | | |
| Contact Person: | Patrick Flynn | | | Contact Person's Title: | Regional Director |
| Contact Person's Mailing Address: | 200 Weathersfield | City: | Altamont Spri | State: Florida | Zip Code: 32714 |
| Contact Person's Telephone Number: | 407-869-1919 | | | Contact Person's Fax Number: | 407-869-6961 |
| Contact Person's E-Mail Address: | p.c.flynn@utilitiesinc-usa.com | | | | |

## B. Water Treatment Plant Information

| | | | | | |
|---|---|---|---|---|---|
| Plant Name: | Cypress Lakes | | | Plant Telephone Number: | 1-800-272-1919 |
| Plant Address: | 10000 US Highway 98 North | City: | Lakeland | State: Florida | Zip Code: 33809 |
| Type of Water Treatment by Plant: | ☑ Raw Ground Water | ☐ Purchased Finished Water | | | |
| Permitted Maximum Day Operating Capacity of Plant, gallons per day: | 350,000 | | | | |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | V | | | Plant Class (per subsection 62-699.310(4), F.A.C.): | C |

| Licensed Operators | Name | License Class | License Number | Day(s) / Shift(s) Worked |
|---|---|---|---|---|
| Lead/Chief Operator: | Shantavious Rainey | C | 14160 | Days 1st Shift |
| Other Operators: | Dave Shoffstall | C | 7799 | Days 1st Shift |
| | David Rodriguez | A | 7830 | Days 1st Shift |

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

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

| Signature and Date | Printed or Typed Name | License Number |
|---|---|---|
| 01/05/06 | Shantavious Rainey | ~~C-7799~~ C-14160 |

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

PWS Identification Number: 6535055 Plant Name: Cypress Lakes

Part I. Daily Data for the Month/Year of: December/2005

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

| | | | | CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable: | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | CT Calculations | | | | | | | UV Dose | | | | |
| Day of the Month | Days Plant Staffed or Visited by Operator (Place "X") | Hours plant in Operation | Net Quantity of Finished Water Produced, gal. | Peak Flow Rate, gpd | Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L | Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes | Log(10) CT Provided Before or at First Customer During Peak Flow, mg-min/L | Temp of Water, °C | pH of Water, if Applicable | Minimum CT Required, mg-min/L | Lowest Operating UV Dose, mW-sec/cm² | Minimum UV Dose Required, mW-sec/cm² | Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L | Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation |
| 1 | X | 24.0 | 266,000 | | 2.5 | | | | | | | | 0.7 | |
| 2 | X | 24.0 | 166,000 | | 2.2 | | | | | | | | 0.6 | |
| 3 | X | 24.0 | 194,000 | | 2.5 | | | | | | | | 0.8 | |
| 4 | | 24.0 | 194,000 | | | | | | | | | | | |
| 5 | X | 24.0 | 174,000 | | 2.0 | | | | | | | | 0.6 | |
| 6 | X | 24.0 | 159,000 | | 2.3 | | | | | | | | 0.7 | |
| 7 | X | 24.0 | 170,000 | | 2.5 | | | | | | | | 0.6 | |
| 8 | X | 24.0 | 173,000 | | 2.5 | | | | | | | | 0.7 | |
| 9 | X | 24.0 | 95,000 | | 2.4 | | | | | | | | 0.7 | |
| 10 | X | 24.0 | 166,000 | | 2.3 | | | | | | | | 0.6 | |
| 11 | | 24.0 | 186,000 | | | | | | | | | | | |
| 12 | X | 24.0 | 141,000 | | 2.0 | | | | | | | | 0.5 | |
| 13 | X | 24.0 | 209,000 | | 1.2 | | | | | | | | 0.5 | |
| 14 | X | 24.0 | 196,000 | | 2.2 | | | | | | | | 0.5 | |
| 15 | X | 24.0 | 150,000 | | 2.5 | | | | | | | | 0.6 | |
| 16 | X | 24.0 | 194,000 | | 2.3 | | | | | | | | 0.8 | |
| 17 | X | 24.0 | 157,000 | | 2.0 | | | | | | | | 0.8 | |
| 18 | | 24.0 | 157,000 | | | | | | | | | | | |
| 19 | X | 24.0 | 163,000 | | 2.3 | | | | | | | | 0.6 | |
| 20 | X | 24.0 | 252,000 | | 1.5 | | | | | | | | 0.4 | |
| 21 | X | 24.0 | 211,000 | | 2.8 | | | | | | | | 0.8 | |
| 22 | X | 24.0 | 111,000 | | 2.8 | | | | | | | | 0.6 | |
| 23 | X | 24.0 | 116,000 | | 2.2 | | | | | | | | 0.6 | |
| 24 | X | 24.0 | 163,000 | | 2.4 | | | | | | | | 0.7 | |
| 25 | | 24.0 | 162,000 | | | | | | | | | | | |
| 26 | X | 24.0 | 180,000 | | 2.5 | | | | | | | | 0.7 | |
| 27 | X | 24.0 | 159,000 | | 2.3 | | | | | | | | 0.7 | |
| 28 | X | 24.0 | 160,000 | | 2.3 | | | | | | | | 0.6 | |
| 29 | X | 24.0 | 158,000 | | 2.5 | | | | | | | | 0.8 | |
| 30 | X | 24.0 | 205,000 | | 2.0 | | | | | | | | 0.6 | |
| 31 | X | 24.0 | 197,000 | | 2.5 | | | | | | | | 0.7 | |
| Total | | | 5,076,000 | | | | | | | | | | | |
| Average | | | 164,000 | | | | | | | | | | | |
| Maximum | | | 266,000 | | | | | | | | | | | |

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

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

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

| PWS ID: | 6535055 | Plant Name: | Cypress Lakes |
|---|---|---|---|

## 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, %[1] = | |
|---|---|---|---|

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

| Polymer Dose ppm = | | Epichlorohydrin Level, %[1] = | |
|---|---|---|---|

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

| Type of Sequestrant (polyphosphate or sodium silicate): |
|---|
| Sequestrant Dose, mg/L of phosphate as $PO_4$ or mg/L of silicate as $SiO_2$ = |
| If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as $SiO_2$ = |

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

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

5218

# CYPRESS LAKES
# WTP LOG

MONTH Dec
YEAR 2005

| DAY | WELL #1 | WELL #2 | FLOW | CL2 | REMOTE CL2 | PUMP HRS. | TIME | LIC# | INTL |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 153467 | 6363 | 134/140 266 | 2.5 | 0.7 | 92.9/01.2 | 0945 | C14160 | |
| 2 | 153623 | 6473 | 77/89 166 | 2.2 | 0.6 | 96.1/03.4 | 1410 | C14160 | |
| 3 | 153700 | 6562 | 83/111 194 | 2.5 | 0.8 | 91.7/05.2 | 1110 | C14160 | |
| 4 | / | | 83/111 194 | | | | | | |
| 5 | 153886 | 6784 | 81/93 174 | 2.0 | 0.6 | 04.0/09.7 | 1300 | C14160 | |
| 6 | 153967 | 6877 | 72/87 159 | 2.3 | 0.7 | 00.2/11.6 | 1400 | C14160 | |
| 7 | 154039 | 6964 | 80/90 170 | 2.5 | 0.6 | 04.1/13.4 | 1220 | C14160 | |
| 8 | 154119 | 7054 | 84/87 173 | 2.5 | 0.7 | 06.4/15.2 | 1400 | C14160 | |
| 9 | 154205 | 7141 | 43/52 95 | 2.4 | 0.7 | 08.2/17.0 | 1345 | C14160 | |
| 10 | 154248 | 7193 | 86/100 186 | 2.3 | 0.6 | 9.1/18.0 | 0715 | C14160 | |
| 11 | | | 85/101 186 | | | | | | |
| 12 | 154419 | 7394 | 65/76 141 | 2.0 | 0.5 | 12.0/22.1 | 1410 | C14160 | |
| 13 | 154484 | 7470 | 97/103 200 | 1.2 | 0.5 | 14.0/23.6 | 1020 | C14160 | |
| 14 | 154581 | 7573 | 89/101 146 | 2.2 | 0.5 | 16.0/25.7 | 1305 | C14160 | |
| 15 | 154670 | 7680 | 68/70 150 | 2.5 | 0.6 | 17.8/27.5 | 1510 | C14160 | |
| 16 | 154758 | 7750 | 109/85 194 | 2.3 | 0.8 | 19.9/29.3 | 1345 | C14160 | |
| 17 | 154804 | 7838 | 77/85 157 | 2.0 | 0.8 | 21.7/31.0 | 1110 | C14160 | |
| 18 | | | 77/85 157 | | | | | | |
| 19 | 155008 | 8008 | 75/48 163 | 2.3 | 0.6 | 34.0/34.5 | 1130 | C14160 | |
| 20 | 155083 | 8096 | NR/109 252 | 1.5 | 0.6 | 26.3/36.2 | 1352 | C-7779 | NEW |
| 21 | 155226 | 8205 | 97/114 211 | 2.8 | 0.8 | 29.1/38.9 | 1139 | C-14160 | |
| 22 | 155323 | 8319 | 51/60 111 | 2.8 | 0.6 | 31.1/40.7 | 1300 | C-14160 | |
| 23 | 155374 | 8379 | 55/61 116 | 2.2 | 0.6 | 32.2/41.9 | 1235 | C-14160 | |
| 24 | 155489 | 8440 | 74/89 163 | 2.4 | 0.7 | 33.9/43.2 | 0700 | C-7779 | NEW |
| 25 | | | 74/88 162 | | | | | | |
| 26 | 155577 | 8617 | 83/97 180 | 2.5 | 0.7 | 36.3/46.7 | 1120 | C-14160 | |
| 27 | 155660 | 8714 | 75/84 159 | 2.3 | 0.7 | 38.1/48.7 | 1220 | C-14160 | |
| 28 | 155735 | 8798 | 83/97 180 | 2.3 | 0.6 | 39.8/50.4 | 1049 | C-14160 | |
| 29 | 155818 | 8895 | 73/85 158 | 2.5 | 0.8 | 41.3/52.4 | 1145 | C-14160 | |
| 30 | 155891 | 8980 | 197/8205 | 2.0 | 0.6 | 42.8/54.1 | 1230 | C14160 | |
| 31 | 156088 | 8988 | 198/0 197 | 2.5 | 0.7 | 46.8/54.2 | 430PM | A-7880 | DER |
| | 156390 | 8988 | | | | | | | |

Comments:

12/31/05 FOUND #2 WELL PUMP IN OFF POSITION. LEFT AS WAS.

5076

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes/1672

MONTH/YEAR: Dec/2005

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|
| 1 | 2" | 2/5 | — | — | 14000 | See Water Flushing Log |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | 2" | 2/5 | — | — | 27 | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | 2" | 5 | 70 | 120 | 8 | |
| 16 | 2" | 2/5 | — | — | 4 | |
| 17 | 2" | 2 | 90 | 120 | 1 | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | 2" | 2/5 | — | — | 47150 | See Water Flushing Log |
| 22 | | 3 | | | 7800 | 1221 Grackle Loop |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | 3 | | | 8500 | 9552 Cypress Lakes Dr |
| 26 | | 3 | | | 500 | 9346 Hoosier Circle |
| 27 | 2" | 2/5 | — | — | 28800 | See Water Flushing Log |
| 28 | | | | | 2300 | 9575 Cypress Lakes Dr |
| 29 | 2" | 2/5 | — | — | 76000 | See Water Flushing Log |
| 30 | | | | | | |
| 31 | | | | | | |

use this flushing log for Cypress Lakes

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

220,880

Form Modified 1/30/04

File: Flushing & Water Loss Record

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

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

Telephone: 407-869-1919
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florida@utilitiesinc-usa.com

FAXED

# Fax Transmittal

**Attn:** Shan Rainey **Date:** 1/5/2006 15:56 PM

**Company:** Labrador **Fax #:** 813-780-7364

**From:** Jackie Tappan **Pages:** 3 including this cover page.

**Subject:** Cypress Lakes MOR

☐ **URGENT** ☐ For Your Review ☐ For your Information ☐ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail

## Messages:

Shan,

My totals are not matching up to what is on the MOR. Could you please let me know where it is off.

Thanks
Jackie

cc: Rick Retz, Mike Dunn

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

## CYPRESS LAKES

| | DEC |
|---|---|
| 1 | 0.266 |
| 2 | 0.166 |
| 3 | 0.194 |
| 4 | 0.194 |
| 5 | 0.174 |
| 6 | 0.159 |
| 7 | 0.170 |
| 8 | 0.173 |
| 9 | 0.095 |
| 10 | 0.186 |
| 11 | 0.186 |
| 12 | 0.141 |
| 13 | 0.200 |
| 14 | 0.196 |
| 15 | 0.150 |
| 16 | 0.194 |
| 17 | 0.157 |
| 18 | 0.157 |
| 19 | 0.163 |
| 20 | 0.252 |
| 21 | 0.211 |
| 22 | 0.111 |
| 23 | 0.116 |
| 24 | 0.163 |
| 25 | 0.162 |
| 26 | 0.180 |
| 27 | 0.159 |
| 28 | 0.180 |
| 29 | 0.158 |
| 30 | 0.205 |
| 31 | 0.197 |
| Total | 5.415 |
| Avg. | 0.181 |
| Max | 0.266 |

# WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Cypress Lakes/672

MONTH/YEAR: Dec/2005

| DATE | SIZE | TYPE (see below) | FLUSHING/ BREAK TIME (MIN) | ESTIMATE RATE | TOTAL GALLONS | LOCATION OF FLUSHING OR LINE BREAK |
|---|---|---|---|---|---|---|
| 1 | 2" | 2/5 | – | – | 14000 | See Water Flushing Log |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | 2" | 2/5 | – | – | 27300 | See Water Flushing Log |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | 2" | 5 | 70 | 120 | 8400 | Complaint on Ultra Blowoff - Ultra |
| 16 | 2" | 2/5 | – | – | 46730 | See Water Flushing Log |
| 17 | 2" | 2 | 90 | 120 | 10800 | WWTP BD |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | 2" | 2/5 | – | – | 49750 | See Water Flushing Log |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | 2" | 2/5 | – | – | 28800 | See Water Flushing Log |
| 28 | | | | | | |
| 29 | 2" | 2/5 | – | – | 16000 | See Water Flushing Log |
| 30 | | | | | | |
| 31 | | | | | | |

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

201780

Form Modified 1/30/04

File: Flushing & Water Loss Record

01/03/2006 07:40 18638151524 CYPRESS LAKE PAGE 02/03

## DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including Influent

672

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: January 1 2005 To January 31 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.118 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculated |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| Flow | Sample Measurement | 0.131 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 I | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Mon.Site No. FLW-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | mg/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 I | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Solids, Total Suspended | Sample Measurement | | | | | | 2.6 | mg/L | 0 | 4 Days/Week | Grab |
| PARM Code 00530 I | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| Mon.Site No. EFB-01 | | | | | | | | | | | |
| pH | Sample Measurement | | | | 7.1 | | 7.5 | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 I | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |
| Mon.Site No. EFA-01 | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shoffstall Head Operator | David E Shoffstall | 863-815-1524 | 05/02/18 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: January 1, 2005 To January 31, 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | < 1 | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code 51005 1 Mon.Site No. EPA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100 ML | 0 | 4 Days/Week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.6 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 0.79 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.124 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.131 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 74 | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code 00180 I Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 470 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 480 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: January/1/2005 To: January/31/2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.1 | 5.0+ | | 0.24 | .138 | | |
| 2 | | | 7.4 | 5.0+ | | 0.42 | .124 | | |
| 3 | | <1 | 7.3 | 2.8 | <2.0 | 0.59 | .132 | | |
| 4 | | <1 | 7.3 | 5.0+ | <2.0 | 0.18 | .133 | | |
| 5 | | <1 | 7.3 | 5.0+ | <2.0 | 0.39 | .123 | | |
| 6 | | <1 | 7.2 | 5.0+ | <2.0 | 0.78 | .140 | | |
| 7 | | | 7.2 | 5.0+ | | 0.79 | .137 | | |
| 8 | | | 7.2 | 5.0+ | | 0.31 | .142 | | |
| 9 | | | 7.3 | 5.0+ | | 0.40 | .136 | | |
| 10 | | <1 | 7.3 | 1.6 | <2.0 | 0.62 | .145 | | |
| 11 | | <1 | 7.1 | 5.0+ | <2.0 | 0.66 | .128 | | |
| 12 | <2.0 | <1 | 7.2 | 5.0+ | <2.0 | 0.60 | .143 | | |
| 13 | | <1 | 7.1 | 5.0+ | <2.0 | 0.61 | .119 | 470 | 480 |
| 14 | | | 7.1 | 5.0+ | | 0.61 | .125 | | |
| 15 | | | 7.2 | 5.0+ | | 0.50 | .138 | | |
| 16 | | <1 | 7.3 | 5.0+ | | 0.29 | .152 | | |
| 17 | | <1 | 7.2 | 5.0+ | 2.4 | 0.43 | .133 | | |
| 18 | | <1 | 7.2 | 5.0+ | <2.0 | 0.47 | .128 | | |
| 19 | | <1 | 7.1 | 5.0+ | <2.0 | 0.58 | .099 | | |
| 20 | | <1 | 7.3 | 5.0+ | <2.0 | 0.43 | .117 | | |
| 21 | | | 7.3 | 5.0+ | | 0.53 | .118 | | |
| 22 | | | 7.4 | 5.0+ | | 0.48 | .126 | | |
| 23 | | | 7.5 | 5.0+ | | 0.50 | .123 | | |
| 24 | | <1 | 7.0 | 5.0+ | <2.0 | 0.43 | .115 | | |
| 25 | | <1 | 7.2 | 5.0+ | 2.2 | 0.68 | .117 | | |
| 26 | | <1 | 7.1 | 5.0+ | <2.0 | 0.41 | .110 | | |
| 27 | <2.0 | <1 | 7.1 | 5.0+ | <2.0 | 0.48 | .106 | | |
| 28 | | | 7.3 | 5.0+ | | 0.68 | .148 | | |
| 29 | | | 7.3 | 5.0+ | | 0.68 | .170 | | |
| 30 | | | 7.4 | 5.0+ | | 0.82 | .155 | | |
| 31 | | <1 | 7.3 | 3.8 | 2.6 | 0.49 | .155 | | |
| Total | 2 | 17 | 31 | 31 | 17 | 31 | 4.075 | 1 | 1 |
| Mo. Avg. | <2.0 | <1 | 7.2 | 4.8 | 2.1 | 0.51 | .131 | 470 | 480 |

PLANT STAFFING:

| | | | | | | |
|---|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: | 13840 | Name: | Robert Bouno | |
| Evening Shift Operator | Class: C | Certificate No | 12994 | Name: | Shan Rainey | |
| Shift Operator | Class: B | Certificate No: | 7294 | Name: | Todd Hiscock | |
| Lead Operator | Class: C | Certificate No: | 7045 | Name: | David E Shoffstall | |

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8136261030
03/25/2005 12:17

672

FILE COPY

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123

LIMIT: First
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Cypress Lakes WWTF

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feb/1/05 To Feb/28/05

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | .130 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y Mon.Site No. FLW-02 | Permit Requirement | 0.175 (12MADF) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | .146 | | MGD | | | | | 0 | 5 Days/Week | and totalizers |
| PARM Code 50050 I Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <20 | | | mg/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | | MGL | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <20 | | <20 | mg/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 I Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MGL | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 2.4 | mg/L | 0 | 4 Days/Week | Grab |
| PARM Code 00530 I Mon.Site No. EFB-01 | Permit Requirement | | | | | | 50 (Max.) | MGL | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.0 | | 7.5 | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 I Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shoffstall | Lead Operator David E Shoffstall | 863-815-1524 | 05/03/31 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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8136261030
03/25/2005 12:17

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Feb/1/05 To Feb/28/05

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Ty |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | <1 | | | PER-CENT | | Monthly | Calculated |
| Mon.Site No. EFA-01 | Requirement | | | | (Min.) | | | CENT | | monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100ML | 0 | 4 Days/Week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 4.8 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 1.24 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | .133 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | .146 | | MGD | | | | | 0 | 6 Days/Week | Flow meter and totalizer |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meter and totalizer |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 74 | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 00180 I Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 270 | | | MG/L | 0 | Monthly | 8-hour FRC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FRC |
| Solids, Total Suspended | Sample Measurement | | | | 110 | | | MG/L | 0 | Monthly | 8-hour FRC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FRC |
| | Sample Measurement | | | | | | | | | | |
| | Permit | | | | | | | | | | |

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF% Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA 123 Facility: Cypress Lakes WWTF

Monitoring Period Fro: Feb/1/05 To: Feb/28/05

| | CBODS (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | BODS (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 10082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.1 | 5.0+ | 2.2 | 0.94 | .160 | | |
| 2 | | <1 | 7.0 | 5.0+ | <2.0 | 1.24 | .148 | | |
| 3 | <2.0 | <1 | 7.0 | 5.0+ | <2.0 | 1.20 | .161 | 70 | 110 |
| 4 | | | 7.3 | 5.0+ | | 0.40 | .153 | | |
| 5 | | | 7.2 | 5.0+ | | 0.62 | .160 | | |
| 6 | | | 7.4 | 5.0+ | | 0.70 | .153 | | |
| 7 | | <1 | 7.3 | 5.0+ | <2.0 | 0.64 | .158 | | |
| 8 | | <1 | 7.2 | 5.0+ | <2.0 | 0.71 | .153 | | |
| 9 | | <1 | 7.1 | 4.8 | <2.0 | 0.39 | .142 | | |
| 10. | | <1 | 7.2 | 5.0+ | <2.0 | 0.73 | .139 | | |
| 11 | | | 7.3 | 5.0+ | | 0.74 | .155 | | |
| 12 | | | 7.3 | 5.0+ | | 0.62 | .132 | | |
| 13 | | | 7.5 | 5.0+ | | 0.66 | .133 | | |
| 14 | | <1 | 7.4 | 5.0+ | 2.4 | 0.83 | .122 | | |
| 15 | | <1 | 7.3 | 5.0+ | <2.0 | 0.93 | .133 | | |
| 16 | <2.0 | <1 | 7.1 | 5.0+ | <2.0 | 0.78 | .142 | | |
| 17 | | <1 | 7.2 | 5.0+ | <2.0 | 0.82 | .130 | | |
| 18 | | | 7.3 | 5.0+ | | 0.64 | .146 | | |
| 19 | | | 7.1 | 5.0+ | | 0.52 | .107 | | |
| 20 | | | 7.3 | 5.0+ | | 0.56 | .145 | | |
| 21 | | <1 | 7.3 | 5.0+ | <2.0 | 0.74 | .147 | | |
| 22 | | <1 | 7.4 | 5.0+ | <2.0 | 0.82 | .148 | | |
| 23 | | <1 | 7.2 | 5.0+ | <2.0 | 0.65 | .158 | | |
| 24 | | <1 | 7.2 | 5.0+ | <2.0 | 0.83 | .158 | | |
| 25 | | | 7.3 | 5.0+ | | 0.32 | .154 | | |
| 26 | | | 7.2 | 5.0+ | | 0.56 | .156 | | |
| 27 | | | 7.2 | 5.0+ | | 0.81 | .149 | | |
| 28 | | <1 | 7.3 | 5.0+ | <2.0 | 0.69 | .134 | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| Total | 2 | 16 | 28 | 28 | 16 | 28 | 4.037 | 1 | 1 |
| Mo. Avg. | 2.0 | 1 | 7.2 | 5.0 | 2.0 | 0.76 | .146 | 70 | 110 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: | 13840 | Name: | Robert Bowen |
| Evening Shift Operator | Class: C | Certificate No: | 12994 | Name: | Shea Raine |
| Shift Operator | Class: B | Certificate No: | 7294 | Name: | Todd Hiss |
| Lead Operator | Class: C | Certificate No: | 8045 | Name: | David E. Shaffer |

## DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - P

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98

COUNTY: Polk

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
Public access reuse (R-001), including influent

672

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March-1-2005 To March-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | .118 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | .150 | | MGD | | | | | 0 | 5 Days/Week | Flow Meters and Totalizers |
| PARM Code 50050 I | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | | mg/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.1 | | 2.1 | mg/L | 0 | Every Two Weeks | 8 hour FPC |
| PARM Code 80082 I | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 4.4 | mg/L | 0 | 4 Days/week | Grab |
| PARM Code 00530 I | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.0 | | 7.4 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 I | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shoffstall Lead Operator | David E Shoffstall | 863-815-1524 | 05/04/25 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March - 1 - 2005 To March - 1 - 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | < 1 | | | Per-Cent | 0 | Monthly | Calculated |
| Mon.Site No. EFA-01 | Requirement | | | | (Min.) | | | | | | |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100ML | 0 | 4 Days/week | Grab |
| PARM Code 74055 I<br>Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.8 | | | mg/L | 0* | Continuous | Meter |
| PARM Code 50060 A<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 3.20 | NTU | 0* | Continuous | Meter |
| Mon.Site No. EFB-01 | Requirement | | | | | | (Max.) | | | | |
| Flow | Sample Measurement | .142 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | .150 | | MGD | | | | | 0 | 5 Days/week | Flow meters and totalizers |
| PARM Code 50050 Q<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 85 | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code 00180 1<br>Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 1 | | | mg/L | 0 | Monthly | 8-hour FPC |
| PARM Code 80082 G<br>Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 2.2 | | | mg/L | 0 | Monthly | 8-hour FPC |
| PARM Code 00530 G<br>Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

* As per Dave, 4B 0

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011123 Facility: Cypress Lakes WWTF

Monitoring Period From: March 1, 2005 To: March 31, 2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1 | 7.3 | 6.5 | 2.6 | 1.20 | .157 | | |
| 2 | | <1 | 7.2 | 2.4 | <2.0 | 0.60 | .142 | | |
| 3 | <2.0 | <1 | 7.3 | 5.0+ | <2.0 | 0.96 | .130 | 180 | 260 |
| 4 | | | 7.1 | 5.0+ | | 1.40 | .145 | | |
| 5 | | | 7.2 | 1.8 | | 1.00 | .148 | | |
| 6 | | | 7.3 | 1.0 | | 0.87 | .155 | | |
| 7 | | <1 | 7.1 | 6.8 | 2.6 | 0.92 | .124 | | |
| 8 | | <1 | 7.4 | 1.7 | <2.0 | 1.60 | .150 | | |
| 9 | | <1 | 7.3 | 5.0+ | 2.0 | 1.30 | .138 | | |
| 10 | | <1 | 7.3 | 5.0+ | <2.0 | 2.50 | .151 | | |
| 11 | | | 7.3 | 2.2 | | 2.50 | .132 | | |
| 12 | | | 7.3 | 2.0 | | 0.90 | .155 | | |
| 13 | | | 7.4 | 5.0+ | | 1.30 | .140 | | |
| 14 | | <1 | 7.4 | 1.9 | <2.0 | 2.40 | .152 | | |
| 15 | | <1 | 7.3 | 5.0+ | <2.0 | 2.00 | .173 | | |
| 16 | 2.4 | <1 | 7.1 | 1.6 | <2.0 | 2.30 | .164 | | |
| 17 | | <1 | 7.4 | 1.6 | <2.0 | 1.20 | .163 | | |
| 18 | | | 7.0 | 5.0+ | | 1.80 | .323 | | |
| 19 | | | 7.3 | 5.0+ | | 2.60 | .160 | | |
| 20 | | | 7.4 | 5.0+ | | 0.90 | .154 | | |
| 21 | | <1 | 7.3 | 5.0+ | <2.0 | 3.20 | .150 | | |
| 22 | | <1 | 7.3 | 5.0+ | <2.0 | 1.80 | .158 | | |
| 23 | | <1 | 7.0 | 4.2 | <2.0 | 3.30 | .120 | | |
| 24 | | <1 | 7.1 | 5.0+ | 2.0 | 2.40 | .165 | | |
| 25 | | | 7.4 | 4.2 | | 2.30 | .144 | | |
| 26 | | | 7.3 | 5.0+ | | 0.30 | .159 | | |
| 27 | | | 7.3 | 5.0+ | | 0.30 | .121 | | |
| 28 | | <1 | 7.4 | 1.5 | <2.0 | 2.30 | .122 | | |
| 29 | | <1 | 7.1 | 5.0+ | 3.4 | 2.40 | .182 | | |
| 30 | | <1 | 7.2 | 1.9 | <2.0 | 2.60 | .153 | | |
| 31 | <2.0 | <1 | 7.1 | 1.9 | 4.4 | 1.40 | .134 | 520 | 120 |
| Total | 3 | 19 | 31 | 31 | 19 | 31 | 4.664 | 2 | 2 |
| Mo. Avg | 2.1 | 1 | 7.2 | 3.4 | 2.2 | 1.70 | .150 | 350 | 190 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No | 12994 | Name: | Shan Rainey |
| Evening Shift Operator | Class: C | Certificate No | 13840 | Name: | Robert Bourne |
| Shift Operator | Class: B | Certificate No | 7294 | Name: | Todd Hiscock |
| Lead Operator | Class: C | Certificate No: | 3045 | Name: | David E. Shoffstall |

FILE COPY

672

# DEPARTMENT OF ENVIRONMENTAL F[illegible]TECTION DISCHARGE MONITORING REPORT - PART

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

COUNTY: Polk

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: April-01-2005 To April-30-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.121 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | Weekly 4.25 | | MGD | | | | | 0 | [illegible] | Flow meters and totalizers |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | 2.0 | MG/L | 0 | Every Two Weeks | 8 hour FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 4.8 | MG/L | 0 | 4 Days/Week | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.2 | | 7.5 | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shoffstall Lead Operator | David E Shoffstall | 863-815-1524 | 05/05/24 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April-01-05 To April-30-05

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | <1 | | | Per-cent | 0 | Monthly | Calculated |
| PARM Code 51040 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal<br>PARM Code 74055 1<br>Mon.Site No. EFA-01 | Sample Measurement | | | | | | 4.0 | #/100mL | 0 | 4Days/Week | Grab |
| | Permit Requirement | | | | | | 25 (Max.) | #/100mL | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection)<br>PARM Code 50060 A<br>Mon.Site No. EFA-01 | Sample Measurement | | | | 1.5 | | | MG/L | 0 | Continuous | Meter |
| | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity<br>PARM Code 00070 B<br>Mon.Site No. EFB-01 | Sample Measurement | | | | | | 4.9 | NTU | 0 | Continuous | Meter |
| | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow<br>PARM Code 50050 P<br>Mon.Site No. FLW-01 | Sample Measurement | 0.149 | | MGD | | | | | 0 | Monthly | Calculated |
| | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow<br>PARM Code 50050 Q<br>Mon.Site No. FLW-01 | Sample Measurement | ~~152~~ 126 | | MGD | | | | | 0 | 5Days/Week | Flow meters and totalizers |
| | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100<br>PARM Code 00180 1<br>Mon.Site No. FLW-01 | Sample Measurement | | | | 87 | | | Per-cent | 0 | Monthly | Calculated |
| | Permit Requirement | | | | Report (Mo.Avg.) | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C<br>PARM Code 80082 G<br>Mon.Site No. INF-01 | Sample Measurement | | | | 1 | | | MG/L | 0 | Monthly | 8-hour FPC |
| | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended<br>PARM Code 00530 G<br>Mon.Site No. INF-01 | Sample Measurement | | | | 2.4 | | | MG/L | 0 | Monthly | 8-hour FPC |
| | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

Permit Number: FLA013123 DAILY SAMPLE RESULTS - PART B

Monitoring Period From: _____ To: _____ Facility: Cypress Lakes WWTP

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.4 | 1.5 | | 4.6 | .123 | | |
| 2 | | | 7.3 | 1.8 | | 0.3 | .156 | | |
| 3 | | | 7.2 | 5.0+ | | 0.3 | .137 | | |
| 4 | | <1.0 | 7.4 | 5.0+ | 4.8 | 2.4 | .138 | | |
| 5 | | <1.0 | 7.4 | 5.0+ | <2.0 | 1.3 | .107 | | |
| 6 | | <1.0 | 7.4 | 2.3 | <2.0 | 2.5 | .132 | | |
| 7 | | <1.0 | 7.4 | 5.0+ | <2.0 | 4.5 | .127 | | |
| 8 | | | 7.4 | 5.0+ | | 4.8 | .131 | | |
| 9 | | | 7.3 | 5.0+ | | 3.7 | .142 | | |
| 10 | | | 7.4 | 5.0+ | | 4.9 | .117 | | |
| 11 | | <1.0 | 7.4 | 5.0+ | <2.0 | 4.7 | .118 | | |
| 12 | | <1.0 | 7.3 | 5.0+ | 3.8 | 2.4 | .136 | | |
| 13 | | <1.0 | 7.3 | 1.5 | 2.8 | 2.8 | .152 | | |
| 14 | <2.0 | <1.0 | 7.3 | 5.0+ | <2.0 | 3.4 | .132 | 160 | 50 |
| 15 | | | 7.3 | 5.0+ | | 2.2 | .117 | | |
| 16 | | | 7.3 | 5.0+ | | 2.8 | .136 | | |
| 17 | | | 7.4 | 5.0+ | | 2.2 | .104 | | |
| 18 | | <1.0 | 7.3 | 5.0+ | 2.6 | 3.6 | .102 | | |
| 19 | | <1.0 | 7.4 | 5.0+ | <2.0 | 2.7 | .122 | | |
| 20 | | 4 | 7.4 | 5.0+ | 2.2 | 2.4 | .110 | | |
| 21 | | <1.0 | 7.4 | 5.0+ | <2.0 | 2.9 | .117 | | |
| 22 | | | 7.3 | 2.9 | | 3.0 | .125 | | |
| 23 | | | 7.2 | 2.9 | | 3.6 | .121 | | |
| 24 | | | 7.4 | 5.0+ | | 2.7 | .147 | | |
| 25 | | <1.0 | 7.4 | 5.0+ | <2.0 | 2.8 | .106 | | |
| 26 | | <1.0 | 7.5 | 5.0+ | 2.4 | 4.0 | .112 | | |
| 27 | | <1.0 | 7.4 | 5.0+ | <2.0 | 3.8 | .140 | | |
| 28 | <2.0 | <1.0 | 7.5 | 5.0+ | <2.0 | 3.3 | .141 | | |
| 29 | | | 7.3 | 1.9 | | 3.2 | .124 | | |
| 30 | | | 7.2 | 5.0+ | | 3.1 | .090 | | |
| 31 | | | | | | | | | |
| Total | 2 | 16 | 30 | 30 | 16 | 30 | 3.262 | * | |
| Mo. Avg. | 2.0 | 1.2 | 7.4 | 4.3 | 2.4 | 3.0 | ~~4.672~~ 1125 | 1 | 1 |
| | | | | | | | ~~152~~ | 160 | 50 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: | 12994 | Name: | Shan Rainey |
| Evening Shift Operator | Class: C | Certificate No: | 13840 | Name: | Robert Burau |
| Shift Operator | Class: B | Certificate No: | 7294 | Name: | Todd Hiscock |
| ead Operator | Class: C | Certificate No: | 8045 | Name: | David E. Shaffstall |



* As per Shan 5/27/05

REVISED

# DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

672

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including effluent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May-01-2005 To May-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.122 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | Units | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 I<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.2 | | 2.2 | MG/L | 0 | Every Two Weeks | 8 hour FPC |
| PARM Code 80082 I<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 8.0 | MG/L | 0 | 4Days/Week | Grab |
| PARM Code 00530 I<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.1 | | 7.4 | SU | 0 | 5Day/week | Grab |
| PARM Code 00400 I<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shaffstall, Head Operator | David E Shaffstall | (863) 815-1524 | 05/06/07 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

TSS on 5-19-05 of 8.0 due to sample break. 5-19-05 turbidity of 12. Does not relate to TSS. Plant flow diverted to reject on 5-22-05 due to high turbidity

PA File No. FLA013123-007-DW2P



05/07/2007 09:58 8136261030 GARTH A PAGE 03

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GARTH A
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06/28/2005 11:18

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: May 1 2005 To May 31 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100% | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 51040 1 | Permit | | | | 75 | | | PER- | | Monthly | Calculated |
| Mon.Site No. EFA-01 | Requirement | | | | (Min.) | | | CENT | | | |
| Coliform, Fecal | Sample Measurement | | | | | | <1.0 | #/100ml | 0 | 4 Days/Week | Grab |
| PARM Code 74055 1 | Permit | | | | | | 25 | #/100ML | | 4 Days/Week | Grab |
| Mon.Site No. EFA-01 | Requirement | | | | | | (Max.) | | | | |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.1 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A | Permit | | | | 1.0 | | | MG/L | | Continuous | Meter |
| Mon.Site No. EFA-01 | Requirement | | | | (Min.) | | | | | | |
| Turbidity | Sample Measurement | | | | | | 10.0 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B | Permit | | | | | | Report | NTU | | Continuous | Meter |
| Mon.Site No. EFB-01 | Requirement | | | | | | (Max.) | | | | |
| Flow | Sample Measurement | 0.136 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P | Permit | 0.175 | | MGD | | | | | | Monthly | Calculated |
| Mon.Site No. FLW-01 | Requirement | (3MADF)[2] | | | | | | | | | |
| Flow | Sample Measurement | 0.108 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Q | Permit | Report | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Mon.Site No. FLW-01 | Requirement | (Mo.Avg.) | | | | | | | | | |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 77 | | | Per Cent | 0 | Monthly | Calculated |
| PARM Code 00180 1 | Permit | | | | Report | | | PER- | | Monthly | Calculated |
| Mon.Site No. FLW-01 | Requirement | | | | (Mo.Avg.) | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 530 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 80082 G | Permit | | | | Report | | | MG/L | | Monthly | 8-hour FPC |
| Mon.Site No. INF-01 | Requirement | | | | (Mo.Avg.) | | | | | | |
| Solids, Total Suspended | Sample Measurement | | | | 110 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 00530 G | Permit | | | | Report | | | MG/L | | Monthly | 8-hour FPC |
| Mon.Site No. INF-01 | Requirement | | | | (Mo.Avg.) | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: May-01-2005 To May-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detention | Sample Measurement | | | | 100% | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code [illegible] 1 Mon.Site No. EFA-01 | Requirement | | | | (Min.) | | | PER-CENT | | [illegible] | [illegible] |
| Coliform, Fecal | Sample Measurement | | | | | | < 1 | #/100ML | 0 | 4 Days/week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 1.1 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 2.9 | NTU | 0 | Continuous | Meter |
| Mon.Site No. EFB-01 | Requirement | | | | | | (Max.) | | | | |
| Flow | Sample Measurement | 0.136 | | MGD | | | | | | Monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[3] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.106 | | MGD | | | | | | 5 Days/week | Flow meter and totalizers |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Ave.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 77 | | | Per-Cent | | Monthly | Calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Ave.)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 530 | | | MG/L | | Monthly | 8-hour FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Ave.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 110 | | | MG/L | | Monthly | 8-hour FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Ave.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.



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Permit Number FLA013123

## DAILY SAMPLE RESULTS - PART B

Monitoring Period From: May 1, 2005 To: May 31, 2005

Facility: Cypress Lakes WWTF

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.1 | 5.0+ | | 3.6 | .125 | | |
| 2 | | <1.0 | 7.1 | 1.5 | 2.2 | 4.1 | .159 | | |
| 3 | | <1.0 | 7.2 | 5.0+ | <2.0 | 2.5 | .126 | | |
| 4 | | <1.0 | 7.2 | 5.0+ | <2.0 | 2.4 | .124 | | |
| 5 | | <1.0 | 7.3 | 5.0+ | <2.0 | 1.9 | .134 | | |
| 6 | | | 7.4 | 5.0+ | | 3.3 | .140 | | |
| 7 | | | 7.2 | 5.0+ | | 2.6 | .129 | | |
| 8 | | | 7.1 | 5.0+ | | 2.8 | .093 | | |
| 9 | | <1.0 | 7.3 | 5.0+ | 3.4 | 4.9 | .113 | | |
| 10 | | <1.0 | 7.4 | 5.0+ | 2.6 | 2.8 | .112 | | |
| 11 | | <1.0 | 7.4 | 5.0+ | <2.0 | 2.4 | .100 | | |
| 12 | 2.2 | <1.0 | 7.4 | 5.0+ | 4.4 | 4.7 | .087 | 530 | 110 |
| 13 | | | 7.4 | 5.0+ | | 2.9 | .105 | | |
| 14 | | | 7.4 | 5.0+ | | 4.4 | .099 | | |
| 15 | | | 7.3 | 5.0+ | | 5.0 | .111 | | |
| 16 | | <1.0 | 7.3 | 5.0+ | 2.4 | 3.7 | .105 | | |
| 17 | | <1.0 | 7.3 | 3.3 | 3.6 | 3.9 | .100 | | |
| 18 | | <1.0 | 7.2 | 5.0+ | <2.0 | 3.4 | .116 | | |
| 19 | | <1.0 | 7.2 | 5.0+ | 8.0 | 5.0 | .107 | | |
| 20 | | | 7.3 | 2.2 | | 5.9 | .100 | | |
| 21 | | | 7.1 | 5.0+ | | 2.7 | .091 | | |
| 22 | | | 7.2 | 1.8 | | 10.0 | .099 | | |
| 23 | | <1.0 | 7.3 | 5.0+ | <2.0 | 5.3 | .099 | | |
| 24 | | <1.0 | 7.3 | 5.0+ | <2.0 | 4.8 | .085 | | |
| 25 | | <1.0 | 7.3 | 5.0+ | <2.0 | 4.6 | .107 | | |
| 26 | 2.2 | <1.0 | 7.3 | 5.0+ | <2.0 | 2.5 | .099 | | |
| 27 | | | 7.4 | 5.0+ | | 6.8 | .104 | | |
| 28 | | | 7.2 | 3.8 | | 4.2 | .102 | | |
| 29 | | | 7.1 | 1.4 | | 1.9 | .093 | | |
| 30 | | | 7.2 | 1.1 | | 8.6 | .085 | | |
| 31 | | <1.0 | 7.1 | 2.4 | 3.6 | 4.4 | .099 | | |
| Total | 2 | 17 | 31 | 31 | 17 | 31 | 3.348 | 1 | 1 |
| Mo. Avg | 2.2 | <1.0 | 7.3 | 4.3 | 2.8 | 4.1 | .108 | 530 | 110 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No 12994 | Name: Shantavious S. Rainey | | |
| Evening Shift Operator | Class: | Certificate No: | Name: | | |
| Shift Operator | Class: | Certificate No: | Name: | | |
| Lead Operator | Class: | Certificate No: | Name: | | |



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## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA01.1123 Facility: Cypress Lakes WWTF

Monitoring Period From: May-01-2005 To: May-31-2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.1 | 5.0+ | | 1.8 | .125 | | |
| 2 | | <1.0 | 7.1 | 1.5 | 2.2 | 2.4 | .159 | | |
| 3 | | <1.0 | 7.2 | 5.0+ | <2.0 | 2.4 | .126 | | |
| 4 | | <1.0 | 7.2 | 5.0+ | <2.0 | 2.4 | .124 | | |
| 5 | | <1.0 | 7.3 | 5.0+ | <2.0 | 2.4 | .134 | | |
| 6 | | | 7.4 | 5.0+ | | 2.2 | .140 | | |
| 7 | | | 7.2 | 5.0+ | | 1.4 | .129 | | |
| 8 | | | 7.1 | 5.0+ | | 1.8 | .093 | | |
| 9 | | <1.0 | 7.3 | 5.0+ | 3.4 | 2.4 | .113 | | |
| 10 | | <1.0 | 7.4 | 5.0+ | 2.6 | 2.4 | .112 | | |
| 11 | | <1.0 | 7.4 | 5.0+ | <2.0 | 2.4 | .100 | | |
| 12 | 2.2 | <1.0 | 7.4 | 5.0+ | 4.4 | 1.6 | .087 | 530 | 110 |
| 13 | | | 7.4 | 5.0+ | | 1.4 | .105 | | |
| 14 | | | 7.4 | 5.0+ | | 1.3 | .099 | | |
| 15 | | | 7.3 | 5.0+ | | 1.5 | .111 | | |
| 16 | | <1.0 | 7.3 | 5.0+ | 2.4 | 1.5 | .105 | | |
| 17 | | <1.0 | 7.3 | 3.3 | 3.6 | 2.1 | .100 | | |
| 18 | | <1.0 | 7.2 | 5.0+ | <2.0 | 1.3 | .116 | | |
| 19 | | <1.0 | 7.2 | 5.0+ | 8.0 | 1.2 | .107 | | |
| 20 | | | 7.3 | 2.2 | | 0.8 | .100 | | |
| 21 | | | 7.1 | 5.0+ | | 1.6 | .091 | | |
| 22 | | | 7.2 | 1.8 | | 2.4 | .099 | | |
| 23 | | <1.0 | 7.3 | 5.0+ | <2.0 | 1.1 | .099 | | |
| 24 | | <1.0 | 7.3 | 5.0+ | <2.0 | 1.0 | .085 | | |
| 25 | | <1.0 | 7.3 | 5.0+ | <2.0 | 1.4 | .107 | | |
| 26 | 2.2 | <1.0 | 7.3 | 5.0+ | <2.0 | 1.1 | .099 | | |
| 27 | | | 7.4 | 5.0+ | | 2.9 | .104 | | |
| 28 | | | 7.2 | 3.8 | | 1.2 | .102 | | |
| 29 | | | 7.1 | 1.4 | | 1.6 | .093 | | |
| 30 | | | 7.2 | 1.1 | | 1.6 | .085 | | |
| 31 | | <1.0 | 7.1 | 2.4 | 3.6 | 1.1 | .099 | | |
| Total | 2 | 17 | 31 | 31 | 17 | 31 | 3.348 | 1 | 1 |
| Mo. Avg. | 2.2 | <1.0 | 7.3 | 4.3 | 2.8 | 1.7 | .108 | 530 | 110 |

PLANT STAFFING:

| | | | | | | |
|---|---|---|---|---|---|---|
| Day Shift Operator | Class: | C | Certificate No: | 12994 | Name: | Shantavia S. Rainey |
| Evening Shift Operator | Class: | B | Certificate No: | 7294 | Name: | Todd Hiscock |
| Shift Operator | Class: | C | Certificate No: | 13840 | Name: | Robert Buono |
| Lead Operator | Class: | C | Certificate No: | 8045 | Name: | David E. Shoffstall |



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

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

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

# Confidential Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | Rick Retz | **Date:** | 6/30/2005 15:53 PM |
| **Company:** | Utilities, Inc. | **Fax #:** | 813-626-1030 |
| **From:** | Mike Dunn | **Pages:** | 2 including this cover page. |
| **Subject:** | May 2005 DMR - Cypress Lakes | | |

☐ **URGENT** ☒ For Your Review ☒ For your Information ☐ Please Reply Original: ☒ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail

## Messages:

Rick,

The DMR exhibits extensive NTU values – most likely this is from the operator recording spikes in the data rather than the true value.

The sample data from 05/19/05 shows high turbidity and high levels of TSS. I hope that they went into reject.

Please review the procedure with the operators again to avoid this in the future.
Thanks.

Mike

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

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

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

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

July 7, 2005

Department of Environmental Protection
Wastewater Compliance Evaluation Section
MS 3550
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: May 2005 Revised DMD
Cypress Lakes WWTF
FLA013123

To Whom It May Concern:

Please find enclosed a revised May 2005 DMR for the Cypress Lakes WWTF. The original DMR was not complete. If you have any question please contact me at 407-468-3268 or by email at r.retz@utilitiesinc-usa.com. Thank you.

Sincerely
CYPRESS LAKES UTILITIES, INC.

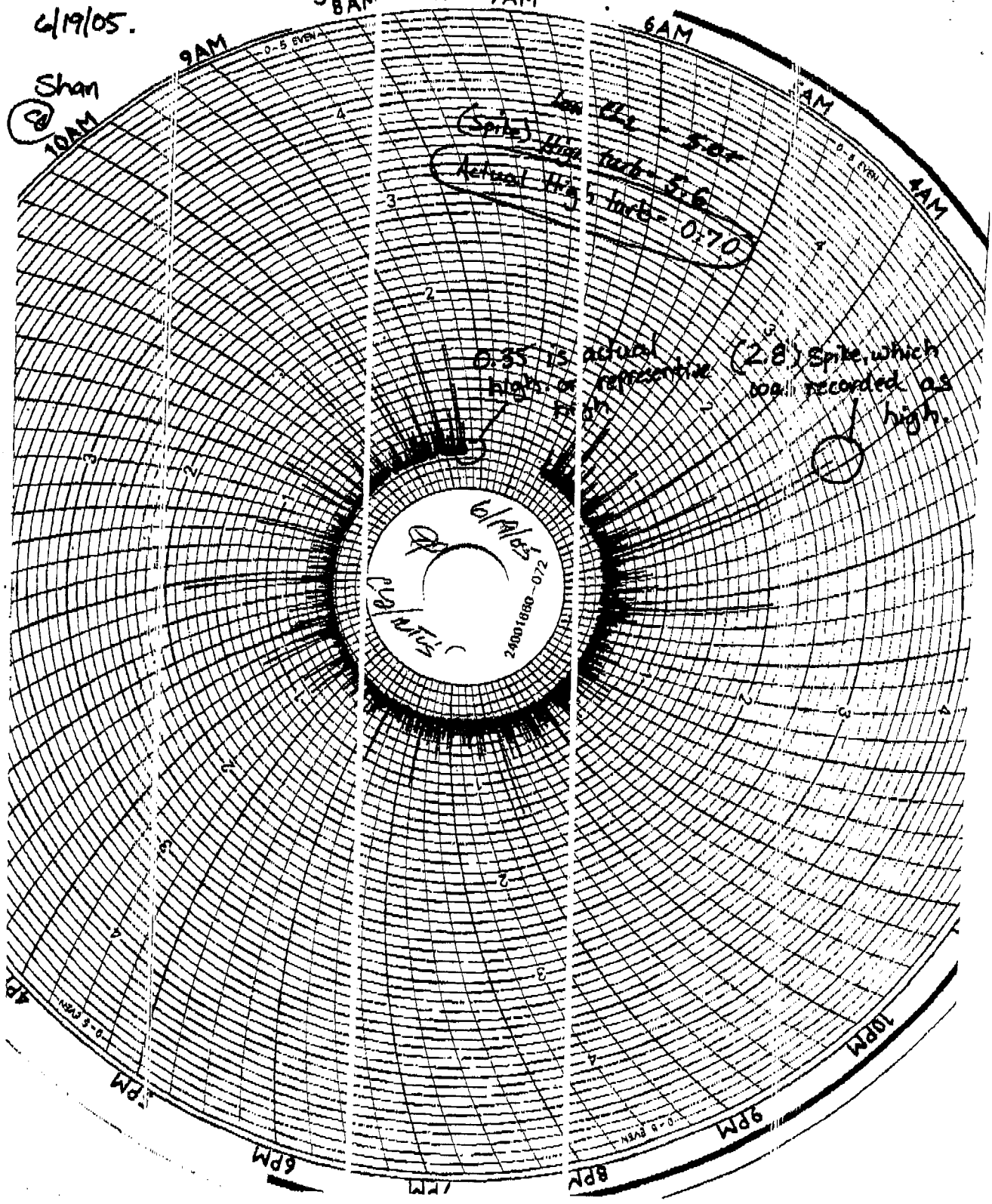
Richard W. Retz
Assistant Operations Manager

Cc: Michael Dunn, P.E.
David Shoffstall, Lead Operator

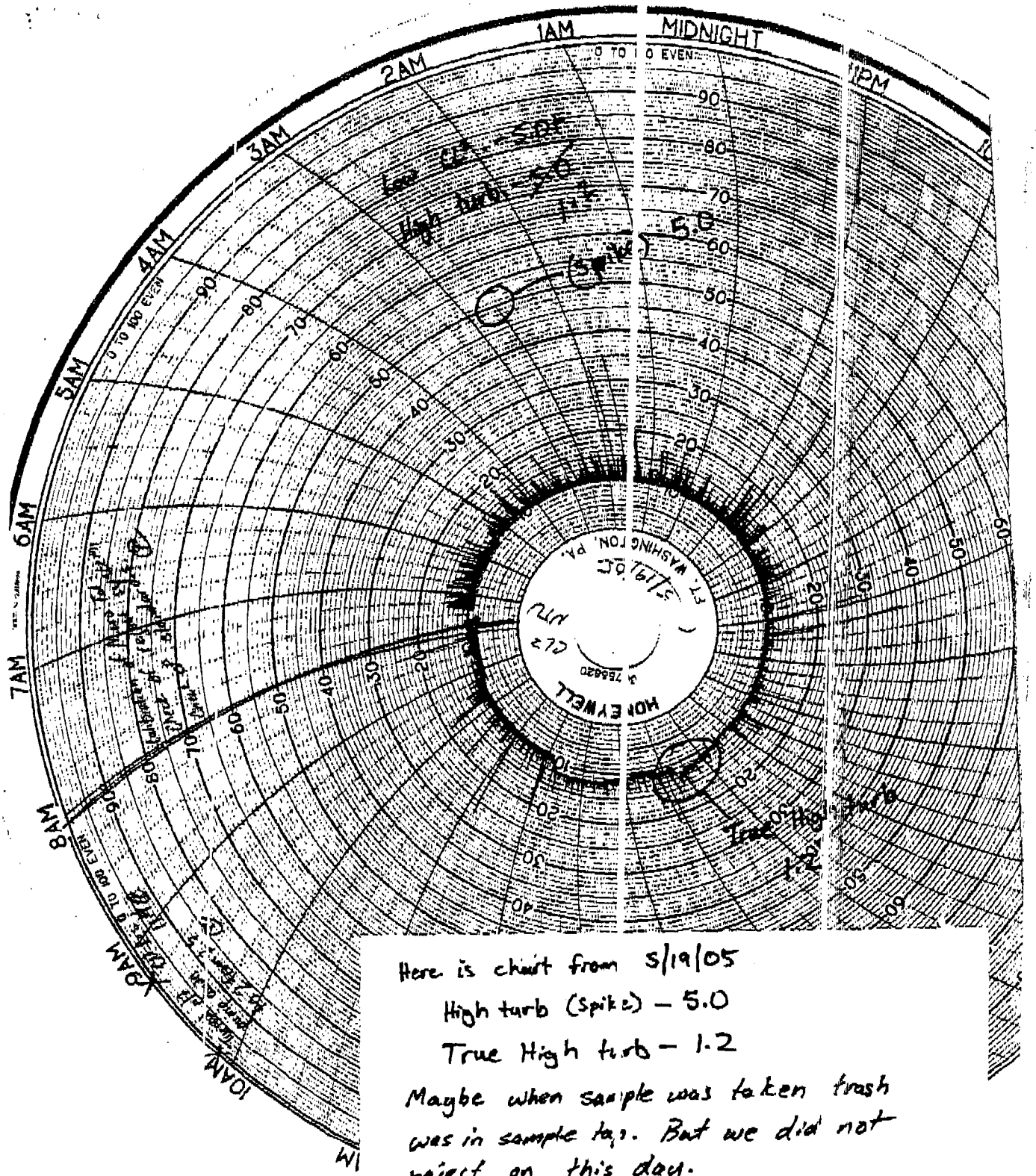


18-1/672/

Turb. is recorded on a scale of 1-10. Todd H. put wrong chart on. Whatever high turb is on the 1-5 chart should be multiplied by 2 to get actual turb. high. No where on the chart or log does it state that we rejected on 7AM 6/19/05.



5/27/05
This is last time flow was diverted to reject pond due to cleaning of wells of clarifiers.
Shan
HONEYWELL
FT. WASHINGTON, PA
12 AM
MIDNIGHT
1AM
2AM
3AM
4AM
5AM
6AM
7AM
8AM
9AM
10AM
11AM
NOON
PM
1PM
2PM
3PM
0 TO 100 EVEN




Here is chart from 5/19/05

High turb (Spike) – 5.0

True High turb – 1.2

Maybe when sample was taken trash was in sample tap. But we did not reject on this day.

Shan

## Reject Log

Name of facility: Cypress Lakes Utilities
Contact telephone #: (863) 815-1524
Date: 5-27-05 Time: 1303
Cause of reject event: Turbidity

---

Staff: Shan Rainey Call out? No, during normal hours.
Is reject Ongoing? Yes or ceased?
Gallons rejected
Are gallons calculated by flow totalizer ? No
or by an estimate from the chart recorder? No
What corrective action was taken by the operator? Backwashed filter #3

---

---

Who was notified? DE. Shuffstall / Shan Rainey By whom? Dispatch (Debbie) CNA
When? 5-27-05 / 1253

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GARTH A
8136261030
07/25/2005 07:31

FILE COPY

672.

# DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: [illegible]

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June-01-2005 To June-30-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.124 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | [illegible] | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | 2.0 | MG/L | 0 | Every Two Weeks | 8 hour FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 2.0 | MG/L | 0 | 4 Days/Week | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.1 | | 7.4 | SU | 0 | 5 Days/Week | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shoffstall Lead Operator | David E Shoffstall | 863-815-1571 | 05/07/22 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

0.8 CHLORINE OCCURED DURING COMPARISON TESTING. DID NOT DIGEST TO REJECT. ACCEPTABLE CHLORINE LEVEL BEFORE 5 MINUTE CYCLE.

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FACILITY NAME: Cypress Lakes WWTF

## DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June -01- 2005 To June -30- 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100% | | | Percent | 0 | Monthly | Calculated |
| PARM Code 51605 1 Mon.Site No. BPA-01 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | 1.0 | #/100ML | 0 | 4 Days/week | Grab |
| PARM Code 74055 1 Mon.Site No. BPA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.8 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A Mon.Site No. BPA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 2.1 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B Mon.Site No. BPA-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.126 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[3] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.118 | | MGD | | | | | 0 | 5 Days/week | Flow meters and totalizers |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (3MADF/Permitted Capacity) x 100 | Sample Measurement | | | | 72 | | | Percent | 0 | Monthly | Calculated |
| PARM Code 03180 I Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 140 | | | MG/L | 0 | Monthly | 8 hours FPC |
| PARM Code 80082 Q Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MGL | | Monthly | 8-Hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 520 | | | MG/L | 0 | Monthly | 8 hour FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MGL | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: June - 01-2005 To: June - 30-2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1.0 | 7.4 | 4.1 | <2.0 | 2.1 | .108 | | |
| 2 | | <1.0 | 7.3 | 1.3 | <2.0 | 1.8 | .135 | | |
| 3 | | <1.0 | 7.2 | 1.0 | <2.0 | 1.7 | .121 | | |
| 4 | | | 7.2 | 1.1 | | 1.0 | .092 | | |
| 5 | | | 7.3 | 1.4 | | 1.6 | .122 | | |
| 6 | | <1.0 | 7.3 | 1.3 | <2.0 | 1.9 | .122 | | |
| 7 | | <1.0 | 7.1 | 5.0+ | <2.0 | 1.6 | .105 | | |
| 8 | | <1.0 | 7.2 | 2.3 | <2.0 | 2.0 | .116 | | |
| 9 | 2.0 | <1.0 | 7.1 | 4.1 | <2.0 | 1.7 | .108 | 140 | 520 |
| 10 | | | 7.2 | 5.0+ | | 0.6 | .112 | | |
| 11 | | | 7.2 | 5.0+ | | 1.6 | .133 | | |
| 12 | | | 7.2 | 5.0+ | | 1.2 | .140 | | |
| 13 | | <1.0 | 7.2 | 5.0+ | <2.0 | 1.2 | .138 | | |
| 14 | | <1.0 | 7.2 | 5.0+ | <2.0 | 0.9 | .110 | | |
| 15 | | <1.0 | 7.3 | 5.0+ | <2.0 | 1.1 | .110 | | |
| 16 | | <1.0 | 7.2 | 5.0+ | <2.0 | 1.2 | .118 | | |
| 17 | | | 7.2 | 5.0+ | | 2.0 | .114 | | |
| 18 | | | 7.2 | 5.0+ | | 0.8 | .108 | | |
| 19 | | | 7.2 | 5.0+ | | 0.9 | .109 | | |
| 20 | | <1.0 | 7.2 | 1.8 | <2.0 | 1.1 | .114 | | |
| 21 | | <1.0 | 7.2 | 1.4 | <2.0 | 0.9 | .130 | | |
| 22 | | <1.0 | 7.3 | 1.2 | <2.0 | 0.8 | .107 | | |
| 23 | 2.0 | <1.0 | 7.3 | 1.5 | <2.0 | 1.1 | .113 | | |
| 24 | | | 7.2 | 1.4 | | 0.7 | .126 | | |
| 25 | | | 7.3 | 0.8 | | 1.3 | .128 | | |
| 26 | | | 7.2 | 1.6 | | 1.0 | .112 | | |
| 27 | | <1.0 | 7.2 | 1.2 | <2.0 | 0.7 | .115 | | |
| 28 | | <1.0 | 7.3 | 1.6 | <2.0 | 0.7 | .130 | | |
| 29 | | <1.0 | 7.2 | 1.4 | <2.0 | 0.6 | .112 | | |
| 30 | | <1.0 | 7.2 | 1.0 | <2.0 | 0.6 | .140 | | |
| 31 | | | | | | | | | |
| Total | 2 | 19 | 30 | 30 | 19 | 30 | 3.548 | 1 | 1 |
| Mo. Avg. | 2.0 | <1.0 | 7.2 | 2.9 | <2.0 | 1.2 | .118 | 140 | 520 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate #: 12994 | Name: | Shantavious S. Rainey | |
| Evening Shift Operator | Class: C | Certificate #: 13840 | Name: | Robert Bunyo | |
| Shift Operator | Class: B | Certificate #: 7294 | Name: | Todd Hiscock | |
| Lead Operator | Class: C | Certificate #: 8045 | Name: | David E. Shaffstall | |

**EASTLAKE WATER SERVICE, INC.**
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

FAXED

# Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | Rick Retz | **Date:** | 7/26/2005 13:08 PM |
| **Company:** | Cypress Lakes Utilities, Inc. | **Fax #:** | (813) 626-1030 |
| **From:** | Michael Dunn | **Pages:** | 4 including this cover page. |
| **Subject:** | June Discharge Monitoring Report (DMR) | | |

☐ **URGENT** ☐ For Your Review ☒ For your Information ☒ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail



## Messages:

Part A shows averages of 2.0 mg/L for TSS and 1 fecal coliform/100ml. Part B shows that these values are < 2.0 mg/L and <1 fecal coliform/100ml respectively. Please have the operator amend Part A.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

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FILE COPY

# DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

672

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123

LIMIT: Final

REPORT: Monthly

LOCATION: 10,000 North US Highway 98
Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 7-1-05 To 7-31-05

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.124 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)[1] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.113 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | 2.0 | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 3.4 | MG/L | 0 | [illegible] | [illegible] |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.1 | | 7.4 | SU | 0 | 5Days/Week | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
|---|---|---|---|
| David E Shoffstall Lead Operator | David E Shoffstall | (863) 815-1524 | 05-08-22 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

TRC READINGS ON July 6, 11, 13, 14 & 18 DID NOT REMAIN ABOVE 1.0 PPM MINIMUM REQUIREMENT FOR 5 MINUTES. DUE TO THIS DID NOT DIVERT TO Reject. RETURNED TO ACCEPTABLE RESIDUAL BEFORE 5 MINUTE TIME DELAY.

PA File No. FLA013123-007-DW2P



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## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From 7-1-05 To 7-31-05

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 % | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code 51605 1 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100 ML | 0 | 4 Days/Week | Grab |
| PARM Code 74055 1 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.5 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 2.4 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.113 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.113 | | MGD | | | | | 0 | 5 Days/week | Flow meter and totalizer |
| PARM Code 50050 Q | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 65% | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code 00180 1 | Permit Requirement | | | | Report (Mo.Avg.) | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 240 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 80082 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 84 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 00530 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

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## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: 7-1-05 To: 7-31-05

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.3 | 1.6 | | 2.4 | .138 | | |
| 2 | | | 7.4 | 5.0+ | | 0.9 | .128 | | |
| 3 | | | 7.4 | 2.3 | | 1.0 | .118 | | |
| 4 | | | 7.3 | 1.0 | | 0.9 | .105 | | |
| 5 | | < 1.0 | 7.3 | 4.1 | 3.4 | 0.9 | .144 | | |
| 6 | | < 1.0 | 7.2 | 0.6 | < 2.0 | 1.0 | .114 | | |
| 7 | 2.0 | < 1.0 | 7.3 | 5.0+ | < 2.0 | 0.7 | .084 | 240 | 84 |
| 8 | | < 1.0 | 7.3 | 1.1 | < 2.0 | 1.6 | .100 | | |
| 9 | | | 7.2 | 1.8 | | 0.8 | .121 | | |
| 10 | | | 7.4 | 1.6 | | 0.5 | .139 | | |
| 11 | | < 1.0 | 7.3 | 0.6 | < 2.0 | 0.6 | .137 | | |
| 12 | | < 1.0 | 7.2 | 2.6 | < 2.0 | 0.8 | .077 | | |
| 13 | | < 1.0 | 7.1 | 0.5 | < 2.0 | 0.9 | .112 | | |
| 14 | | < 1.0 | 7.2 | 0.6 | < 2.0 | 0.9 | .108 | | |
| 15 | | | 7.2 | 1.8 | | 2.4 | .114 | | |
| 16 | | | 7.2 | 5.0+ | | 0.9 | .125 | | |
| 17 | | | 7.3 | 5.0+ | | 0.8 | .102 | | |
| 18 | | < 1.0 | 7.2 | 0.8 | < 2.0 | 1.2 | .101 | | |
| 19 | | < 1.0 | 7.2 | 1.5 | < 2.0 | 0.7 | .107 | | |
| 20 | | < 1.0 | 7.2 | 1.4 | < 2.0 | 1.0 | .136 | | |
| 21 | 2.0 | < 1.0 | 7.2 | 2.5 | < 2.0 | 0.4 | .138 | | |
| 22 | | | 7.2 | 1.8 | | 1.2 | .128 | | |
| 23 | | | 7.1 | 1.2 | | 0.4 | .121 | | |
| 24 | | | 7.2 | 4.0 | | 0.4 | .116 | | |
| 25 | | < 1.0 | 7.2 | 5.0+ | < 2.0 | 0.4 | .110 | | |
| 26 | | < 1.0 | 7.2 | 3.5 | < 2.0 | 0.5 | .098 | | |
| 27 | | < 1.0 | 7.2 | 2.6 | < 2.0 | 0.6 | .097 | | |
| 28 | | < 1.0 | 7.2 | 1.5 | < 2.0 | 1.0 | .087 | | |
| 29 | | | 7.1 | 5.0+ | | 0.8 | .089 | | |
| 30 | | | 7.2 | 5.0+ | | 1.0 | .097 | | |
| 31 | | | 7.3 | 5.0+ | | 0.6 | .102 | | |
| Total | 2 | < 1 | 31 | 31 | 16 | 31 | 31 | 1 | 1 |
| Mo. Avg. | 2.0 | < 1.0 | 7.2 | 2.2 | 2.1 | 0.9 | .113 | 240 | 84 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 12994 | Name: | Shantavious S. Rainey | |
| Evening Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | |
| Shift Operator | Class: C | Certificate No: 13840 | Name: | Robert Buono | |
| Lead Operator | Class: C | Certificate No: 8043 | Name: | David E Shaffstall | |

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GARTH A
8136261030
09/23/2005 10:10

# DEPARTMENT OF ENVIRONMENTAL P[illegible]TECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123
LIMIT: [illegible]
CLASS SIZE: [illegible]
REPORT: Monthly
GROUP: Domestic

LOCATION: [illegible]
10,000 North US Highway 98
Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING CYCLE DESC: [illegible]

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: August-01-2005 To August-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.124 | | MGD | | | | | | | |
| PARM Code 50050 Y | Permit Requirement | 0.175 (DMADF) | | MGD | | | | | 0 | Monthly | Calculated |
| Mon.Site No. FLW-01 | | | | | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.099 | | MGD | | | | | | | |
| PARM Code 50050 I | Permit Requirement | Report (Mo.Avg) | | MGD | | | | | 0 | 5 Days/Week | Flow meter and totalizer |
| Mon.Site No. FLW-01 | | | | | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 I | Permit Requirement | | | | 30.0 (Mo.Avg) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Mon.Site No. EFA-01 | | | | | | | | | | | |
| Solids, Total Suspended | Sample Measurement | | | | | | 10.0 | MG/L | 0 | 4 Days/Week | Grab |
| PARM Code 00530 I | Permit Requirement | | | | | | 50 (Max.) | MG/L | | 4 Days/Week | Grab |
| Mon.Site No. EFB-01 | | | | | | | | | | | |
| pH | Sample Measurement | | | | 6.9 | | 7.3 | SU | 0 | 5 Days/week | Grab |
| PARM Code 00400 I | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |
| Mon.Site No. EFA-01 | | | | | | | | | | | |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| David E. Shaffstall Lead Operator | David E Shaffstall | (863) 815-4524 | 05/09/20 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Rejection to reject pond took place on August 10 & 23 due to low chlorine residual. Rejection did not occur on the dates of August 15, 17 & 18 because chlorine residual was acceptable before the 5 minute alarm period ended.

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## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: August-01-2005 To August-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100% | | | Per-cent | 0 | Monthly | Calculated |
| PARM Code 51995 1 Mon.Site No. EFA-01 | Permit Requirement | | | | (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1 | #/100ML | 0 | 4 Days/week | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.7 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 6 Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 1.9 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 2 Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.110 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.099 | | MGD | | | | | 0 | 5 Day/Week | Flow meters and totalizers |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 63% | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[1] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 8600 | | | MG/L | 0 | Monthly | 8-Hour FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 230 | | | MG/L | 0 | Monthly | 8hr FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: August-01-2005 To August-31-2005

| | BOD 5 (MG/L) 30 | Fecal Coliform Bacteria (#/100ML) | PH (SU) 6-8.5 | TRC (For Disinfect.) (MG/L) 1 | TSS (MG/L) 5 | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 00082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1.0 | 7.2 | 5.0+ | <2.0 | 0.6 | 0.089 | | |
| 2 | | <1.0 | 7.1 | 5.0+ | <2.0 | 0.4 | 0.093 | | |
| 3 | | <1.0 | 7.1 | 1.6 | <2.0 | 0.6 | 0.052 | | |
| 4 | <2.0 | <1.0 | 7.2 | 2.6 | <2.0 | 0.9 | 0.096 | 860 | 230 |
| 5 | | | 7.3 | 1.2 | | 1.2 | 0.124 | | |
| 6 | | | 7.2 | 4.9 | | 1.7 | 0.102 | | |
| 7 | | | 7.0 | 3.2 | | 0.6 | 0.082 | | |
| 8 | | <1.0 | 7.1 | 2.6 | <2.0 | 0.4 | 0.088 | | |
| 9 | | <1.0 | 6.9 | 1.6 | <2.0 | 0.8 | 0.131 | | |
| 10 | | <1.0 | 7.1 | 0.8 | <2.0 | 0.5 | 0.088 | | |
| 11 | | <1.0 | 7.1 | 4.1 | <2.0 | 0.3 | 0.094 | | |
| 12 | | | 7.0 | 5.0+ | | 0.3 | 0.082 | | |
| 13 | | | 7.2 | 5.0+ | | 0.3 | 0.100 | | |
| 14 | | | 7.1 | 5.0+ | | 0.4 | 0.102 | | |
| 15 | | <1.0 | 7.1 | 0.8 | <2.0 | 0.5 | 0.093 | | |
| 16 | | <1.0 | 7.1 | 5.0+ | <2.0 | 0.5 | 0.088 | | |
| 17 | | <1.0 | 7.2 | 0.8 | <2.0 | 0.6 | 0.104 | | |
| 18 | <2.0 | <1.0 | 7.2 | 0.8 | <2.0 | 1.9 | 0.098 | | |
| 19 | | | 7.1 | 5.0+ | | 1.2 | 0.104 | | |
| 20 | | | 7.1 | 3.8 | | 0.7 | 0.104 | | |
| 21 | | | 7.2 | 2.7 | | 0.6 | 0.101 | | |
| 22 | | <1.0 | 7.2 | 4.8 | <2.0 | 0.5 | 0.097 | | |
| 23 | | <1.0 | 7.2 | 0.7 | 4.0 | 0.4 | 0.100 | | |
| 24 | | <1.0 | 7.2 | 2.1 | <2.0 | 0.4 | 0.115 | | |
| 25 | | <1.0 | 7.2 | 5.0+ | <2.0 | 0.4 | 0.112 | | |
| 26 | | | 7.6 | 5.0+ | | 0.4 | 0.092 | | |
| 27 | | | 7.1 | 3.0 | | 0.4 | 0.104 | | |
| 28 | | | 7.1 | 1.4 | | 0.6 | 0.106 | | |
| 29 | | <1.0 | 7.2 | 1.8 | 10.0 | 0.6 | 0.107 | | |
| 30 | | <1.0 | 7.1 | 1.8 | <2.0 | 0.4 | 0.104 | | |
| 31 | | <1.0 | 7.3 | 3.1 | <2.0 | 0.6 | 0.109 | | |
| Total | 2 | 19 | 31 | 31 | 19 | 31 | 31 | 1 | 1 |
| Mo. Avg. | <2.0 | <1.0 | 7.2 | 3.1 | 2.5 | 0.6 | 0.097 | 860 | 230 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 12994 | Name: | Shantavious Rainey | |
| Evening Shift Operator | Class: C | Certificate No: 13840 | Name: | Robert Burwell | |
| Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hixon | |
| Lead Operator | Class: C | Certificate No: 2299 | Name: | David E Shirley Stall | |

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# DEPARTMENT OF ENVIRONMENTAL F TECTION DISCHARGE MONITORING REPORT - PART A

672

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123
LIMIT: Final
REPORT: Monthly

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Sept - 01 - 2005 To: Sept - 30 - 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.123 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF)¹ | | MGD | | | | | | Monthly | Calculated |
| | Measurement | 0.103 | | MGD | | | | | U | Staggered | Cal. totalizer |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (Ad.Ave.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | MG/L | 0 | Every Two Wks | 8hr FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 4.0 | MG/L | 0 | 4 Days/Wk | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.1 | | 7.4 | SU | 0 | 5Day/Wk | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO. | DATE (YY/MM/DD) |
|---|---|---|---|
| Shantavious S. Rainey Lead Operator | | (863) 815-1629 | 05/10/27 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Clz res. of 0.2 recorded on DMR and charts for Sept. dates of 2, 6, 7, 12, 14, 18, and 20 are all result of faulty UPS/battery back up system (except for 9/2 which was clz feed pump failure). Reject did occur during noted dates. UPS/battery back up system has been replaced; no rejection or low Clz has been recorded since new UPS installed.

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## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Sept-01-2005 To Sept-30-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100% | | | % | 0 | Monthly | Calculated |
| PARM Code 51005 1 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1.0 | #/100mL | 0 | 4Days/Wk | Grab |
| PARM Code 74055 1 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.2 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 1.4 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.105 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.103 | | MGD | | | | | 0 | 5Days/Wk | Flow meters and totalizers |
| PARM Code 50050 Q | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 70% | | | % | 0 | Monthly | Calculated |
| [illegible] | Requirement | | | | Report (Mo.Avg.) | | | PER- | | Monthly | Calculated |
| BOD, Carbonaceous 5day, 20C | Sample Measurement | | | | 235 | | | MG/L | 0 | Monthly | 8hr FPC |
| PARM Code 80082 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 135 | | | MG/L | 0 | Monthly | 8hr FPC |
| PARM Code 00530 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

## DAIL / SAMPLE RESULTS - PART B

Permit Number: FLA0 3123 Facility: Cypress Lakes WWTF

Monitoring Period From: Sept - 1 - 2005 To: Sept-30-2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 MG/L | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | < 2.0 | < 1.0 | 7.2 | 2.3 | < 2.0 | 1.0 | 0.112 | 240 | 140 |
| 2 | | | 7.1 | 0.2 | | 0.5 | 0.105 | | |
| 3 | | | 7.2 | 3.9 | | 0.5 | 0.118 | | |
| 4 | | | 7.2 | 5.0+ | | 0.5 | 0.102 | | |
| 5 | | | 7.2 | 1.7 | | 0.6 | 0.101 | | |
| 6 | | < 1.0 | 7.3 | 0.2 | < 2.0 | 0.6 | 0.112 | | |
| 7 | | < 1.0 | 7.2 | 0.2 | < 2.0 | 0.4 | 0.093 | | |
| 8 | | < 1.0 | 7.1 | 2.4 | < 2.0 | 0.5 | 0.103 | | |
| 9 | | < 1.0 | 7.3 | 3.6 | < 2.0 | 1.0 | 0.102 | | |
| 10 | | | 7.3 | 2.5 | | 0.5 | 0.095 | | |
| 11 | | | 7.2 | 1.4 | | 0.8 | 0.096 | | |
| 12 | | < 1.0 | 7.1 | 0.2 | 4.0 | 0.5 | 0.096 | | |
| 13 | | < 1.0 | 7.1 | 2.1 | < 2.0 | 0.5 | 0.084 | | |
| 14 | | < 1.0 | 7.4 | 0.2 | < 2.0 | 0.4 | 0.116 | | |
| 15 | < 2.0 | < 1.0 | 7.4 | 1.6 | < 2.0 | 0.6 | 0.119 | | |
| 16 | | | 7.4 | 1.3 | | 0.3 | 0.104 | | |
| 17 | | | 7.3 | 1.4 | | 0.4 | 0.093 | | |
| 18 | | | 7.3 | 0.2 | | 0.4 | 0.101 | | |
| 19 | | < 1.0 | 7.1 | 2.0 | < 2.0 | 0.3 | 0.097 | | |
| 20 | | < 1.0 | 7.1 | 0.2 | < 2.0 | 0.4 | 0.094 | | |
| 21 | | < 1.0 | 7.3 | 2.6 | < 2.0 | 0.3 | 0.107 | | |
| 22 | | < 1.0 | 7.2 | 1.8 | < 2.0 | 0.3 | 0.116 | | |
| 23 | | | 7.3 | 1.3 | | 1.2 | 0.113 | | |
| 24 | | | 7.3 | 5.0+ | | 0.5 | 0.112 | | |
| 25 | | | 7.3 | 5.0+ | | 0.7 | 0.094 | | |
| 26 | | < 1.0 | 7.4 | 2.5 | < 2.0 | 0.5 | 0.095 | | |
| 27 | | < 1.0 | 7.3 | 1.7 | < 2.0 | 0.5 | 0.101 | | |
| 28 | | < 1.0 | 7.2 | 2.1 | < 2.0 | 1.4 | 0.105 | | |
| 29 | < 2.0 | < 1.0 | 7.2 | 1.6 | < 2.0 | 0.5 | 0.096 | 230 | 130 |
| 30 | | | 7.1 | 5.0+ | | 0.7 | 0.100 | | |
| 31 | | | | | | | | | |
| Total | 3 | 17 | 30 | 30 | 17 | 30 | 30 | 2 | 2 |
| Mo. Avg. | < 2.0 | < 1.0 | 7.2 | 2.0 | 2.1 | 0.6 | 0.103 | 235 | 135 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No | 12994 | Name: | Shan Rainey |
| Evening Shift Operator | Class: B | Certificate No | 7294 | Name: | Todd Hiscock |
| Shift Operator | Class: A | Certificate No | 4370 | Name: | Daniel Sherwood |
| Lead Operator | Class: C | Certificate No | 8045 | Name: | David Shaffstall |

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11/15/2005 11:26 18638151524 CYPRESS LAKE
PAGE 02

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672

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Oct-01-2005 To Oct-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.123 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.117 | | MGD | | | | | 0 | 5Days/Week | Flow meters and totalizers |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.1 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MGL | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 3.4 | | 4.8 | MG/L | 0 | Every Two Weeks | 8-hour FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg) | | 60.0 (Max.) | MGL | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | <2.0 | MG/L | 0 | 4Days/Week | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MGL | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.1 | | 7.6 | SU | 0 | 5Days/Week | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| | | (863) 815-1529 | 05/11/ |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Due to electrical malfuction with clz pump clz residual dropped to 0.30 on Oct 18 and 0.30 on Oct 19, however Clz did not go into reject mood due to clz residual not remaing below 1.2 during 5minute reject period. Problem with Clz pump has been resolved.

11/15/2005 11:26 18638151524 CYPRESS LAKE PAGE 03/04

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Oct · 01 · 2005 To Oct · 31 · 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100% | | | Per-Cent | 0 | Monthly | Calculated |
| PARM Code 51005 1 | Permit Requirement | | | | 75 (Min.) | | | PER-CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | <1.0 | #/100ML | 0 | 4 Days/Week | Grab |
| PARM Code 74055 1 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.2 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 1.5 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.106 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.117 | | MGD | | | | | 0 | 5 Days/Week | Flow meters and totalizers |
| PARM Code 50050 Q | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 66 % | | | Percent | 0 | Monthly | Calculated |
| PARM Code 00180 1 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER-CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 530 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 80082 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 140 | | | MG/L | 0 | Monthly | 8-hour FPC |
| PARM Code 00530 G | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

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**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: Oct - 01 - 2005 To: Oct - 31 - 2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | | 7.5 | 2.9 | | 1.5 | 0.095 | | |
| 2 | | | 7.6 | 5.0+ | | 0.3 | 0.109 | | |
| 3 | | <1.0 | 7.4 | 1.3 | <2.0 | 0.4 | 0.107 | | |
| 4 | | <1.0 | 7.3 | 5.0+ | <2.0 | 0.3 | 0.104 | | |
| 5 | | <1.0 | 7.4 | 5.0+ | <2.0 | 0.4 | 0.122 | | |
| 6 | | | 7.3 | 5.0+ | | 0.5 | 0.119 | | |
| 7 | | <1.0 | 7.2 | 5.0+ | <2.0 | 0.5 | 0.102 | | |
| 8 | | | 7.1 | 5.0+ | | 0.5 | 0.118 | | |
| 9 | | | 7.2 | 5.0+ | | 0.5 | 0.125 | | |
| 10 | | | 7.4 | 2.3 | | 0.4 | 0.109 | | |
| 11 | | <1.0 | 7.3 | 1.7 | <2.0 | 0.6 | 0.110 | | |
| 12 | | <1.0 | 7.3 | 5.0+ | <2.0 | 0.7 | 0.125 | | |
| 13 | 4.8 | <1.0 | 7.3 | 5.0+ | <2.0 | 0.4 | 0.114 | | |
| 14 | | <1.0 | 7.1 | 2.8 | <2.0 | 0.4 | 0.116 | | |
| 15 | | | 7.3 | 4.2 | | 0.6 | 0.100 | | |
| 16 | | | 7.5 | 5.0+ | | 0.4 | 0.109 | | |
| 17 | | <1.0 | 7.4 | 5.0+ | <2.0 | 0.4 | 0.111 | | |
| 18 | | <1.0 | 7.2 | 0.3 | <2.0 | 0.5 | 0.109 | | |
| 19 | | <1.0 | 7.2 | 0.2 | <2.0 | 0.5 | 0.097 | | |
| 20 | | <1.0 | 7.2 | 5.0+ | <2.0 | 0.5 | 0.136 | | |
| 21 | | | 7.1 | 5.0+ | | 1.2 | 0.120 | | |
| 22 | | | 7.1 | 5.0+ | | 0.3 | 0.124 | | |
| 23 | | | 7.2 | 5.0+ | | 0.3 | 0.127 | | |
| 24 | | <1.0 | 7.1 | 1.3 | <2.0 | 0.5 | 0.153 | | |
| 25 | | <1.0 | 7.3 | 5.0+ | <2.0 | 0.4 | 0.167 | | |
| 26 | | | 7.2 | 1.4 | | 0.2 | 0.126 | | |
| 27 | <2.0 | <1.0 | 7.2 | 5.0+ | <2.0 | 0.2 | 0.115 | 530 | 140 |
| 28 | | <1.0 | 7.4 | 5.0+ | <2.0 | 0.4 | 0.105 | | |
| 29 | | | 7.4 | 3.8 | | 0.6 | 0.106 | | |
| 30 | | | 7.3 | 5.0+ | | 0.2 | 0.123 | | |
| 31 | | <1.0 | 7.3 | 1.4 | <2.0 | 0.3 | 0.123 | | |
| Total | 2 | 17 | 31 | 31 | 17 | 31 | 31 | 1 | 1 |
| Mo. Avg. | 3.4 | <1.0 | 7.2 | 3.8 | <2.0 | 0.5 | 0.117 | 530 | 140 |

PLANT STAFFING:

| | | | | | |
|---|---|---|---|---|---|
| Day Shift Operator | Class: C | Certificate No: 12994 | Name: | Shantavious S. Ramsey | |
| Evening Shift Operator | Class: C | Certificate No: 8045 | Name: | David Shoffstall | |
| Shift Operator | Class: B | Certificate No: 7294 | Name: | Todd Hiscock | |
| Lead Operator | Class: | Certificate No: | Name: | | |

**EASTLAKE WATER SERVICE, INC.**
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

FAXED

# Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | Rick Retz | **Date:** | 12/19/2005 6:40 AM |
| **Company:** | Cypress Lakes Utilities, Inc. | **Fax #:** | (813) 626-1030 |
| **From:** | Michael Dunn | **Pages:** | 1 including this cover page. |
| **Subject:** | November 2005 DMR | | |

☐ **URGENT** ☐ For Your Review ☒ For your Information ☐ Please Reply Original: ☒ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail



## Messages:

The attached DMR references chlorine residuals that were low that occurred within the 5 minute lag period. These residuals should not count because the lag period is in effect to prevent false readings from tripping the alarm.

Low chlorine residuals should be recorded on the DMR only if the lag time exceeds 5 minutes.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

FILE COPY

672

12/16/2005 08:46 8136261030 GARTH A PAGE 02/09
12/15/2005 14:38 18638151524 CYPRESS LAKE PAGE 02

# DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weatherfield Avenue, Altamonte Springs, FL 32714

FACILITY: Cypress Lakes WWTF
LOCATION: 18,000 North US Highway 98, Lakeland, FL 33809

COUNTY: Polk

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Nov-01-2005 To Nov-30-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.124 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.126 | | MGD | | | | | 0 | 5 Days/Wk | Flow meters / totalizers |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MG/L | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | <2.0 | | <2.0 | MGL | 0 | Every Two Weeks | 8-hr FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MG/L | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | <2.0 | MG/L | 0 | 4Days/Wk | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MG/L | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 7.0 | | 7.4 | SU | 0 | 6Days/Wk | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| Shastarious S. Rainey / Lead Operator | | (863)8151524 | 05/12/16 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Letter from AEL explaining reason why Fecal Coliform Bacteria was not taken on 11/24/05 is enclosed.
On dates of Nov 20, 21, 22, 23 & 27 cle residual was below min. but did not reject because alarm time delay did not exceed 5 mins. lag period.

PA File No. FLA013123-007-DW2P

FACILITY NAME: Cypress Lakes WWTF

## DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Nov. 01. 2005 To Nov. 30. 2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | | | | | | | |
| PARM Code 51005 1 | Permit Requirement | | | | 100 | | | % | 0 | Monthly | Calculated |
| Mon.Site No. EFA-01 | Sample Measurement | | | | 75 (Min.) | | | PER. CENT | | Monthly | Calculated |
| Coliform, Fecal | Permit Requirement | | | | | | | | | | |
| PARM Code 74055 1 | Sample Measurement | | | | | | <1 | #/100ML | 0 | 4 Days/Wk | Grab |
| Mon. Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.2 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50060 A | Permit Requirement | | | | 1.0 (Min.) | | | MGL | | Continuous | Meter |
| Mon.Site No. EFA-01 | Sample Measurement | | | | | | 1.3 | NTU | 0 | Continuous | Meter |
| Turbidity | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| PARM Code 00070 B | Sample Measurement | | | | | | | | 0 | Monthly | Calculated |
| Mon.Site No. EFB-01 | Permit Requirement | | | | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.115 | | MGD | | | | | 0 | 5 Days/Wk | Flow meter & totalizer |
| PARM Code 50050 P | Permit Requirement | 0.175 (3MADF)[2] | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Mon.Site No. FLW-01 | Sample Measurement | 0.124 | | MGD | | | | | 0 | Monthly | Calculated |
| Flow | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | Monthly | Calculated |
| PARM Code 50050 Q | Sample Measurement | | | | 66 | | | % | 0 | Monthly | Calculated |
| Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER. CENT | | Monthly | Calculated |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 100 | | | MG/L | 0 | Monthly | 8-hr FPC |
| PARM Code 00180 1 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Mon.Site No. FLW-01 | Sample Measurement | | | | 140 | | | MG/L | 0 | Monthly | 8-hr FPC |
| BOD, Carbonaceous 5 day, 20C | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| PARM Code 80082 G | Sample Measurement | | | | | | | | | | |
| Mon.Site No. INF-01 | Permit Requirement | | | | | | | | | | |
| Solids, Total Suspended | Sample Measurement | | | | | | | | | | |
| PARM Code 00530 G | Permit Requirement | | | | | | | | | | |
| Mon.Site No. INF-01 | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: Nov • 01 • 2005 To: Nov • 30 • 2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | <1.0 | 7.2 | 2.7 | <2.0 | 0.5 | 0.115 | | |
| 2 | | <1.0 | 7.2 | 5.0+ | <2.0 | 0.4 | 0.131 | | |
| 3 | | <1.0 | 7.2 | 5.0+ | <2.0 | 0.4 | 0.132 | | |
| 4 | | | 7.2 | 1.2 | | 0.3 | 0.111 | | |
| 5 | | | 7.3 | 1.2 | | 2.1 | 0.118 | | |
| 6 | | | 7.3 | 1.5 | | 0.5 | 0.124 | | |
| 7 | | <1.0 | 7.1 | 2.0 | <2.0 | 2.2 | 0.119 | | |
| 8 | | <1.0 | 7.2 | 1.7 | <2.0 | 1.3 | 0.121 | | |
| 9 | | <1.0 | 7.1 | 1.7 | <2.0 | 0.5 | 0.125 | | |
| 10 | <2.0 | <1.0 | 7.2 | 1.5 | <2.0 | 1.1 | 0.117 | | |
| 11 | | | 7.3 | 1.3 | | 1.3 | 0.112 | | |
| 12 | | | 7.1 | 1.5 | | 0.6 | 0.129 | | |
| 13 | | | 7.1 | 1.0 | | 0.4 | 0.132 | | |
| 14 | | <1.0 | 7.2 | 2.3 | <2.0 | 0.2 | 0.128 | | |
| 15 | | <1.0 | 7.2 | 1.5 | <2.0 | 0.2 | 0.133 | | |
| 16 | | <1.0 | 7.3 | 4.0 | <2.0 | 0.4 | 0.134 | | |
| 17 | | <1.0 | 7.1 | 2.4 | <2.0 | 0.2 | 0.109 | | |
| 18 | | | 7.1 | 1.0 | | 0.8 | 0.141 | | |
| 19 | | | 7.1 | 1.2 | | 0.7 | 0.119 | | |
| 20 | | | 7.0 | 0.8 | | 1.0 | 0.136 | | |
| 21 | | <1.0 | 7.1 | 0.7 | <2.0 | 0.2 | 0.138 | | |
| 22 | | <1.0 | 7.2 | 0.7 | <2.0 | 0.4 | 0.133 | | |
| 23 | | <1.0 | 7.4 | 0.2 | <2.0 | 0.3 | 0.116 | | |
| 24 | | | 7.1 | 1.5 | | 0.4 | 0.115 | | |
| 25 | | | 7.3 | 1.2 | <2.0 | 1.0 | 0.135 | | |
| 26 | | | 7.3 | 1.5 | | 0.5 | 0.120 | | |
| 27 | | | 7.2 | 0.8 | | 0.3 | 0.127 | | |
| 28 | | <1.0 | 7.3 | 1.5 | <2.0 | 0.5 | 0.129 | | |
| 29 | | <1.0 | 7.2 | 1.4 | <2.0 | 1.1 | 0.140 | | |
| 30 | <2.0 | <1.0 | 7.4 | 1.3 | <2.0 | 0.4 | 0.137 | 100 | 140 |
| 31 | | | | | | | | | |
| Total | 2 | 17 | 30 | 30 | 18 | 30 | 3.776 | 1 | 1 |
| Mo. Avg. | <2.0 | <1.0 | 7.2 | 1.7 | <2.0 | 0.7 | 0.126 | 100 | 140 |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 12994 Name: Shantavious S. Rainey

Evening Shift Operator Class: C Certificate No: 8045 Name: David Shaffstall

Shift Operator Class: B Certificate No: 7294 Name: Todd Hriscak

Lead Operator Class: C Certificate No: 12994 Name: Shantavious S. Rainey

Advanced Environmental Laboratories, Inc.

528 S. North Lake Blvd. • Suite 1016
Altamonte Springs, Florida 32701
407.737.1594
Fax: 407.937.1597

December 2, 2005

Utilities Inc.
200 Weathersfield Ave.
Altamonte Springs, FL 32714

Dear David Rodriguez:

This letter is in regards to missing a routine sample pick up. During the week of November 21, 2005 thru November 25, 2005 one day of sample pick-up required for Cypress lakes, to meet their four day a week analysis of Fecal, was missed. Typically AEL will cover the holiday pick-ups with scheduled analyst and a lab courier. In this case, due to the holiday, the scheduled employees needed to do the work were not available and replacements were also not available. In the future AEL will be more diligent in scheduling the employees and their back-ups and apologizes for any inconvenience. If you have any questions, you can reach me at (813) 630-9616.

Sincerely,

Michael Cammarata
Laboratory Manager

Advanced Environmental Labs Inc

Advanced Environmental Labs
9610 Princess Palm Ave.
Tampa, Fl. 33619

Date/Time Rcvd: 11/29/05 1130 Log-in request number: T051209

Received by: KM Completed by: AL

## Cooler/Shipping information:

Courier: ☑ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ AES ☐ ASAP ☐ Other (describe): _____

Type: ☑ Cooler ☐ Box ☐ Other (describe) _____

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

| Cooler ID | | | | | |
|---|---|---|---|---|---|
| Temp (°C) | 0°C | | | | |
| Temp taken from | ☐ Sample Bottle ☑ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler | ☐ Sample Bottle ☐ Cooler |
| Temp measured with: | ☑ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): | ☐ IR gun ☐ Thermometer (enter ID): |

## Other information:

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

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

Comments:

_____

_____

_____

it ID: 15

Advanced
Environmental Laboratories, Inc.
☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

# CHAIN OF CUSTODY RECORD

LAB NUMBER: T05 12209

Page _____ of _____

| | |
|---|---|
| CLIENT NAME: Cypress Lake Utilities | PROJECT NAME: Cypress Lakes |
| ADDRESS: 10000 US Hwy 98 North Lakeland, FL 33809 | P.O. NUMBER / PROJECT NUMBER: SR6725 |
| | PROJECT LOCATION: CWTP |
| PHONE: FAX: | |
| CONTACT: Shan Rainey | SAMPLED BY: J Ederfield |

TURN AROUND TIME:
☑ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:
Clz is 5.0+

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

| SAMPLE ID | SAMPLE DESCRIPTION | Grab / Composite | SAMPLING DATE | SAMPLING TIME | MATRIX | NO. CONT. | Preserv | BOTTLE SIZE & TYPE: 1 Liter | Thio bag | ANALYSIS REQUIRED: TSS | Fecal | LAB NUMBER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Eff before Clz | G | 11-25-05 | 0750 | WW | 1 | | ✓ | | | | -01 |
| | Eff before Clz | G | 11-29-05 | 0700 | WW | 1 | | ✓ | | | ✓ | -02 |
| | Eff after Clz | G | 11-29-05 | 0700 | WW | 1 | | | ✓ | | | -03 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

I = Ice H = (HCl) S = ($H_2SO_4$) N = ($HNO_3$) T = (Sodium Thiosulfate)

| | Relinquished by: | Date | Time | Received by: | Date | Time |
|---|---|---|---|---|---|---|
| 1 | [illegible] | 11/29/05 | 0700 | K. Mansell | 11-29-05 | 11:30 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Received on ice: [illegible]

12/16/2005 08:45 8136261030 GARTH A PAGE 07

# Advanced Environmental Laboratories, Inc.

*Analytical Report*

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake
**Report No.:** T0512209
**Date/Time Received:** 11/29/05 11:30

**Lab Code:** T0512209-01
**Client Sample ID:** Effluent Before Cl2
**Site:** WWTP
**Matrix:** Water
**Date/Time Sampled:** 11/25/2005 07:50
**Shipping Method:** AEL Pick-up
**Sampled By:** James Edenfield
**Sampling Method:** G

***Miscellaneous Analytes***

| Analytes: | Dilution | Adjusted MDL | Adjusted PQL | Results | Units | Qualifier(s) | Method | Parameter Comment | Lab |
|---|---|---|---|---|---|---|---|---|---|
| Total Suspended Solids (TSS) | 1 | 2.0 | 2.0 | 2.0 | mg/L | U | E160.2 | | T |

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

**Lab Code:** T0512209-02
**Client Sample ID:** Effluent Before Cl2
**Site:** WWTP
**Matrix:** Water
**Date/Time Sampled:** 11/29/2005 07:00
**Shipping Method:** AEL Pick-up
**Sampled By:** James Edenfield
**Sampling Method:** G

***Miscellaneous Analytes***

| Analytes: | Dilution | Adjusted MDL | Adjusted PQL | Results | Units | Qualifier(s) | Method | Parameter Comment | Lab |
|---|---|---|---|---|---|---|---|---|---|
| Total Suspended Solids (TSS) | 1 | 2.0 | 2.0 | 2.0 | mg/L | U | E160.2 | | T |

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

**Lab Code:** T0512209-03
**Client Sample ID:** Effluent After Cl2
**Site:** WWTP
**Matrix:** Water
**Date/Time Sampled:** 11/29/2005 07:00
**Shipping Method:** AEL Pick-up
**Sampled By:** James Edenfield
**Sampling Method:** G

***Miscellaneous Analytes***

| Analytes: | Dilution | Adjusted MDL | Adjusted PQL | Results | Units | Qualifier(s) | Method | Parameter Comment | Lab |
|---|---|---|---|---|---|---|---|---|---|
| Fecal Coliform (MF) | 1 | 1.0 | 1.0 | 1 | cfu/100ml | U | SM9222D | | T |

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

# Advanced Environmental Laboratories, Inc.

*Analytical Report*

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake

**Report No.:** T0512209
**Date/Time Received:** 11/29/05 11:30

## *Sample Cross Reference Information*

**Lab Code:** T0512209-01 **Site:** WWTP
**Client Sample Number:** Effluent Before Cl2 **Matrix:** Water

| Test Description | Analysis Method | Prep Method | Analytical Batch ID | Analysis Date/Time | Analyst | Prep Batch ID | Prep Date/Time |
|---|---|---|---|---|---|---|---|
| Total Suspended Solids (TSS) | E160.2 | NONE | WCT120105TSS | 12/01/2005 12:00 | DTN | | |

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

**Lab Code:** T0512209-02 **Site:** WWTP
**Client Sample Number:** Effluent Before Cl2 **Matrix:** Water

| Test Description | Analysis Method | Prep Method | Analytical Batch ID | Analysis Date/Time | Analyst | Prep Batch ID | Prep Date/Time |
|---|---|---|---|---|---|---|---|
| Total Suspended Solids (TSS) | E160.2 | NONE | WCT120105TSS | 12/01/2005 12:00 | DTN | | |

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

**Lab Code:** T0512209-03 **Site:** WWTP
**Client Sample Number:** Effluent After Cl2 **Matrix:** Water

| Test Description | Analysis Method | Prep Method | Analytical Batch ID | Analysis Date/Time | Analyst | Prep Batch ID | Prep Date/Time |
|---|---|---|---|---|---|---|---|
| Fecal Coliform (MF) | SM9222D | NONE | MICT112905FC | 11/29/2005 11:40 | BIBI | | |

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

# Advanced Environmental Laboratories, Inc.

*Analytical Report*

**Client:** Utilities, Inc.
**Project Name:** Cypress Lake

**Report No.:** T0512209
**Date/Time Received:** 11/29/05 11:30

**Definitions:**
Water matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes and leach
Soil matrix refers to all non-aqueous matrices, including soils, solids, sludges, semi-solids, and non-aqueous waste samples
All results in mg/kg or % are reported in dry weight basis, unless notated otherwise. All results in mg/L are reported in wet weight basis.
MDL Method Detection Limit, without correction for dilution or moisture content
Adjusted Reporting Limit is the MDL accounting for all dilutions and moisture content caclulations.
PQL is defined to be 4 times the MDL, for all results qualified with a T qualifier.
Sampling Method: G=Grab, P=Pump, C=Composite

*The estimated measurements of uncertainty can be provided upon request*

**This is the last page of the analytical report.**

**EASTLAKE WATER SERVICE, INC.**
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

FAXED

# Fax Transmittal

| | | | |
|---|---|---|---|
| **Attn:** | Rick Retz | **Date:** | 1/18/2006 9:28 AM |
| **Company:** | Cypress Lakes Utilities, Inc. | **Fax #:** | (813) 626-1030 |
| **From:** | Michael Dunn | **Pages:** | 2 including this cover page. |
| **Subject:** | December 2005 DMR | | |

☐ **URGENT** ☐ For Your Review ☒ For your Information ☐ Please Reply Original: ☒ will not be sent
☐ As Requested ☐ **Please Comment** ☐ via U.S. Mail

## Messages:

The attached DMR (pages 2 and 3) shows fecal coliforms as 1.0. The sample results need to be checked as I suspect that all of these readings were <1.0. If they were all 1.0, we could not show 100% on page 2.

I would also suspect that CBOD and TSS values are <2 mg/L. If so, half of the value would be used to compute the averages. Please ask Shan to check his figures.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

FILE COPY

# DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

612.

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cypress Lakes Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue, Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013123

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Cypress Lakes WWTF
LOCATION: 10,000 North US Highway 98, Lakeland, FL 33809

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public access reuse (R-001), including influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Dec-01-2005 To Dec-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | Sample Measurement | 0.124 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 Y<br>Mon.Site No. FLW-01 | Permit Requirement | 0.175 (12MADF) | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.121 | | MGD | | | | | 0 | 5 Days/Wk | Flow meters Totalizers |
| PARM Code 50050 1<br>Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.1 | | | MG/L | 0 | Monthly | Calculated |
| PARM Code 80082 Y<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 20.0 (An.Avg.) | | | MGL | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 2.0 | | 2.0 | MG/L | 0 | Every 2 Wk | 8-hr FPC |
| PARM Code 80082 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 30.0 (Mo.Avg.) | | 60.0 (Max.) | MGL | | Every Two Weeks | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | | | 5.0 | MG/L | 0 | 4 Days/Wk | Grab |
| PARM Code 00530 1<br>Mon.Site No. EFB-01 | Permit Requirement | | | | | | 5.0 (Max.) | MGL | | 4 Days/Week | Grab |
| pH | Sample Measurement | | | | 6.8 | | 7.4 | SU | 0 | 5 Days/Wk | Grab |
| PARM Code 00400 1<br>Mon.Site No. EFA-01 | Permit Requirement | | | | 6.0 (Min.) | | 8.5 (Max.) | SU | | 5 Days/Week | Grab |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE NO | DATE (YY/MM/DD) |
|---|---|---|---|
| Shantavious S. Rainey / Lead Operator | | (863)815-4524 | 06/01/12 |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

CL17 maint. on 12-9-05 resulting in Cl2 res dropping below min. Below 5 more Daily



01/17/2006 12:06 8136251030 GARTH A PAGE 02
01/17/2006 12:39 18638151524 CYPRESS LAKE PAGE 02/07

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cypress Lakes WWTF PERMIT NUMBER: FLA013123 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Dec-01-2005 To: Dec-31-2005

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Coliform, Fecal, % less than detection | Sample Measurement | | | | 100 | | | % | 0 | Monthly | Calculated |
| PARM Code 51005 1 Mon.Site No. EFA-01 | Permit Requirement | | | | 75 (Min.) | | | PER CENT | | Monthly | Calculated |
| Coliform, Fecal | Sample Measurement | | | | | | 1 | #/100ML | 0 | 4 Days/Wk | Grab |
| PARM Code 74055 1 Mon.Site No. EFA-01 | Permit Requirement | | | | | | 25 (Max.) | #/100ML | | 4 Days/Week | Grab |
| Total Residual Chlorine (For Disinfection) | Sample Measurement | | | | 0.8 | | | MG/L | 0 | Continuous | Meter |
| PARM Code 50860 A Mon.Site No. EFA-01 | Permit Requirement | | | | 1.0 (Min.) | | | MG/L | | Continuous | Meter |
| Turbidity | Sample Measurement | | | | | | 1.4 | NTU | 0 | Continuous | Meter |
| PARM Code 00070 B Mon.Site No. EFB-01 | Permit Requirement | | | | | | Report (Max.) | NTU | | Continuous | Meter |
| Flow | Sample Measurement | 0.123 | | MGD | | | | | 0 | Monthly | Calculated |
| PARM Code 50050 P Mon.Site No. FLW-01 | Permit Requirement | 0.175 (3MADF)[3] | | MGD | | | | | | Monthly | Calculated |
| Flow | Sample Measurement | 0.121 | | MGD | | | | | 0 | 5 Days/Wk | Flow meters & totalizers |
| PARM Code 50050 Q Mon.Site No. FLW-01 | Permit Requirement | Report (Mo.Avg.) | | MGD | | | | | | 5 Days/Week | Flow meters and totalizers |
| Percent Capacity, (TMADF/Permitted Capacity) x 100 | Sample Measurement | | | | 70 | | | % | 0 | Monthly | Calculated |
| PARM Code 00180 1 Mon.Site No. FLW-01 | Permit Requirement | | | | Report (Mo.Total)[3] | | | PER CENT | | Monthly | Calculated |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | 225 | | | MG/L | 0 | Monthly | 8hr FPC |
| PARM Code 80082 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| Solids, Total Suspended | Sample Measurement | | | | 320 | | | MG/L | 0 | Monthly | 8-hr FPC |
| PARM Code 00530 G Mon.Site No. INF-01 | Permit Requirement | | | | Report (Mo.Avg.) | | | MG/L | | Monthly | 8-hour FPC |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013123 Facility: Cypress Lakes WWTF

Monitoring Period From: Dec 01 • 2005 To: Dec 31 • 2005

| | CBOD5 (MG/L) | Fecal Coliform Bacteria (#/100ML) | PH (SU) | TRC (For Disinfect.) (MG/L) | TSS (MG/L) | Turbidity (NTU) | Flow (MGD) | CBOD5 (MG/L) | TSS (MG/L) |
|---|---|---|---|---|---|---|---|---|---|
| Code | 80082 | 74055 | 00400 | 50060 | 00530 | 00070 | 50050 | 80082 | 00530 |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFB-01 | EFB-01 | FLW-01 | INF-01 | INF-01 |
| 1 | | 1.0 | 7.3 | 1.3 | 2.0 | 1.4 | 0.104 | | |
| 2 | | | 7.3 | 5.0 | | 0.4 | 0.129 | | |
| 3 | | | 7.1 | 1.2 | | 1.2 | 0.138 | | |
| 4 | | | 7.1 | 1.3 | | 1.2 | 0.125 | | |
| 5 | | 1.0 | 7.2 | 1.4 | 2.0 | 1.1 | 0.110 | | |
| 6 | | 1.0 | 7.3 | 1.2 | 2.0 | 0.2 | 0.144 | | |
| 7 | | 1.0 | 7.2 | 1.8 | 2.0 | 0.8 | 0.135 | | |
| 8 | 2.0 | 1.0 | 7.3 | 5.0 | 2.0 | 0.3 | 0.127 | 330 | 300 |
| 9 | | | 7.3 | 0.8 | | 6.3 | 0.150 | | |
| 10 | | | 7.2 | 2.6 | | 1.0 | 0.122 | | |
| 11 | | | 7.2 | 5.0 | | 0.8 | 0.176 | | |
| 12 | | 1.0 | 7.2 | 5.0 | 2.0 | 0.6 | 0.124 | | |
| 13 | | 1.0 | 7.3 | 2.7 | 2.0 | 0.4 | 0.124 | | |
| 14 | | 1.0 | 7.2 | 3.5 | 2.0 | 0.3 | 0.118 | | |
| 15 | | 1.0 | 7.1 | 4.2 | 2.0 | 0.4 | 0.108 | | |
| 16 | | | 7.4 | 3.7 | | 0.5 | 0.126 | | |
| 17 | | | 7.2 | 5.0 | | 0.5 | 0.098 | | |
| 18 | | | 7.1 | 3.3 | | 0.4 | 0.140 | | |
| 19 | | 1.0 | 7.1 | 4.0 | 5.0 | 0.5 | 0.140 | | |
| 20 | | 1.0 | 6.8 | 4.4 | 2.6 | 0.3 | 0.113 | | |
| 21 | | 1.0 | 7.0 | 1.8 | 2.0 | 0.2 | 0.108 | | |
| 22 | 2.0 | 1.0 | 7.1 | 3.2 | 2.0 | 0.3 | 0.111 | 120 | 340 |
| 23 | | | 7.0 | 2.3 | | 0.2 | 0.104 | | |
| 24 | | | 7.0 | 1.0 | | 0.2 | 0.117 | | |
| 25 | | | 7.2 | 1.6 | | 0.2 | 0.119 | | |
| 26 | | 1.0 | 7.3 | 1.8 | 2.0 | 0.3 | 0.114 | | |
| 27 | | 1.0 | 7.2 | 2.0 | 2.0 | 0.5 | 0.122 | | |
| 28 | | 1.0 | 7.1 | 1.6 | 2.0 | 1.3 | 0.110 | | |
| 29 | | 1.0 | 7.3 | 1.5 | 2.0 | 0.9 | 0.115 | | |
| 30 | | | 7.3 | 1.2 | | 1.2 | 0.117 | | |
| 31 | | | 7.1 | 2.4 | | 1.1 | 0.115 | | |
| Total | 2 | 17 | 31 | 31 | 17 | 31 | 3.753 | 2 | 2 |
| Mo. Avg. | 2.0 | 1.0 | 7.2 | 2.7 | 2.2 | 0.6 | 0.121 | 225 | 320 |

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 12994 Name: Shantavious S. Rainey

Evening Shift Operator Class: C Certificate No: 8045 Name: David Sheffstall

Shift Operator Class: A Certificate No: -9151 Name: Lee Neal

Lead Operator Class: C Certificate No: 12994 Name: Shantavious S. Rainey

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (5)
Inspection Reports

Test Year Ended December 31, 2005

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

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

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

August 16, 2005

Mr. Henry Taghiof
Engineer III
Polk County Health Department
Environmental Division
2090 East Clower Street
Bartow, FL 33830

Re: Sanitary Survey of Cypress Lakes Utilities, Inc.
PWS ID# 6535005

Dear Mr. Taghiof:

Please find listed below the responses concerning items to be addressed from the July 21, 2005 Sanitary Survey of Cypress Lakes Utilities, PWS ID 6535005.

1. The Hydropneumatic Tanks were inspected on April 22, 2004 by Liquid Engineering Corporation. The inspection report is attached for your review.
2. There are two Hydropneumatic Tanks at the facility that allow repairs to be made to one tank while the other is in service avoiding the requirement for bypass piping.
3. A revised flushing and valve exercising plan will be submitted to your department within 30 days of the date of this letter.
4. The emergency response plan will be completed and submitted to your department before the required date of December 31, 2005.
5. The operations and maintenance manual will be completed and available at a convenient location near the facility before the required date of December 31, 2005.
6. The water distribution maps are stored at the Cypress Lakes WWTP office. An updated copy of the maps will be submitted to your department before the required date of December 31, 2005.

If you have any question please email me at r.retz@utilitiesinc-usa.com or call at 407-468-3268 at your earliest convenience.

Very truly yours,
PEBBLE CREEK UTILITIES, INC.

Richard W. Retz
Assistant Operations Manager

Ec: Michael Dunn, P.E., Regional Manager

ORIG: MD
CC: PF, KB (W)

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

John O. Agwunobi, M.D., MBA
Secretary

July 22, 2005

RECEIVED
JUL 25 2005
UTILITIES, INC.

CS/Cypress Lake Utilities
PWS: Id. No. 6535055

Patrick Flynn
Utilities, Inc.
200 Weatherfields Ave.
Altamonte Springs, FL 32714

Dear Mr. Flynn:

A sanitary survey of your water system conducted on July 21, 2005 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code.*

Deficiencies are listed below:

1. The tank inspection report was not available during the site visit. Chapter 62-555.350(2) requires that finished-drinking-water storage tanks, be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. Please forward the latest inspection report available to this office.

2. The hydropneumatic tank does not have bypass piping. Chapter 62-555.320(20) and Section 7.2 in *Recommended Standards for Water Works, 1997 Edition* require that all hydropneumatic storage tanks be equipped with bypass piping to allow operation of the system whenever tank repairs or painting is needed. Please ensure that this is corrected whenever the tank is repaired or replaced.

3. Please revise the flushing plan and submit a copy to this Department since new flush valves have been added to the distribution conveyance. Chapter 62-555.350(2)indicates that all dead end water lines supplying drinking water shall be flushed in accordance with a written flushing program.

4. There is no written emergency preparedness/response plan on file. Chapter 62-555.350(15) states that all community water systems serving, or designed to serve, 350 or more persons or 150 or more service connections, shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities, AWWA Manual M19.* Such

plan must also include all the information required in Chapter 62-555.350(15) paragraphs (a) through (e). Please forward a copy of the plan for this system to this office no later than December 31, 2005.

5. The operation and maintenance manual was not available for review during the sanitary survey. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment maufacturers manuals shall be considered sufficient to meet the requirements of this section. Please ascertain that a manual will be made available for reference at the plant or at a convenient location near the plant no later than December 31, 2005.

6. The drinking water distribution map was not available for review during the sanitary survey. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. Please submit a copy of the map to this office no later than December 31, 2005.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof
Engineer III

HT/adh

Cc: David Shoffstall – Cypress Lake Utilities

Jeb Bush
Governor

# Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

~~CC: PF, RR~~

File Copy
19.2.672.20

October 14, 2005

Mr. Patrick Flynn, Regional Director
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Compliance Evaluation Inspection
Cypress Lakes WWTF
Facility ID No. FLA013123
Polk County

Dear Mr. Flynn:

The above-referenced wastewater treatment facility was inspected on October 3, 2005. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

PERMIT
Domestic Wastewater Permit No. FLA013123 was issued on January 13, 2004 and will expire on January 12, 2009.

COMPLIANCE SCHEDULE
All items required in Section VI, Schedules, of the permit have been completed.

LABORATORY
Advanced Environmental Laboratory is used to perform permit requisite analysis.

SAMPLING
According to the facility's logbook, the daily monitoring of pH, chlorine residual, and flow are being met.

RECORDS AND REPORTS

1. The expiration date for the 0.02 NTU turbidity standard is October 2005 and the 10.0 NTU turbidity standard is August 2006. The on-site records indicate that these standards are being utilized to calibrate the portable and in-line turbidity meter. Additionally, these standards are being utilized on a daily basis to compare the readings between the chart recorder and the in-line turbidity meter.

2. *The records for the monthly calibration of the in-line chlorine meter were not available at the time of the inspection. Please provide copies of these records to the Department.

3. Quarterly calibrations are being conducted on the portable Hach chlorine meter and Hach chlorine gel standards.

4. Reject events are being documented in the facility's logbook and on reject log sheets that were provided at the last inspection.

5. *The Department is in the process of upgrading its data management system to better provide timely data processing and entry. While the Department incorporates these changes, you are requested to submit all future DMRs to both the Tallahassee Self-Monitoring Section and the Southwest District Domestic Wastewater Section. The completed DMRs should be postmarked by the 28th of the month following the reporting period. Furthermore, only DMR parts A, B, and D should be sent to Tallahassee. Please submit all supporting documents such as the laboratory analysis reports, chain of custody reports, etc., to the Tampa office.

6. *The annual average for CBOD was reported as 2 mg/l on the March 2005 through July 2005 DMRs. Based on the data obtained from the previous DMRs, it appears that the annual average should have been reported as <2 mg/l. On Part A of the March 2005 DMR the CBOD maximum value was reported as 2.1 mg/l. The highest value reported on Part B was 2.4 mg/l. Based on the data on Part B of the March 2005 DMR the CBOD monthly average should have been reported as 1.5 mg/l or <2 mg/l rather than as 2.1 mg/l. Please note in cases where the result is reported, as below an MDL, the value should be averaged using one-half the MDL. As this does not affect the compliance status of the facility revised DMRs do not need to be submitted, although future data should be calculated this way.

7. *The monthly values for Fecal Coliform are required to be reported as a percent with a minimum of 75 percent below detection as the compliance limit. From November 2004 through June 2005 the monthly values for Fecal Coliform were reported as <1 CFU/ 100 ml. Please revise and submit the DMRs to the address on the DMR and the Tampa office from November 2004 to June 2005 with the correct values. These DMRs should be clearly identified as revised.

8. *Please note that Part V-Effluent Disposal Section on page 5 of the Annual Reuse Report should not be filled out since the golf course ponds are permitted as storage ponds for the distribution of reuse water to the golf course.

FACILITY SITE REVIEW

1. The in-line turbidity and chlorine meters were tested and found to be able to actuate the automatic reject valve, alarm, and remote telemetry monitoring system at the time of the inspection. The new timers that were recently installed have resolved the previously-identified deficiency.

2. The missing diffusers in Treatment Train #3 have been replaced.

3. The supports for the catwalk above the surge tank have been replaced.

4. *The insides of the filters need to be sandblasted and rehabilitated. This item is scheduled to be completed within the next few weeks. Please notify the Department of its completion.

FLOW MEASUREMENT

*The flow meter readings should be routinely checked against the staff gauge and documented in the facility's logbook.

OPERATION AND MAINTENANCE
No deficiencies were noted during the time of the inspection.

EFFLUENT QUALITY
A review of the monthly Discharge Monitoring Reports submitted for the period of July 2004 to July 2005 revealed one effluent exceedance. The May 2005 DMR reported a TSS value of 8 mg/l. The permitted maximum limit for TSS is 5 mg/l.

EFFLUENT DISPOSAL
The reject pond is being well maintained. The three golf course ponds were not evaluated.

RESIDUALS MANAGEMENT
The residuals are being transported to a residuals management facility for further treatment and land application.

GROUND WATER
1. *Quarter IV of 2004 ground water report indicated that the ground water sample from MW-4, background well, contained a high amount of silt which may account for the lead exceedance of 18 ug/l, the turbidity result of 250 nephelometric turbidity units (NTU), and a high Total Dissolved Solids (TDS) result of 120 mg/l. Please investigate to determine if there is a problem with the well casing or if it was a problem with the sampling technique. Be aware, values above 20 NTU indicate improper purging of the well.

2. Rule 62-520.420(5), Florida Administrative Code, states that as of January 1, 1995, all existing ground water monitoring wells established on or before August 1, 1992 are required to comply with the additional or more stringent drinking water criteria adopted by the Commission on July 27, 1992. Rules 62-550.310 and 62-550.320, Florida Administrative Code, list the primary and secondary drinking water standards. Please note, as of January 2005, the Arsenic limit in ground water has changed from 50 micrograms per liter to 10 micrograms per liter as identified in Table 1 of Rule 62-555.310, Florida Administrative Code, which lists the maximum contaminant levels of inorganic compounds.

The type of inspection conducted was a Compliance Evaluation Inspection, and the overall rating of the facility was In Compliance. A copy of the inspection report is attached for your review.

Please respond in writing to the Department on the asterisked items previously identified within 30 days of receipt of this letter. Please direct all responses and questions to the undersigned at (813) 744-6100, ext. 354, or via e-mail at phyllis.james@dep.state.fl.us.

Sincerely,

Phyllis James
Environmental Specialist
Domestic Wastewater Program

Attachment

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

# WASTEWATER COMPLIANCE INSPECTION REPORT

## FACILITY AND INSPECTION INFORMATION

@ = Optional

| Name and Physical Location of Facility | WAFR ID: | County | Entry Date/Time |
|---|---|---|---|
| Cypress Lakes | FLA013123 | Polk | 10/03/05 |

| Name(s) of Field Representatives(s) | Title | Phone |
|---|---|---|
| | | |

| Name and Address of Permittee or Designated Representative | Title | Phone | @ Operator Certification # |
|---|---|---|---|
| | | | |

| Inspection Type | C | E | I | Samples Taken(Y/N): N | @ Sample ID#: | Samples Split (Y/N): |
|---|---|---|---|---|---|---|
| X Domestic _ Industrial | | | | Were Photos Taken(Y/N): N | @ Log book Volume : | @ Page |

## FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

| | PERMIT/ORDERS | | SELF-MONITORING PROGRAM | | FACILITY EVALUATION | | EFFLUENT/RECEIVING |
|---|---|---|---|---|---|---|---|
| IC | 1. ♦Permit | | 3. Laboratory | IC | 6. ♦ Facility Site Review | IC | 9. ♦Effluent Quality |
| IC | 2. ♦Compliance Schedules | | 4. Sampling | | 7. Flow Measurement | | 10. ♦Effluent Disposal |
| | | IC | 5. ♦Records & Reports | IC | 8. ♦Operation & Maintenance | | 11. Residuals/Sludge |
| | 13. Other: | | | | | NC | 12. Groundwater |

Facility and/or Order Compliance Status: ✓ In-Compliance _ Out-Of-Compliance _ Significant-Out-Of-Compliance

Recommended Actions: See attached Field Notes

| Name(s) and Signature(s) of Inspector(s) | District Office/Phone Number | Date |
|---|---|---|
| Phyllis James Phyllis James | (813)744-6100 Ext. 354 | 10/13/05 |
| | | |
| @ Signature of Reviewer<br>Joseph Squitieri | District Office/Phone Number<br>(813)744-6100 Ext. 309 | Date<br>10/15 |

**Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)**

| Transaction Code | | NPDES Number | YR/MO/DA | Insp. Type | Inspector | Fac. Type |
|---|---|---|---|---|---|---|
| | | | | | | |

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
Every other field is self explanatory

In cases where the result is reported as below an MDL, the value should be averaged using either one-half the MDL, or one-half the corresponding permit limit, whichever is lower. Requirements of 62-620 F.A.C., govern whether the reported analytical method and the detection limit is appropriate and sufficiently sensitive.

In cases where the result is reported as less than a PQL, but, greater than or equal to the MDL, the lower MDL value should be used for reporting on the DMR and for calculating averages. See EXAMPLE 13 for reporting and averaging values below detection limits.

EXAMPLE 13 – Results Below Detection Limits

- The lab reported the following weekly values in mg/L:
  0.50 T  1.3 I  0.50 T  2.1
- "T" denotes result < MDL value
- "I" denotes result between MDL and PQL
- The MDL is 0.50 and the PQL is 2.0 mg/L.
- The permit effluent limit is 3.0 mg/L.

Results

- The maximum result should be reported as 2.1 mg/L.
- The monthly average for the four values would be calculated using ½ the MDL values for 0.50 T, and the MDL value of 0.50 for the 1.3 I result as follows:

$$\text{average} = \frac{[0.25 + 0.50 + 0.25 + 2.1]}{4} = 0.78 \text{ mg/L, at two significant figures}$$

# APPROPRIATE USE OF DMR DATA QUALIFIER CODES

DMR data qualifier codes help serve as indicators of special circumstances that may be associated with data or results that are being reported. Laboratories are required to use the data qualifier codes listed in Table 1 of Chapter 62-160, F.A.C., when reporting wastewater analysis. However, these codes are not to be transferred onto the DMR as part of your results. Where appropriate, only the data qualifier codes listed in the "Instructions for Completing the Wastewater Discharge Monitoring Report", that came with your original DMR, may be used when reporting data on your DMR.

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (6)
Permits

Test Year Ended December 31, 2005

OK16: Permit Binder
cc PFW/o encl. mp(TW) w/encl.

RECEIVED
JAN 15 2004
UTILITIES, INC.

# Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

January 13, 2004

In the Matter of an
Application for Permit by:

Cypress Lakes Utilities, Inc.
Patrick C. Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PA File No. FLA013123-007-DW2P
Polk County
Cypress Lakes WWTF
Permit No. FLA013123

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA013123 to operate a domestic wastewater treatment facility, issued pursuant to Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) in accordance with Sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen (14) days of date of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3) of the Florida Statutes must be filed within fourteen (14) days of publication of the notice or within fourteen (14) days of receipt of the written notice, whichever occurs first.

Under Section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen (14) days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit Identification Number and the county in which the subject matter or activity is located;

(b) A statement of how and when each petitioner received notice of the Department action;

(c) A statement of how each petitioner's substantial interests are affected by the Department action;

(d) A statement of the material facts disputed by petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Department action;

(f) A statement of which rules or statutes the petitioner contends require reversal or modification of the Department action; and

(g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within thirty (30) days from the date when the final order is filed with the Clerk of the Department.

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Timothy J. Parker, P. E.
Water Facilities Administrator
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on 1-13-04 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to s. 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Helene Stanley 1-13-04
(Clerk) (Date)

Copies furnished to:

David Weber, P.E., PBS&J
Phyllis James, E.S., FDEP Domestic Wastewater Section

# Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

## STATE OF FLORIDA
## DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Cypress Lakes Utilities, Inc.

**RESPONSIBLE AUTHORITY:**

Mr. Patrick C. Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

(407) 869-1919

**PERMIT NUMBER:** FLA013123
**PA FILE NUMBER:** FLA013123-007-DW2P
**ISSUANCE DATE:** January 13, 2004
**EXPIRATION DATE:** January 12, 2009

**FACILITY:**

Cypress Lakes WWTF
10,000 North US Highway 98
Lakeland, FL 33809
Polk County
Latitude: 28° 10' 51" N Longitude: 81° 59' 42" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

**TREATMENT FACILITIES:**

Operation of an existing 3-Month Average Daily Flow (3MADF), Type II, extended air domestic wastewater treatment plant with a permitted capacity of 0.175 MGD. The facility consists of: One (1) equalization tank of 48,000 gallons total volume, there are three treatment trains, train 1 consists of one (1) aeration tank of 79,100 gallons total volume and one (1) clarifier of 18,000 gallons total volume and 240 square feet of total surface area, train 2 consists of one (1) aeration tank of 79,100 gallons total volume and one (1) clarifier of 18,000 gallons total volume and 240 square feet of total surface area, and train 3 consists of three (3) aeration tanks of 92,000 gallons total volume and one (1) clarifier of 10,150 gallons total volume and 228 square feet of total surface area. Flows from each train are combined and directed to three (3) gravity sand filters, two (2) of 50 square feet surface area and one (1) of 40 square feet surface area, providing 140 square feet of total surface area, then to two (2) chlorine contact chambers of 5,000 gallons total volume (each of 2,500 gallons volume). There are two (2) aerobic sludge holding tanks of 17,000 gallons total volume. Disinfection is achieved by using sodium hypochlorite solution. This plant is operated to provide secondary treatment with high-level disinfection.

Printed on recycled paper.

**REUSE**:
Land Application: An existing 0.175 MGD 12 Month Average Daily Flow (12MADF) permitted capacity slow-rate public access reuse system (R-001) consisting of 3 off site unlined wet weather storage ponds located on Cypress Lakes Golf Course each with a volume of 2 MG for a total volume of 6 MG providing 34.3 days of storage at a permitted capacity of 0.175 MGD 12MADF. Reject water is directed to a lined onsite pond with a volume of 0.175 MG and is pumped back to the head works for further treatment. Land application system R-001 is located approximately at Latitude: 28° 10' 51" N, Longitude: 81° 59' 42" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 22 of this permit.

## I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

### A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

| | | | Reclaimed Water Limitations | | | | Monitoring Requirements | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Parameter | Units | Max/Min | Annual Average | Monthly Average | Weekly Average | Single Sample | Monitoring Frequency | Sample Type | Monitoring Location Site Number | Notes |
| Flow | MGD | Maximum | 0.175 12MADF[1] | - | - | - | 5 Days/Week | Recording flow meters and totalizers | FLW-01 | See Cond.I.A.3 |
| BOD, Carbonaceous 5 day, 20C | MG/L | Maximum | 20.0 | 30.0 | - | 60.0 | Every Two Weeks | 8-hour flow proportioned composite | EFA-01 | |
| Solids, Total Suspended | MG/L | Maximum | - | - | - | 5.0 | 4 Days/Week | Grab | EFB-01 | |
| pH | SU | Range | - | - | - | 6.0 to 8.5 | 5 Days/Week | Grab | EFA-01 | |
| Coliform, Fecal, % less than detection | PERCENT | Minimum | See Permit Condition I.A.4. | | | | 4 Days/Week | Grab | EFA-01 | |
| Coliform, Fecal | #/100ML | Maximum | See Permit Condition I.A.4. | | | | 4 Days/Week | Grab | EFA-01 | |
| Total Residual Chlorine (For Disinfection) | MG/L | Minimum | - | - | - | 1.0 | Continuous | Meter | EFA-01 | See Cond.I.A.5 |
| Turbidity | NTU | Maximum | See Permit Condition I.A.6. | | | | Continuous | Meter | EFB-01 | |
| Giardia | CYSTS/100 L | Maximum | - | - | - | Report | five years | Filtered | EFA-01 | |
| Cryptosporidium | OOCYSTS/100 L | Maximum | - | - | - | Report | five years | Filtered | EFA-01 | |

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

| Monitoring Location | Description of Monitoring Location |
|---|---|
| EFA-01 | After disinfection and prior to the public access reuse system R-001. |
| EFB-01 | After filtration and prior to disinfection. |
| FLW-01 | Flow as measured by a 90-degree V-notch weir and ultrasonic flow meter, after disinfection and prior to the public access reuse system R-001. |

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). *[62-600.440(5)(f)]*

5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. *[62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]*

6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. *[62-610.463(2)]*

## B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

| | | | Limitations | | | | Monitoring Requirements | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Parameter | Units | Max/Min | Annual Average | Monthly Average | Weekly Average | Single Sample | Monitoring Frequency | Sample Type | Monitoring Location Site Number | Notes |
| Flow | MGD | Maximum | 0.175 (3MADF)[1] | Report | - | - | 5 Days/Week | Recording flow meters and totalizers | FLW-01 | See Cond.I.B.3, 5 |
| Percent Capacity, (3MADF/Permitted Capacity) x 100 | PERCENT | Maximum | - | Report[2] (Mo.Total) | - | - | Monthly | Calculated | FLW-01 | |
| BOD, Carbonaceous 5 day, 20C | MG/L | Maximum | - | Report | - | - | Monthly | 8-hour flow proportioned composite | INF-01 | See Cond.I.B.4 |
| Solids, Total Suspended | MG/L | Maximum | - | Report | - | - | Monthly | 8-hour flow proportioned composite | INF-01 | See Cond.I.B.4 |

1 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
2 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

| Monitoring Location | Description of Monitoring Location |
|---|---|
| FLW-01 | Flow as measured by a 90-degree V-notch weir and ultrasonic flow meter after disinfection and prior to the public access reuse system R-001. |
| INF-01 | Prior to treatment and ahead of the return activated sludge line. |

3. The three-month average daily flow to the treatment plant shall not exceed 0.175 MGD.

4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. *[62-601.500(4)]*

5. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

6. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to reject storage for subsequent additional treatment or disinfection. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. *[62-610.320(6) and 62-610.463(2)]*

7. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. *[62-610.463(2) & .865(8)(d)]*

8. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. *[62-610.463(4)]*

9. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*

10. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. *[62-601.500(5)]*

11. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

| REPORT Type | Monitoring Period | Due Date |
|---|---|---|
| Monthly or Toxicity | first day of month – last day of month | 28th day of following month |

| | | |
|---|---|---|
| Quarterly | January 1 - March 31<br>April 1 – June 30<br>July 1 – September 30<br>October 1 – December 31 | April 28<br>July 28<br>October 28<br>January 28 |
| Semiannual | January 1 – June 30<br>July 1 – December 31 | July 28<br>January 28 |
| Annual | January 1 – December 31 | January 28 |

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department postmarked by the twenty-eighth (28th) of the month following the month of operation at the address specified below:

Florida Department of Environmental Protection
Wastewater Compliance Evaluation Section, Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

*[62-620.610(18)][62-601.300(1),(2), and (3)]*

12. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by March 31 of each year. *[62-601.300(4)][62-601.500(3)]*

13. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. *[62-610.870(3)]*

14. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. *[62-610.464(5)]*

15. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

    Southwest District Office
    3804 Coconut Palm Drive
    Tampa, Florida 33619-1352

    Phone Number - 813-744-6100
    FAX Number - 813-744-8198
    All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Appalachian Material Service, Inc. ( MJ Ranch RMF FLA190284, Arlin Taylor Ranch RMF FLA268267, Nordgren Ranch RMF FLA280348) or Shellys Environmental RMF or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*

4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

    Source Facility
    1. Date and Time Shipped
    2. Amount of Residuals Shipped
    3. Degree of Treatment (if applicable)
    4. Name and ID Number of Residuals Management Facility or Treatment Facility
    5. Signature of Responsible Party at Source Facility
    6. Signature of Hauler and Name of Hauling Firm

    Residuals Management Facility or Treatment Facility
    1. Date and Time Received
    2. Amount of Residuals Received
    3. Name and ID Number of Source Facility
    4. Signature of Hauler
    5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

    These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The

permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department if the storage lasts longer than 30 days. *[62-640.300(4)]*

## III. GROUND WATER REQUIREMENTS

Construction Requirements

1. The permittee shall give at least 72-hours notice to the Department's Southwest District Office, prior to the installation of any monitoring wells detailed in this permit. *[62-4.070]*

2. The QUARTERLY sampling and analysis of all new ground water monitoring wells shall begin upon proper completion of the GWMP well system. The wells shall be sampled for the parameters identified in Permit Condition III.13 and in accordance to the Department's "Standard Operating Procedures For Laboratory Operations and Sample Collection Activities," DEP-SOP-001/01, FS 2200 Ground water Sampling, January 1, 2002. *[62-522.600(1) , (11)(a), and (b)]*

3. Prior to construction of new ground water monitoring wells, a soil boring shall be made at each new monitoring well location in order to establish the well depth and screen interval. *[62-522.900(3)]*

4. Within thirty days after completion of construction of the ground water monitoring wells, a properly scaled figure depicting monitor well locations (active and abandoned) with identification numbers shall be submitted. The figure shall also include (or attached) the monitoring well, top of casing and ground surface elevations referenced to National Geodetic Vertcal Datum (NGVD) to the nearest 0.1 foot, along with monitor well location latitude and longitude to the nearest 0.1 second. *62-610.412 (c)*

5. Within thirty days after completion of construction of the ground water monitoring wells, well completion reports shall be sent to the Domestic Wastewater Section, FDEP Southwest District Office. The information is to be submitted on the attached form for each well, DEP Form 62-522.900(3), Monitor Well Completion Report. *[62-522.900(3)]*

6. In Districts where applicable, within 30 days of completion of construction of new ground water monitor wells, the Department requests that the permittee submit the following information for each monitor well :

   a. A copy of the Florida Water Management District (WMD) , State of Florida Permit Application to Construct, Repair, Modify or Abandon a Well, Form 41.10-410(1), and

   b. A copy of the WMD Well Completion Report, Form 41.10-410(2), 62-610.412(2)(b)

7. Prior to the application of effluent to the reuse/disposal site, the permittee shall sample all new ground water monitoring wells for the Primary and Secondary Drinking Water parameters included in Rule 62-550, Florida Administrative Code, Public Drinking Water Systems (excluding asbestos, acrylamide dioxin, butachlor and epichlorohydrin), and EPA Methods 601 and 602. *[62-520.400 and 62-520.420] [62-522.300(1), and 62-522.600(3)(A)]*

8. The permittee shall coordinate any expansion of the Part III reclaimed water reuse system with the Southwest District Domestic Waste Permitting Section and shall propose additional ground water monitoring that may be required due to such expansion. All new ground water monitoring wells that may subsequently be required shall be identified in a revision to the GWMP and shall be installed within 90 days of Department approval of the GWMP revision. The permittee shall apply for a minor

revision to this permit to incorporate the selected wells and to provide appropriate DMR section D pages. *[62-522.600(11)(C) and 62-610.320(3)]*

Operational Requirements

9. For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the surficial aquifer. *[62-520.200(23)] [62-522.400 and 62-522.410]*

10. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. *[62-520.400 and 62-520.420(4)]*

11. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. *[62-522.600][62-610.463, ]*

12. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.13. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

| Monitoring Well ID | Alternate Well Name and/or Description of Monitoring Location | Depth (Feet) | Aquifer Monitored | New or Existing |
|---|---|---|---|---|
| MWB-04 | MW #4 | | Surficial | new |
| MWI-03 | MW #3 | 21.05 | Surficial | existing |
| MWI-02 | MW #2 | 21.40 | Surficial | existing |
| MWC-01 | MW #1 | 21.5 | Surficial | existing |

MWB = Background; MWI = Intermediate; MWC = Compliance

*[62-522.600][62-610.463]*

13. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 12:

| Parameter | Compliance Well Limit | Units | Sample Type | Monitoring Frequency |
|---|---|---|---|---|
| Water Level Relative to NGVD | Report | FEET | In-situ | Quarterly |
| Nitrogen, Nitrate, Total (as N) | 10 | MG/L | Grab | Quarterly |
| Solids, Total Dissolved (TDS) | 500 | MG/L | Grab | Quarterly |
| Arsenic, Total Recoverable | 50 | UG/L | Grab | Quarterly |
| Chloride (as Cl) | 250 | MG/L | Grab | Quarterly |
| Cadmium, Total Recoverable | 5 | UG/L | Grab | Quarterly |
| Chromium, Total Recoverable | 100 | UG/L | Grab | Quarterly |
| Lead, Total Recoverable | 15 | UG/L | Grab | Quarterly |
| Coliform, Fecal | 4 | #/100ML | Grab | Quarterly |
| PH | 6.5 to 8.5 | SU | In-situ | Quarterly |
| Sulfate, Total | 250 | MG/L | Grab | Quarterly |
| Turbidity | Report | NTU | In-situ | Quarterly |
| Sodium, Total Recoverable | 160 | MG/L | Grab | Quarterly |

| Parameter | Compliance Well Limit | Units | Sample Type | Monitoring Frequency |
|---|---|---|---|---|
| Specific Conductance | Report | UMHO/CM | In-situ | Quarterly |
| Temperature (C), Water | Report | DEG.C | In-situ | Quarterly |

*[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]*

14. If the concentration for any constituent listed in Permit Condition III. 13. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. *[62-520.420(2)]*

15. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. *[62-610.463(3)(a), ]*

16. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. *[62-601.700(5)]*

17. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Southwest District Office as being more representative of ground water conditions. *[62-520.300(9)]*

18. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*

19. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.11. *[62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]*

| SAMPLE PERIOD | REPORT DUE DATE |
|---|---|
| January - March | April 28 |
| April - June | July 28 |
| July - September | October 28 |
| October - December | January 28 |

20. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Southwest District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Southwest District Office. *[62-522.600][62-4.070(3)]*

21. The Permittee shall provide verbal notice to the Department's Southwest District Office as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the

Department's Southwest District Office in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

22. All piezometers and wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. *[62-532.500(4)]*

## IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. This reuse system includes the following major users (i.e., using 0.1 MGD or more of reclaimed water):

| User Name | User Type | Capacity (MGD) | Acreage |
|---|---|---|---|
| Cypress Lakes Golf Courses | Golf Courses | .175 | 137 |

*[62-610.800(5)][62-620.630(10)(b)]*

2. Cross-connections to the potable water system are prohibited. *[62-610.469(7)]*

3. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. *[62-610.469(7)]*

4. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:

   a. Immediately discontinue potable water and/or reclaimed water service to the affected area.

   b. If the potable water system is contaminated, clear the potable water lines.

   c. Eliminate the cross-connection.

   d. Test the affected area for other possible cross-connections.

   e. Within 24 hours, notify the Southwest District Office's domestic wastewater and drinking water programs, and the Polk County Health Department's drinking water program.

   f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. *[62-555.350(3) and 62-555.360][62-620.610(20)]*

5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7)]*

6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3)]*

7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7)]*

8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*

9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*

10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*

11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2)]*

12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. *[62-610.468 & 62-610.469]*

13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. *[62-610.468(6)]*

14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414 & 62-610.464]*

15. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

16. Reclaimed water shall only be released to the system storage or reuse system during periods of operator attendance in compliance with the approved operating protocol. *[62-610.462(2)]*

## V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

   A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a Class C, or higher.

   *[62-620.630(3)] [62-699.310] [62-610.462]*

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(1)]*

3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*

4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

   b. Copies of all reports required by the permit for at least three years from the date the report was prepared;

   c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

   d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

   e. A copy of the current permit;

   f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

   g. A copy of the facility record drawings;

   h. Copies of the licenses of the current certified operators; and

   i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification

of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

*[62-620.350]*

## VI. SCHEDULES

1. The following construction schedule for the facilities shall be followed, unless a minor permit revision is issued to amend the schedule:

| Implementation Step | | Completion Date |
|---|---|---|
| 1 | Construct proposed background well #4 in accordance with permit conditions III. 1-8 as required by this permit. | March 1, 2004 |
| 2 | Complete initial development and sampling of well #4 and submit to the Department all results with proper documentation required by permit conditions III.1-8. | April 1, 2004 |

*[62-620.400]*

## VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500]*

## VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5)]*

2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*

3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*

4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

   a. Which may cause fire or explosion hazards; or

   b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

   c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

   d. Which result in treatment plant discharges having temperatures above 40°C.

   *[62-604.130(4)]*

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-600.400(2)(b)]*

8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*

9. The permittee shall provide adequate notice to the Department of the following:

   a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

   b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

   Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

   *[62-620.625(2)]*

## IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits,

specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

   b. Have access to and copy any records that shall be kept under the conditions of this permit;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

   d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

*[62-620.610(9)]*

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

    a. A description of the anticipated noncompliance;

    b. The period of the anticipated noncompliance, including dates and times; and

    c. Steps being taken to prevent future occurrence of the noncompliance.

*[62-620.610(17)]*

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).

    b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

    c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

    d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.

    e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

    *[62-620.610(18)]*

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

    a. The following shall be included as information which must be reported within 24 hours under this condition:

        1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,

        2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

        3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the **STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519**, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

*[62-620.610(20)]*

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

*[62-620.610(22)]*

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

*[62-620.610(23)]*

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Timothy J. Parker, P.E.
Water Facilities Administrator
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352

DATE: 1-13-04

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (7)
Notices

Test Year Ended December 31, 2005

# CYPRESS LAKES UTILITIES, INC.

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

19.1 2004 ✓
CYP. LAKES

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

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

July 2, 2004

Mr. Henry Taghiof
Environmental Engineering Division
Polk County Health Department
2090 East Clower Street
Bartow, FL 33830

Re: Cypress Lakes Sanitary Survey
PWS ID# 6535055
Polk County

Dear Mr. Taghiof:

I am in receipt of your letter of June 2, 2004 that references your site visit to our Cypress Lakes Water Treatment Plant on the same date. At that time, you observed four deficiencies related to the operation of our water plant. Let this letter serve as a formal response to the deficiencies listed in your letter.

1. **The raw water sampling tap for well AAC3931 is located after the check valve.**
   Smooth nosed sampling valves were installed before the check valve.

2. **Please ensure that all appropriate safety or protective equipment for hypochlorination facilities is provided.**
   Protective equipment was purchased.

3. **The well is not properly sealed.**
   The leaking packing gland has been repaired.

4. **Please ensure that the enclosed State Warning Point Sticker is placed in a prominent location near a phone.**
   The state warning point sticker is placed near a phone.

If you have any questions regarding the above items, please do not hesitate to call me at 407.869.8588, ext. 250. Locally, David Ryniak is readily available to meet with you. He can be reached at 863.815.1524.

Sincerely,
CYPRESS LAKES UTILITIES, INC.

Michael T. Dunn

Michael T. Dunn
Regional Manager

Ec: Patrick Flynn, Regional Director
Garth Armstrong, Asst. Operations Manager
Cc: David Ryniak, Lead Operator

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

John O. Agwunobi, M.D., MBA
Secretary

June 2, 2004

CS/Cypress Lake Utilities
PWS: Id. No. 6535055

David Ryniak
Cypress Lake Utilities
10000 US Hwy. 98 North
Lakeland, FL 33809

Dear Mr. Ryniak:

A sanitary survey of your water system conducted on June 2, 2004 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62.555 Florida Administrative Code.*

Deficiencies are listed below:

1. The raw water sampling tap for well AAC3931 is located after the check valve. Chapter 62-555.320(8)(b)2 requires a smooth-nosed tap for sampling raw well water located before the check valve and any treatment. Please install a raw tap prior to the check valve during the next repair. KBH will do

2. Please ensure that all appropriate safety or protective equipment for hypochlorination facilities is provided in accordance with Chapter 62-555.320(13)(b)13, Chapter 62-555.330 and Table15.5 of *AWWA & ASCE Water Treatment Plant Design, Third Edition.*
protective equipment is ordered

3. The well is not properly sealed. Chapter 62-532.200(24) requires the well be protected at all times by a sanitary seal, threaded caps, or a welded flange to prevent entrance of contaminating material. Leakage at well packing was repaired

4. Please ensure that the enclosed State Warning Point Sticker is placed in a prominent location near a phone since reporting any security breach or suspicious incident is required under Chapter 62-555.350(10). State warning point placed near phone.

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

orig: DR
cc: PF

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

John O. Agwunobi, MD, MBA
Secretary

September 26, 2002

SEP 30 2002

CYPRESS LAKES UTILITIES, INC. ATTN. DON RASMUSSEN, VICE PRESIDENT
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

Dear Sir:

**RE: Bacteriological Sampling Violation**

The Department's records indicate that insufficient valid bacteriological samples were submitted for analysis during the last sampling period.

1. System Identification Number----------6535055
2. Public Water System Type----------COMMUNITY
3. Reporting Period----------August 2002

**Please note the following information:**

1. A minimum of one untreated water (well) sample is required per reporting period in addition to the regular distribution samples.
2. Free chlorine residual must be recorded at each sample point.
3. Sampling points must be clearly and specifically identified.
   Example: 1223 Jones St.--outside tap
4. Your system identification number must be listed on the sample form.

Your failure to submit adequate samples constitutes a violation of *Chapter 62-550* of the *Florida Administrative Code* and as such requires that you provide public notification to your users. **A copy of your notification must be forwarded to this agency.** Continued violation of *Chapter 62-550* will lead to enforcement action by the Department.

Should you have any questions concerning this letter or the operation of your water system, please contact Ron Stadelbacher at (863) 519-8330, ext. 1152.

FILE

672

Eugene J. Jeffers, P.E.
Administrator
Environmental Engineering
Polk County Health Department


**POLK COUNTY HEALTH DEPARTMENT**

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33830-6741
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director


1.77 2.15

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

FILE

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

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

August 4, 2000

Mr. Michael L. Phillippi, Hydrologist
Water Use Regulation
Bartow Regulation Department
Southwest Florida Water Management District
170 Century Boulevard
Bartow, Florida 33830-7700

Re: Overpumpage
Water Use Permit No.: 2011531.001
Compliance Tracking No.: 75642

Dear Mr. Phillippi:

In response to your letter dated July 24, 2000, we have attached a spreadsheet listing the pumpage data of Cypress Lakes Utilities as reported to the Southwest Florida Water Management District from the Monthly Operating Reports since 1998. Included in the spreadsheet are the average daily pumpage and the maximum daily pumpage.

According to this information, the average rate of gallons pumped per day is almost always below the 284,000 gpd authorized by the Water Use Permit. During the June 1999 to May 2000 period referenced in your letter, the average daily water pumpage has not exceeded the maximum daily average permitted.

Prior to July 1999, water use exceeded the permitted amount due to the use of unmetered irrigation water. After the purchase of the utility infrastructure, our field staff identified the locations of unmetered water use and installed meters at each location. This resulted in a significant decrease in overall pumpage as reflected in the more current time period.

Field logs for the months prior to October 1999 were destroyed in a fire that occurred in September 1999. Therefore, we are not able to verify the end of the month flow meter readings as you have requested. However, I have been successful in determining that the flow meter at Well #1 has no stationary zeroes. The flow meter at Well #2 has three stationary zeroes.

If you have any questions or need further assistance regarding this matter, please feel free to contact me at (407) 869-8588 extension 242.

Sincerely,

Patrick Flynn
Regional Operations Manager

PF/ct

Enclosure

cc:

File:

# 1998-2000 Cypress Lakes Water Report

| Month / Year | Total Pumped (from MOR's) | Average Day (from MOR's) | Maximum Day (from MOR's) |
|---|---|---|---|
| January 1998 | 4.697 | .152 | .191 |
| February 1998 | 4.183 | .150 | .175 |
| March 1998 | 5.103 | .165 | .265 |
| April 1998 | 7.535 | .251 | .350 |
| May 1998 | 7.755 | .250 | .352 |
| June 1998 | 7.800 | .260 | .388 |
| July 1998 | 8.979 | .290 | .341 |
| August 1998 | 10.906 | .352 | .475 |
| September 1998 | 9.318 | .311 | .475 |
| October 1998 | 8.080 | .261 | .446 |
| November 1998 | 7.427 | .297 | .324 |
| December 1998 | 7.023 | .227 | .309 |
| **1998 Totals:** | **84.109** | **.247** | **.475** |
| | | | |
| January 1999 | 7.282 | .235 | .387 |
| February 1999 | 7.656 | .274 | .371 |
| March 1999 | 9.886 | .319 | .420 |
| April 1999 | 10.335 | .345 | .531 |
| May 1999 | 7.926 | .256 | .423 |
| June 1999 | 5.474 | .183 | .400 |
| July 1999 | 5.208 | .168 | .310 |
| August 1999 | 5.416 | .175 | .268 |
| September 1999 | 5.623 | .182 | .288 |
| October 1999 | 5.244 | .170 | .233 |
| November 1999 | 3.758 | .125 | .176 |
| December 1999 | 3.436 | .111 | .144 |
| **1999 Totals:** | **77.244** | **.212** | **.531** |
| | | | |
| January 2000 | 3.761 | .121 | .163 |
| February 2000 | 3.804 | .131 | .215 |
| March 2000 | 4.568 | .147 | .187 |
| April 2000 | 4.132 | .137 | .235 |
| May 2000 | 4.184 | .135 | .227 |
| June 2000 | 3.535 | .118 | .197 |
| July 2000 | | | |
| August 2000 | | | |
| September 2000 | | | |
| October 2000 | | | |
| November 2000 | | | |
| December 2000 | | | |
| | | | |
| **2000 Totals:** | **23.984** | **.132** | **.235** |

Southwest Florida
Water Management District

2379 Broad Street, Brooksville, Florida 34609-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
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7601 Highway 301 North
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115 Corporation Way
Venice, Florida 34292-3524
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3600 West Sovereign Path
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**John K. Renke, III**
New Port Richey

**E. D. "Sonny" Vergara**
Executive Director
**Gene A. Heath**
Assistant Executive Director
**William S. Bilenky**
General Counsel

July 24, 2000

RECEIVED
JUL 26 2000

Mr. Patrick Flynn
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: **Overpumpage**
Water Use Permit (WUP) No.: 2011531.001
Compliance Tracking (CT) No.: 75642
County: Polk

Dear Mr. Flynn:

The pumpage data submitted for the permit referenced above indicates that total withdrawals have exceeded the total permitted quantities by approximately 113 percent. Over the twelve-month period from June 1999, through May 2000, an average rate of 345,000 gallons per day (gpd) has been pumped; the permit authorizes an average of 284,000 gpd. Pumpage in excess of permitted quantities is a violation of permit conditions.

In order to bring this matter into compliance and have it resolved at staff level, you must contact the District, in writing, within 30 days from the date of this letter, providing a schedule of the corrective actions proposed to reduce pumpage to permitted levels. If the pumpage values submitted are incorrect, please explain the error, provide corrected quantities and, if applicable, describe measures which will be taken to avoid a similar error in the future.

BY 8/23

At your convenience, we would like to check the accuracy of your flow measuring devices using District equipment. Please contact Mark Alford in the Bartow Service Office to schedule an appointment.

If you have any questions related to overpumpage, please contact me in our Bartow Service Office at (863) 534-1448. If you have questions related to meter verification, please contact Mark Alford. Please reference all written correspondence with the CT and WUP Number.

Sincerely,

Michael L. Phillippi

Michael L. Phillippi, Hydrologist
Water Use Regulation
Bartow Regulation Department

MLP:ser566
cc: B. Starford
M. Balser
M. Alford

Protecting Your Water Resources

Southwest Florida
Water Management District

2379 Broad Street, Brooksville, Florida 34609-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
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(863) 534-1448 or
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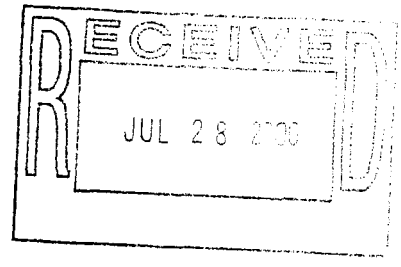
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St. Petersburg
**John K. Renke, III**
New Port Richey

**E. D. "Sonny" Vergara**
Executive Director
**Gene A. Heath**
Assistant Executive Director
**William S. Bilenky**
General Counsel

July 26, 2000




Mr. Patrick Flynn
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: **Compliance Contact**
Water Use Permit (WUP) No.: 2011531.001
Compliance Tracking No.: 75642
County: Polk

Dear Mr. Flynn:

Thank you for taking the time to work with District staff on the condition requirements of the above referenced WUP. The purpose of this letter is to remind you that you offered to recheck the meter readings and submit corrected data, since it appears that an extra zero has been added.

If you have any questions regarding this letter, please contact me in the Bartow Service Office at (863) 534-1448 or 1-800-492-7862.

Sincerely,

Michael L. Phillippi

Michael L. Phillippi, Hydrologist
Water Use Regulation
Bartow Regulation Department

MLP:ser578
cc: File of Record
B. Starford
M. Balser

FLOW METER @ WELL #1 CHANGED 10/98,
NO STATIONARY ZERO per J. KUHNS

FILE 672.1.3


Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34609-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
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Sarasota
[redacted]
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**John K. Renke, III**
New Port Richey

**E. D. "Sonny" Vergara**
Executive Director
**Gene A. Heath**
Assistant Executive Director
**William S. Bilenky**
General Counsel


RECEIVED
SEP 11 2000
To: PF

September 08, 2000

Cypress Lakes Utilities Inc
200 Weathersfield Ave
Altamonte Springs, FL 32714

Subject: Water Use Permit Number: 2011531.001 - Meter Readings

Dear Permittee,

The Permit Data Section has received your meter and pumpage reports for the month of **August**, However I have noticed that the meter readings do not appear to have the appropriate zero's at the end of the reading.

On the meter it will have fixed zero's, x 10, x 100 or x 1000. Please review the meter and include these zero's along with the actual meter reading. Example: meter reading 1234 x 1000 , the correct reading should be 1234000, the pumpage will include the same amount of zero's.

If you have any questions, concerns, please contact me at the toll-free number listed above at extension number is 4315.

Please respond back to me by September 22, 2000.

PERMITTEE
well #2 mo 3
#2 3

DISTRICT
3
6

Sincerely,

Diane M. Still

Diane M. Still
Senior Permit Data Specialist
Records & Data Department

cc: File of Record (Bartow)

dms

# CYPRESS LAKES UTILITIES, INC.

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

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

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


September 13, 2000

Ms. Diane M. Still
Senior Permit Data Specialist
Southwest Florida Water Management District
2379 Broad Street
Brooksville, FL 34609-6899

Re: Water Use Permit#2011531.001
Cypress Lakes

Dear Ms. Still:

I am in receipt of your letter of September 8, 2000 in which you expressed your concern regarding the apparent absence of fixed zeros in our monthly pumpage reports. Please be aware that the flow meter located at Well #1does not have any stationary zeros present. Therefore, the values reported previously are accurate and correctly represent the volume of water passing through the meter each month.

If you have any additional questions or need more information, please call me at 407.869.8588, ext. 242. Our lead operator at Cypress Lakes is Joe Kuhns who can be reached at 863.815.1524.

Sincerely,

CYPRESS LAKES UTILITIES, INC.

Patrick C. Flynn
Regional Manager

Cc: File 672.1.3
Joe Kuhns (via fax)
Ec: Gary Armstrong, Area Manager


Patrick's Mac 1328:Working Files PF:CORRESPONDENCE:CYP LKE:SWFWMD/mtr rdgs at WTP

FAX To: CYP LAKES 813-Co.



An Equal Opportunity Employer

# Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34609-6899
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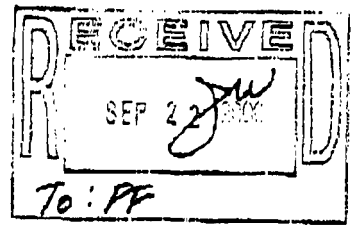
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**John K. Renke, III**
New Port Richey

**E. D. "Sonny" Vergara**
Executive Director
**Gene A. Heath**
Assistant Executive Director
**William S. Bilenky**
General Counsel




September 19, 2000

Cypress Lakes Utilities Inc
200 Weathersfield Ave
Altamonte Springs, FL 32714

Subject: Water Use Permit No. 20 11531.001

Dear Permittee,

I have enclosed spreadsheets in regard to correcting past meter readings and pumpage amounts. If you do not agree with the proposed corrections, please draw a line through the specific change and write in what you believe to be the correct data. Please indicate in the appropriate box if you agree with the corrections, or if you have made changes. **Sign and date in the space provided.**

Please make any necessary corrections and return the signed and dated printout(s) in the enclosed envelope within 15 days of receipt of this letter. We greatly appreciate your assistance. If you have any questions don't hesitate to call or e-mail me. Our toll-free telephone number is listed above. My extension is 4315. My e-mail address is Diane.Still@swfwmd.state.fl.us.

BY 10/7

Sincerely,

Diane M. Still

Diane M. Still
Senior Permits Data Specialist
Records & Data Department

DATE #1 FLOW METER WAS CHANGED OUT: 10-12-98

Enclosures as stated

cc: File of Record

Protecting Your Water Resources

REPORT METER READINGS AND PUMPAGE
FOR PERMIT NUMBER 20 11631.000
WITHDRAWAL # 6



| Record Date | Reported Meter Readings | Proposed Corrected Meter Readings | Permittee Meter Reading Changes (If Necessary) | Reported Pumpage | Proposed Corrected Pumpage | Permittee Pumpage Changes (If Necessary) |
|---|---|---|---|---|---|---|
| 08-01-98 | 9000 | 900 | | 3000 | 2,480,000 | |
| 08-31-98 | 9000 | 900 | | 0 | 0 | |
| 09-30-98 | 12000 | 1200 | | 3000 | 300 | |
| 10-31-98 | 12000 | 1200 | | 0 | 0 | |
| 11-30-98 | 12000 | 1200 | | 0 | 0 | |
| 12-31-98 | 12000 | 1200 | | 0 | 0 | |
| 01-31-99 | 12000 | 1200 | | 0 | 0 | |
| 03-01-99 | 12000 | 1200 | | 0 | 0 | |
| 03-31-99 | 12000 | 1200 | | 0 | 0 | |
| 04-30-99 | 12000 | 1200 | | 0 | 0 | |
| 05-31-99 | 12000 | 1200 | | 0 | 0 | |
| 07-01-99 | 12000 | 1200 | | 0 | 0 | |
| 07-31-99 | 12000 | 1200 | | 0 | 0 | |
| 08-31-99 | 12000 | 1200 | | 0 | 0 | |
| 09-30-99 | 13000 | 1300 | | 1000 | 100 | |
| 10-31-99 | 13000 | 1300 | | 0 | 0 | |
| 11-30-99 | 13000 | 1300 | | 0 | 0 | |
| 12-31-99 | 105000 | 10500 | | 92000 | 9,200 | |
| 01-31-00 | 132000 | 13200 | | 27000 | 2,700 | |
| 02-29-00 | 150000 | 15000 | | 18000 | 1,800 | |
| 03-31-00 | 150000 | 15000 | | 0 | 0 | |
| 04-30-00 | 155000 | 15500 | | 5000 | 500 | |
| 05-31-00 | 158000 | 15800 | | 3000 | 300 | |
| 06-30-00 | 158000 | 15800 | | 0 | 0 | |
| 07-31-00 | 158000 | 15800 | | 0 | 0 | |
| 08-31-00 | 695490 | 69549 | | 537490 | 53,749 | |

12/6/00 69585

X Check here if you agree with the corrected information.

_____ Check here if you made corrections.

Signature _____ Date _____

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

CORPORATE OFFICES:
2335 Sanders Road
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Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@ix.net

September 13, 2000

Ms. Diane M. Still
Senior Permit Data Specialist
Southwest Florida Water Management District
2379 Broad Street
Brooksville, FL 34609-6899

Re: Water Use Permit#2011531.001
Cypress Lakes

Dear Ms. Still:

I am in receipt of your letter of September 8, 2000 in which you expressed your concern regarding the apparent absence of fixed zeros in our monthly pumpage reports. Please be aware that the flow meter located at Well #1does not have any stationary zeros present. Therefore, the values reported previously are accurate and correctly represent the volume of water passing through the meter each month.

If you have any additional questions or need more information, please call me at 407.869.6588, ext. 242. Our lead operator at Cypress Lakes is Joe Kuhns who can be reached at 863.815.1524.

Sincerely,

CYPRESS LAKES UTILITIES, INC.

Patrick C. Flynn
Regional Manager

Cc: File 672.1.3
Joe Kuhns (via fax)
Ec: Gary Armstrong, Area Manager

672.315

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

CORPORATE OFFICES:
2335 Sanders Road
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Telephone: 847-498-6440

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

# Fax Transmittal

Attn: Earth / Patrick Date: 9-23-02

Company: Utilities INC Fax #:

From: Cypress Lake Pages: 2

Subject: MALfunction Report Domestic Waste

☑ URGENT ☐ As Requested ☑ For Your Review ☑ Please Comment ☑ For your Information ☑ Please Reply Original: ☑ will not be sent ☐ via U.S. Mail

**Messages:**

Copy will be faxed TO SAW Wajeeh @ DEP

This information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

Document7

**DOMESTIC WASTE**
**MALFUNCTION REPORT**

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 9/22/02 TIME 1200 PM (AM/PM) RECEIVED BY Dave R.
REPORTED BY: 397 Cypress Cross Customer
NAME OF PLANT/SYSTEM: Cypress Lakes COUNTY: Polk
ADDRESS 10,000 US hwy 98 N Lakeland FL 33809

PHONE: (863) 815-1524
OWNER: Utilities INC of Fla

DATE & TIME OF FAILURE 9-22-02 1200 PM
NATURE OF PROBLEM Sewer overflowing going into Pond #1 Lift Station malfuction

* CORRECTIVE ACTION TAKEN. Ran LS on hand to stop overflow making Repair to LS #1 Pulled Fecal samples
EXPECTED BACK IN SERVICE BY (DATE & TIME) 9-22-02 200 PM
REMARKS: Alarm float off Controll circut Rewired To be Independent

*Pulled Fecal Samples From pond's Nearby
FOLLOW-UP IN WRITING (Y)(N)

Revised June 6, 1989

CYPRESS
LAKES

FAX 407-869-6961

February 18, 1998

Mr. Mike Dunn
Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, FL. 32714

Re: Bacteriological Sampling Violation

Dear Mike,

I received the attached notice today which is about the third or fourth time in the past year. I am tired of having to provide public notice for these violations.

The county claims they are not receiving these reports on a timely basis. Either Utilities, Inc. is not taking the samples when required, the lab is not completing their work timely, the reports are being sent to the wrong place or a combination of all of these.

In any case, please get a procedure in place to insure the timely submission of the required reports to the county.

Thank you for your cooperation.

Sincerely,

Fred Babb

Fred Babb
General Manager

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

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

September 28, 2005

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Patrick Flynn
Utilities, Inc.
200 Weathersfield Ave.
Altamonte Springs, Florida 32714

**WARNING NOTICE NO. 05-653PW5055A**

RE: Cypress Lakes Utilities, Inc. Water System
PWS ID # 6535055

Dear Mr. Flynn:

The purpose of this letter is to advise you of the violations of law for which the above mentioned facility may be responsible, and to seek your cooperation in resolving the matter. A review of the facility's Drinking Water System records indicates that a violation of Florida Statutes and Rules exist at the facility.

A chlorine residual of less than 0.2 ppm or its equivalent was found during inspections of your water system distribution on September 20, 2005 and September 27, 2005, including certain areas of Ultra Drive, Maidencane Court and Cypress Cross Drive. Florida Administrative Code Rule 62-555.350(1), requires all public water systems to provide continual and effective disinfection to maintain a 0.2 ppm free chlorine residual or its equivalent throughout the distribution system.

**You are requested to contact Patrick Lewis at (863) 519-8330 Ext. 1151 within fifteen days of receipt of this Warning Letter to arrange a meeting to discuss this matter.** The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(4) of the Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Eugene J. Jeffers, P.E.
Administrator
Environmental Engineering

Xc: David Shoffstall – Cypress Lakes Utilities, Inc.

**POLK COUNTY HEALTH DEPARTMENT**

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33830-6741
Phone (863) 519-8330 / SC 515-7365 / Fax (863) 534-0245

Lynne Saddler, MD, MPH
Assistant Director

printed on recycled paper

# CYPRESS LAKES UTILITIES, INC.

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

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

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


October 10, 2005

Mr. Eugene J. Jeffers, P.E., Administrator
Polk County Health Department
Environmental Engineering Division
2090 East Clower Street
Bartow, FL 33830

Re: Warning Notice No. 05-653PW5055A
Cypress Lakes Utilities, Inc.
PWS ID# 6535005

I received your letter dated September 28, 2005 concerning issues found during the inspections of the Cypress Lakes Utilities, Inc. water system on September 20th & 27th, 2005. I have attached the Monthly Operating Reports (MOR) for September 2005 that show the chlorine residual at the remote location within the distribution system to be well above the required 0.2 ppm minimum for the dates in question and through out the month of September.

Operational staff has received some odor complaints during the last few weeks of September. We have attributed these complaints to low occupancy. Due to the complaints we have instituted an aggressive water flushing program and monitored the chlorine residual during the flushing. The lowest chlorine residual recorded during the water flushing at the furthest remote location was 0.5 ppm. This data confirms that the system meets the requirements of Florida Administrative Code Rule 62-555.350(1).

I met with the Cypress Lakes Home Owners Association President and am confident that we have addressed their issues. Additional samples were collected on the wells to ensure we do not have sulfide, iron or odor problems with the water source. Operations staff will continue to aggressively monitor the system to ensure compliance.

We request that this response letter substitute for a meeting with your staff.

If you have any question please email me at r.retz@utilitiesinc-usa.com or call at 407-468-3268 at your earliest convenience.

Very truly yours,
CYPRESS LAKES UTILITIES, INC.

Richard W. Retz
Assistant Operations Manager

Ec: Michael Dunn, P.E.
Patrick Flynn

672.1.2 ORG: DK
cc: PF

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

John O. Agwunobi, MD, MBA
Secretary

September 26, 2002

CYPRESS LAKES UTILITIES, INC. ATTN. DON RASMUSSEN, VICE PRESIDENT
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

Dear Sir:

**RE: Bacteriological Sampling Violation**

The Department's records indicate that insufficient valid bacteriological samples were submitted for analysis during the last sampling period.

1. System Identification Number----------6535055
2. Public Water System Type----------COMMUNITY
3. Reporting Period----------August 2002

**Please note the following information:**

1. A minimum of one untreated water (well) sample is required per reporting period in addition to the regular distribution samples.
2. Free chlorine residual must be recorded at each sample point.
3. Sampling points must be clearly and specifically identified.
   Example: 1223 Jones St.--outside tap
4. Your system identification number must be listed on the sample form.

Your failure to submit adequate samples constitutes a violation of *Chapter 62-550* of the *Florida Administrative Code* and as such requires that you provide public notification to your users. **A copy of your notification must be forwarded to this agency.** Continued violation of *Chapter 62-550* will lead to enforcement action by the Department.

Should you have any questions concerning this letter or the operation of your water system, please contact Ron Stadelbacher at (863) 519-8330, ext. 1152.

Eugene J. Jeffers, P.E.
Administrator
Environmental Engineering
Polk County Health Department


POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33830-6741
Phone (863) 519-8330 / SC 515-7305 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

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

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

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

November 15, 2002

Mr. Ron Stadelbacher
Environmental Engineering Division
Polk County Health Department
2090 East Clower Street
Bartow, FL 33830

Re: Cypress Lakes Water System
PWS ID# 6535055
Polk County

Dear Mr. Stadelbacher:

Enclosed please find an affidavit of publication of a public notice published in The Ledger on November 6, 2002. This notice was published due to our failure to the minimum number of samples from the distribution system in August 2002. Due to the increase in customers in that system, we were required to increase our monthly samples from two to three. Beginning in September 2002, three samples will be drawn each month from the distribution system as described in the approved sample plan. A revised sample plan will be submitted under separate cover for your review and approval.

If you have any questions, please do not hesitate to call me at 407.869.8588, ext. 242.

Sincerely,
CYPRESS LAKES UTILITIES, INC.

Patrick C. Flynn
Regional Operations Manager

Enclosure: Affidavit of Publication

Ec: Don Rasmussen, Vice President (w/out enclosure)
Garth Armstrong, Asst. Operations Manager (w/out enclosure)

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

**FILE COPY**

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

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

April 10, 2005

Ms. Phyllis James
Environmental Specialist
Department of Environmental Protection
Southwest District
3804 Coconut Palm Drive
Tampa Fl. 33619

Re: Warning Letter No. WL05-0010DW53SWD
Compliance Evaluation Inspection
Cypress Lakes WWTF
Facility ID No. FLA013123
Polk County

Dear Ms James:

Enclosed, please find the responses to the listed items in your letter dated 4/16/05 observed during the compliance inspection at the Cypress Lakes WWTF on February 25, 2005. Items are addressed using the same numbering sequence presented in that letter:

1) Utilities, Inc. of Florida acknowledges notification by the Department to staff the facility 24 hours, 7 days per week or to divert the flow to the reject pond during times when there is no operator present and the automatic diversion system is malfunctioning.. The Regional Director contacted the Assistant Operations Manager concerning the Department's request. The Lead Operator conducted a troubleshooting procedure on the in-line turbidity meter after the inspector left the plant. During the trouble shooting process he discovered the dial on the timer for the in-line turbidity meter was located in the "Black Zone"
The "Black Zone" disables the timer and will not activate the diversion of effluent to the reject pond when set in that position. The Lead Operator adjusted the dial to the proper setting and confirmed that the in-line turbidity meter activated the diversion valve to the reject pond when turbidity levels exceeded the set point. The timer was reset and the system operated properly. Continuous staffing of the plant was therefore, not required.

2) An independent certified technician performed scheduled annual calibrations of the facilities equipment on March 6, 2005. The technician verified that the in-line turbidity meter timer was functioning properly during his visit and confirmed that if the timer dial is located in the "Black Zone" position it will disable the timer and fail to activate the diversion valve.
Facility staff have attached instructions to the timer enclosure stating "DO NOT" adjust the timer dials to the "Black Zone" positions.

02.1.10

3) Due to the adjustment of the in-line turbidity meter timer setting and verification of the ability of the meter to activate the diversion valve, verified by an independent certified technician, it is the opinion of Cypress Lakes Utilities, Inc. that the Cypress Lakes WWTF was operated in accordance with the approved operating protocol.

If you have any question, please contact me at the telephone number or letterhead address.

Sincerely,
CYPRESS LAKES UTILITIES, INC.

Michael T. Dunn

Michael T. Dunn
Regional Operations Manager

ec: Rick Retz
Patrick Flynn

Jeb Bush
Governor

# Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

ORIG: MD
cc PF. RR
(W)
Response due - 4/23/05

April 6. 2005

Mr. Patrick C. Flynn, Regional Director
Cypress Lakes Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Warning Letter No. WL05-0010DW53SWD
Cypress Lakes WWTF
Facility ID No. FLA013123
Polk County

Dear Mr. Flynn:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. An inspection and a file review indicate that a violation of Florida Statutes and Rules may exist at the above-referenced facility.

1. On February 25, 2005, Department personnel conducted a Compliance Evaluation Inspection. Department personnel tested the in-line turbidity meter by having the operator insert a 20 NTU formazin standard to trigger an alarm event. The signals from the turbidity meter failed to activate the automatic reject valve, in-line equipment alarm and the remote telemetry monitoring system. The operator stated that he would try to get an electrician to repair it that afternoon. After the inspection, Department personnel informed the main office staff that the automatic reject valve, in-line equipment alarm and remote telemetry monitoring system were not activated by the turbidity meter, and that they needed to staff the facility 24 hours per day or divert flow to the reject pond when no operator is present until all necessary repairs have been completed.

2. On March 16, 2005, Department personnel spoke with the lead operator of the facility. The operator indicated that the automatic reject valve was repaired and all of the instruments were recalibrated on March 3, 2005. He stated that the effluent was not diverted to the reject pond when the facility was not staffed, nor was the facility staffed beyond the required six hours per day from February 25 to March 3, 2005. Department personnel informed the operator that the operating protocol was not followed.

3. Both the proposed updated Operating Protocol dated June 11, 2003 and the approved Operating Protocol dated December 20, 1999 stated "During periods of either the chlorine analyzer or the turbidity meter are not operable and the plant is in the reuse mode, the plant shall not be left unattended. Should the plant not be capable of being manned during these instrument outage periods, the effluent must be directed to the reject pond." The wastewater treatment facility was not being operated in accordance with the approved operating protocol as required by the permit.

Rule 62-610.463(2), Florida Administrative Code, provides that the in-line continuous monitoring equipment used to ensure the quality of reclaimed water for public access reuse is maintained according to the manufacturer's operation and maintenance instructions.

Rule 62-610.320(6), Florida Administrative Code, provides for an operating protocol by which a domestic wastewater facility is to be operated to ensure that only reclaimed water that meets applicable standards is released to a public access reuse system.

Section 403.161(1)(b), Florida Statutes, provides that it shall be a violation of this chapter, and it shall be prohibited for any person to fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit or certification adopted or issued by the Department pursuant to its lawful authority.

The activities observed during the Department's field inspections and any other activities at your facility that may be contributing to violations of the previously referenced statutes or rules should be ceased. You are requested to contact Phyllis James at the Southwest District address or telephone number (813) 744-6100, extension 354, within fifteen (15) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter. Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely yours,

Deborah A. Getzoff
District Director
Southwest District

DAG/pj

TO: PF

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
RECORDS & DATA DEPARTMENT
2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6899
(352) 796-7211 OR 1-800-423-1476 (FLORIDA ONLY) (SUNCOM 628-4150)

JANUARY 31, 2001

CYPRESS LAKES UTILITIES INC
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32750

SUBJECT: DELINQUENT REPORTING OF CONDITIONS FOR
WATER USE PERMIT NO. 20 11531.001
PROJECT/SITE NAME: NOT SPECIFIED

DEAR PERMITTEE:

THE ABOVE REFERENCED WATER USE PERMIT HAS SPECIAL CONDITIONS WHICH REQUIRE THE REPORTING OF SPECIFIC DATA AND/OR INFORMATION IN A TIMELY MANNER. AS OF THIS DATE, THE ENCLOSED LISTING REPRESENTS DATA AND/OR INFORMATION NOT YET RECEIVED BY THIS OFFICE. IT IS REQUESTED THAT THIS LIST BE REVIEWED AND COMPLETED. THE LIST CAN BE USED IN LIEU OF THE WATER USE REPORT FORM TO FILL IN THE DELINQUENT DATA.

PLEASE ADVISE THIS OFFICE AS TO THE STATUS OF THIS SPECIAL CONDITION REPORTING REQUIREMENT.

SHOULD YOU NEED FORMS FOR FUTURE REPORTING OF DATA OR HAVE ANY QUESTIONS REGARDING YOUR REPORTING REQUIREMENTS, PLEASE CONTACT ME AT EXTENSION 4313.

SINCERELY,

(SIGNED)
TONYA PARKER, PERMIT DATA SPECIALIST
RECORDS & DATA DEPARTMENT

ENCLOSURE: AS STATED

CC: FILE OF RECORD (BARTOW)

2/3/01
Per Diane Still, the District received the requested data & faxed her my letter of 12/18/00 identifying old & new water information.
PF
Need new

WUP NO.: 20 11531.001
PAGE 2

| DIST ID | USER ID | SEQ NO | RECORD DATE DUE | REPORT DATE DUE | COND # OFF OF PERMIT | COND CODE | DATA REQUIRED | DELINQUENT DATA |
|---|---|---|---|---|---|---|---|---|
| 3 | 1 | 1 | 12/00 | 01/01 | | 030 | REPORT METER READINGS | _____ |
| 6 | 2 | 1 | 12/00 | 01/01 | | 030 | REPORT METER READINGS | _____ |

IF THE LIST ABOVE IS ASSOCIATED WITH A WELL THAT HAS NOT BEEN CONSTRUCTED OR THERE IS NO PUMPING EQUIPMENT ON THE WELL(S), PLEASE INDICATE BELOW WITH A PROJECTION DATE OF WHEN THE WELL(S) WILL BE IN PRODUCTION. THIS WILL ENABLE OUR OFFICE TO SUSPEND THIS REPORTING REQUIREMENT UNTIL THAT DATE. PLEASE NOTE THAT THE DATA REQUIRED ABOVE MAY NOT PERTAIN TO A WELL.

COMMENTS:_____

_____

_____

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6899
(352)796-7211 OR 1-800-423-1476(FLORIDA ONLY) (SUNCOM 628-4150)

JANUARY 16, 2001

CYPRESS LAKES UTILITIES INC
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714

JAN 21 2001

SUBJECT: WATER USE PERMIT
APPLICATION NO. 20 011531.002
PROJECT NAME: NOT SPECIFIED

ON JANUARY 8, 2001, YOUR ABOVE APPLICATION WAS RECEIVED. PLEASE USE THIS NUMBER IN ALL CORRESPONDENCE. WITHIN 30 DAYS OF RECEIPT OF YOUR APPLICATION YOU WILL RECEIVE A REQUEST FOR ADDITIONAL INFORMATION OR A NOTICE STATING YOUR APPLICATION IS COMPLETE.

PLEASE BE AWARE OF CHOICES YOU HAVE IN ORDER TO ADDRESS ANY DISAGREEMENTS THAT MAY ARISE DURING THE PERMITTING PROCESS. IF A REGULATION-RELATED DISAGREEMENT OCCURS BETWEEN AN APPLICANT AND A DISTRICT STAFF MEMBER WHICH CANNOT BE RESOLVED AT STAFF LEVEL, THE APPLICANT SHOULD 1)APPEAL THE CONTESTED ISSUES BY MEETING WITH THE STAFF MEMBER'S MANAGER. IF A RESOLUTION IS NOT REACHED, THE APPLICANT SHOULD 2)SEEK A MEETING WITH THE REGULATION DEPARTMENT DIRECTOR. IF A RESOLUTION IS NOT REACHED, THE APPLICANT SHOULD 3)SEEK TO MEET WITH THE DEPUTY EXECUTIVE DIRECTOR OF REGULATION AND THE TECHNICAL SERVICES DIRECTOR. IF A RESOLUTION IS NOT REACHED, THE APPLICANT SHOULD 4)SEEK A MEETING WITH THE EXECUTIVE DIRECTOR. THE ONLY REQUIREMENT IS THAT THE PROCESS MUST BE FOLLOWED SEQUENTIALLY.

PLEASE CONTACT OUR BARTOW REGULATORY DEPARTMENT AT (941) 534-1448 OR 1-800-492-7862 (FLORIDA ONLY) IF YOU HAVE ANY QUESTIONS REGARDING THE EVALUATION OF YOUR APPLICATION.

SINCERELY,

(SIGNED)
TERESA RHODES
RECORDS AND DATA DEPARTMENT

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (8)
Field Employees

Test Year Ended December 31, 2005

**Employees Involved in Cypress Lakes Utilities, Inc. Operations During Test Year 2005:**

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

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

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

Lee Neal, Area Manager: Supervises the day-to-day operations for the systems within the West Coast Operations area.

***Field Employees:***

David Shoffstall, Lead Operator ("C" Water License, "C" Wastewater License): Mr. Shoffstall is responsible for overseeing the day-to-day operations of the Cypress Lakes water and wastewater facilities.

Keith Schneider, Operator ("C" Water License, "C" Wastewater License)"

*Facilities:*

The minimum staffing requirement at the Cypress Lakes wastewater plant is 6 hours per day, 7 days per week and a weekend visit by a minimum Class "C" wastewater operator. The minimum staffing requirement at the Cypress Lakes water treatment plant is ½ hour per day, six days per week.

*Duties and Responsibilities:*

a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.

b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.

c) Submit complete, accurate and timely periodic plant operating reports.

d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.

e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.

f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.

g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.

h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.

i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (9)
Vehicles

Test Year Ended December 31, 2005

## FL Vehicles as of 5-5-06

| Veh. # | Yr/Make/Model | VIN | Driver Assigned | Cost | Company Name |
|---|---|---|---|---|---|
| 9934 | 99 DODGE DAKOTA | 1B7FL26X6XS261957 | CORY SUDOL | $15,678.58 | Alafaya Utilities, Inc. |
| 9932 | 99 DODGE DAKOTA | 1B7FL26XXXS277898 | NO DRIVER YET | $15,467.19 | Alafaya Utilities, Inc. |
| 636 | 06 CHEV COLORADO | 1GCCS146568234592 | JEROME HAMPTON | $16,622.26 | Alafaya Utilities, Inc. |
| 221 | 02 CHEVY S-10 | 1GCCS14W428209130 | ROGER GRAY | $13,356.21 | Alafaya Utilities, Inc. |
| 19 | 00 CHEV CS10803 | 1GCCS14W9YK196208 | CARL ZUBEK | $15,363.17 | Alafaya Utilities, Inc. |
| 610 | 06 CHEV C15 V-8 | 1GCEC14V86Z103857 | MICHAEL OVERTON | $18,681.44 | Alafaya Utilities, Inc. |
| 311 | 03 CHEV C15 FULL | 1GCEC14X23Z114639 | EDWARD ROBERTS | $19,053.10 | Alafaya Utilities, Inc. |
| 308 | 03 CHEV C15 FULL | 1GCEC14X83Z115665 | SCOTT LEARNED | $19,053.10 | Alafaya Utilities, Inc. |
| 431 | 04 CHEV C25 | 1GCHK24U04E296751 | DON TAYLOR | $25,036.88 | Alafaya Utilities, Inc. |
| 24 | 00 CHEV S-10 | 1GCCS14W9YK229577 | ALVIN BISHOP | $15,099.10 | Bayside Utility Services, Inc. |
| 638 | 06 CHEV C15 | 1GCEC14V86E197990 | ALVIN BISHOP | $18,923.65 | Bayside Utility Services, Inc. |
| 8691 | 86 INTERNATIONAL | 1HTLDTVN2GHA45725 | VACUUM TRUCK | $11,026.85 | Bayside Utility Services, Inc. |
| 223 | 02 CHEVY S-10 | 1GCCS14W628209453 | WILLIAM NEAL | $13,356.21 | Cypress Lakes, Utilities, Inc. |
| 608 | 06 CHEV C15 V-8 | 1GCEC14V26Z102011 | DAVID SHOFFSTALL | $18,681.44 | Cypress Lakes, Utilities, Inc. |
| 16 | 00 CHEV CS10803 | 1GCCS14W2YK195806 | HARRY HOFF | $15,363.17 | Eastlake Water Service, Inc. |
| 9808 | 98 DODGE DAKOTA | 1B7FL26X6WS604943 | JAMES ESKEW | $15,312.81 | Labrador Utilities, Inc. |
| 427 | 04 CHEV C15 FULL | 1GCEC14X94Z275720 | SHANTAVIOUS RAINEY | $17,763.05 | Labrador Utilities, Inc. |
| 508 | 05 CHEV C25 4X4 | 1GBHK24UX5E233792 | VARIOUS | $24,607.70 | Mid-County |
| 103 | 01 CHEV S10 | 1GCCS14W01K129325 | MATTHEW GUNTHER | $15,053.85 | Mid-County |
| 9833 | 98 CHEV S-10 | 1GCCS14X2WK245013 | STEVEN SZCZEPKOWSKI | $16,047.78 | Mid-County |
| 111 | 01 CHEV 1500 | 1GCEC14W81Z185977 | SPARE | $16,965.92 | Mid-County |
| 461 | 04 CHEV C15 | 1GCEC14X24Z336714 | ROBERT BUONO | $16,588.04 | Mid-County |
| 9928 | 99 DODGE DAKOTA | 1B7FL26X4XS261955 | LENNY GODWIN | $15,493.25 | Sandalhaven |
| 426 | 04 CHEV C15 FULL | 1GCEC14X44Z274751 | MIKE MONAT | $17,763.05 | Sandalhaven |
| 9935 | 99 DODGE DAKOTA | 1B7FL26X1XS277899 | HAROLD EBERT | $16,056.16 | Sanlando Utilities, Inc. |
| 9933 | 99 DODGE DAKOTA | 1B7FL26X4XS277900 | NO DRIVER YET | $15,659.79 | Sanlando Utilities, Inc. |
| 9931 | 99 DODGE DAKOTA | 1B7FL26X6XS261956 | RAY HOGUE | $15,493.25 | Sanlando Utilities, Inc. |
| 9927 | 99 DODGE DAKOTA | 1B7FL26XXXS261958 | JIM SWEGHEIMER | $15,792.00 | Sanlando Utilities, Inc. |
| 9602 | 96 FORD RANGER REGULAR | 1FTCR10X1TUB67972 | SPARE | $16,085.99 | Sanlando Utilities, Inc. |
| 516 | 05 CHEV COLORADO | 1GCCS146358238591 | DOUG GOODWIN | $18,484.14 | Sanlando Utilities, Inc. |
| 101 | 01 CHEV S10 | 1GCCS14W01K129261 | ROBERTO REMIGIO | $15,053.85 | Sanlando Utilities, Inc. |
| 220 | 02 CHEVY S-10 | 1GCCS14W128209201 | ROY MERICLE | $13,356.21 | Sanlando Utilities, Inc. |
| 14 | 00 CHEV CS10803 | 1GCCS14W1YK195845 | ALEXANDER LORENZO | $15,363.17 | Sanlando Utilities, Inc. |
| 102 | 01 CHEV S10 | 1GCCS14W71K129239 | ELISA STEGER | $15,516.86 | Sanlando Utilities, Inc. |
| 9835 | 98 CHEV S-10 | 1GCCS14X0WK247116 | SPARE | $16,290.61 | Sanlando Utilities, Inc. |
| 9834 | 98 CHEV S-10 | 1GCCS14X6WK246309 | THOMAS KEYS | $16,143.89 | Sanlando Utilities, Inc. |
| 110 | 01 CHEV 1500 | 1GCEC14V11E249162 | KEVIN COOPER | $18,690.29 | Sanlando Utilities, Inc. |
| 109 | 01 CHEV 1500 | 1GCEC14V31E249471 | JEFF PINDER | $19,066.93 | Sanlando Utilities, Inc. |
| 217 | 02 CHEVY C15 FULL | 1GCEC14V32Z313941 | DALE WHITE | $17,238.08 | Sanlando Utilities, Inc. |
| 18 | 00 CHEV 1500 | 1GCEC14V6YE249071 | THOMAS ABENDROTH | $19,049.81 | Sanlando Utilities, Inc. |
| 108 | 01 CHEV 1500 | 1GCEC14V91E265755 | MATTHEW MORRELL | $18,735.55 | Sanlando Utilities, Inc. |
| 113 | 01 CHEV 1500 | 1GCEC14W21Z187837 | JIMMIE HOLLISTER | $17,472.60 | Sanlando Utilities, Inc. |
| 107 | 01 CHEV 1500 | 1GCEC14W71Z185310 | JAMES PENDARVIS | $17,227.78 | Sanlando Utilities, Inc. |
| 112 | 01 CHV 1500 | 1GCEC14W81Z183727 | SHAWN EBERT | $16,965.92 | Sanlando Utilities, Inc. |
| 312 | 03 CHEV C15 FULL | 1GCEC14X03Z114378 | MICK SHUE | $19,053.10 | Sanlando Utilities, Inc. |
| 305 | 03 CHEV C15 FULL | 1GCEC14X63Z115177 | FRED QUINLAN | $22,478.87 | Sanlando Utilities, Inc. |
| 433 | 04 FORD F-750 | 3FRXF75424V600407 | SANLANDO DUMP TRUCK | $63,896.30 | Sanlando Utilities, Inc. |
| 304 | 03 CHEV C15 FULL | 1GCEC14X23Z115810 | JERRY HAHN | $19,372.92 | Tierre Verde |
| 8926 | 89 FORD F-350 | 1FDKF37G5KNA56982 | DUMP TRUCK | $31,061.22 | Utilities, Inc, of Florida |
| 9765 | 97 PONTIAC GRAND AM | 1G2WP5216WF270000 | NO DRIVER YET | $15,000.00 | Utilities, Inc, of Florida |
| 35 | 00 CHEV C25 BOOM | 1GBGK24R5YF484662 | CENTRAL FL BOOM TRUCK | $35,922.85 | Utilities, Inc, of Florida |
| 503 | 05 CHEV COLORADO | 1GCCS146658179178 | CHRIS PHILLIPS | $16,750.47 | Utilities, Inc, of Florida |
| 612 | 06 CHEV COLORADO | 1GCCS146768129150 | CHRIS ALDAY | $16,471.74 | Utilities, Inc, of Florida |
| 637 | 06 CHEV C15 | 1GCEC14V96E197609 | JEFF FINEHIRSH | $18,923.65 | Utilities, Inc, of Florida |
| 222 | 02 CHEVY C15 FULL | 1GCEC14W12Z314210 | CHARLES SCHWADES | $16,461.98 | Utilities, Inc, of Florida |
| 424 | 03 CHEV C15 FULL | 1GCEC14X04Z274231 | ALLEN FINCH | $17,763.05 | Utilities, Inc, of Florida |
| 436 | 04 CHEV C15 FULL | 1GCEC14X24Z201474 | JACK ADKINS | $17,503.53 | Utilities, Inc, of Florida |
| 301 | 03 CHEV C15 FULL | 1GCEC14X63Z115146 | STEVE HABERY | $19,053.10 | Utilities, Inc, of Florida |
| 422 | 04 CHEV C15 EXT CAB | 1GCEC19VX4Z270758 | RICHARD RETZ | $21,654.48 | Utilities, Inc, of Florida |
| 509 | 05 CHEV C15 4X4 EXT | 1GCEK19T35E230984 | JOHN MARINELLI | $28,037.52 | Utilities, Inc, of Florida |
| 639 | 06 CHEV C15 4X4 EXT | 1GCEK19Z26Z225726 | BILL COATES | $24,891.62 | Utilities, Inc, of Florida |
| 428 | 04 CHEV S10 TRAILBLAZER | 1GNDT13S442340667 | BRYAN GONGRE | $27,109.73 | Utilities, Inc, of Florida |
| 512 | 05 CHEV TAHOE | 1GNEC13T85R199267 | PATRICK FLYNN | $37,478.51 | Utilities, Inc, of Florida |
| 650 | 06 CHEV TAHOE 4X4 | 1GNEK13TX6R148941 | JOHN HOY | $32,505.83 | Utilities, Inc, of Florida |
| 9250 | 92 DODGE | 2B7GB11X5NK163811 | SEWER VIDEO EQUIP VAN | $0.00 | Utilities, Inc, of Florida |
| 242 | 02 CHEVY IMPALA | 2G1WF55E329381533 | SCOTTY HAWS | $19,351.00 | Utilities, Inc, of Florida |
| 9925 | 99 CHEV LUMINA | 2G1WL52M1X9177423 | KATHY SILLITOE | $17,132.82 | Utilities, Inc, of Florida |
| 453 | 04 CHEV C15 EXT CAB | 2GCEC19T341374628 | TONY WIERZBICKI | $22,987.16 | Utilities, Inc, of Florida |
| 609 | 06 CHEV C25 | 2GCEC19VX61115736 | SCOTT STEWART | $22,387.19 | Utilities, Inc, of Florida |
| 129 | 01 CHEV FULL 1500 4WD | 2GCEK19T111381348 | WILLIAM NEAL | $24,967.07 | Utilities, Inc, of Florida |
| 33 | 00 DODGE DAKOTA | 1B7GG22X7YS753556 | SPARE | $20,427.35 | Utilities, Inc. of Pennbrooke |
| 105 | 01 CHEV S10 | 1GCCS14WX18159350 | JAMES YINGLING | $15,998.46 | Utilities, Inc. of Pennbrooke |
| 314 | 03 CHEV C15 FULL | 1GCEC14X43Z114271 | STEVEN PFOUTS | $19,053.10 | Utilities, Inc. of Pennbrooke |
| 511 | 05 CHEV C15 REG CAB | 1GCEC14X75Z230180 | DAN ANDERSON | $18,064.18 | Utilities, Inc. of Pennbrooke |

# ADDITIONAL ENGINEERING INFORMATION

GO TO VOLUME III a

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

Test Year Ended December 31, 2005

ORIGINAL

# FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

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## ADDITIONAL ENGINEERING INFORMATION

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CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

# VOLUME III a

Test Year Ended December 31, 2005

2 of 2
DOCUMENT NUMBER-DATE
04239 MAY 15 08
FPSC-COMMISSION CLERK

CYPRESS LAKES UTILITIES, INC.

DOCKET NO.: 060257-WS

POLK COUNTY

25.30-440 (10)
Customer Complaints

Test Year Ended December 31, 2005

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 1
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 890595
ACCOUNT# :. 006720006903
CUSTOMER NAME :. FREY,EVERT
SERVICE ADDRESS:. 9413 TOP FLIGHT DR
PHONE :. 863/858-0848
EDATE :. 01/20/05
TYPE :. 01
FOPER :.
COMMENT :. PLEASE REREAD METER. CHECK FOR LEAKS
. TAG DOOR WITH FINDINGS
RESOLUTION :. 1/21/05-175390-NO LEAKS
. 1/8/05- 175230-CORRECT READ THAT WAS BILLED
. SR/DB
.
RDATE :. 01/21/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 890810
ACCOUNT# :. 006720006061
CUSTOMER NAME :. WILLIAMS,JANE
SERVICE ADDRESS:. 2429 SANDCRANE TRL
PHONE :. 863/853-4757
EDATE :. 01/21/05
TYPE :. 01
FOPER :.
COMMENT :. RE-READ-& SINCE CUSTOMER READ METER & THEIR READ IS UNDER OUR PRIOR READ
. 1/7/05-708700
. PAGED TO DAVE S
RESOLUTION :. 1/21/05-READ 708100
. 1/7/05- READ 708700-MIS READ DID ADJUSTMENT 1/24/05
.
. 1/7/05-ADJUSTED READ 706860-ADJ CONS 2460
.
. WATER CR; -4.48 - 1840-CONS CR
. SEWER CR; -5.24 - 1840-CONS CR
. TAX CR; - .36
. TOTAL CR; -10.08-
. SR/DB
RDATE :. 01/21/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 901261
ACCOUNT# :. 006720004141
CUSTOMER NAME :. NICHOLSON,MATTHEW

Cypress Lakes

SERVICE ADDRESS:. 2247 CYPRESS CROSS LP
PHONE :. 863/815-1818
EDATE :. 02/25/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER HAS NEW METER AND THE CONS IS SHOWING 9300 GALS FOR ONE
. MONTH. HIS AVG SINCE 4/04 IS LESS THAN 1000 EACH MONTH. PLEASE READ
. METER EACH DAY FOR 5 DAYS: 2/28/05 3/1/05 3/2/05 3/3/05 3/4/05
.
. NEED TO OBTAIN AVG DAILY USAGE.CUST WILL BE AWAY WEEK OF 3/7/05

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(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 2
 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



RESOLUTION      :. 2/3/05-READ 9310
                 . 2/28   READ 19870
                 . 3/1    READ 20470
                 . 3/2    READ 20510
                 . 3/3    READ 20980
                 . 3/4    READ 21430
                 . *****1/6/05- NEW METER INSTALLED THIS IS WHY HER CONSUMPTION
IS HIGHER**
                 . 3/4 READ 21430 - 2/3 READ 9310 = CONS 12,120
                 . 2/3 READ 93102 - 1/6 READ 10   = CONS 9,300
                 . ***METER IS CORRECT-IF WANTS METER TEST CHARGE IS $25**SHANE
R/DB
RDATE           :. 03/04/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 903175
ACCOUNT#        :. 006720000260
CUSTOMER NAME   :. CYPRESS LAKES ASSOCIATES,
SERVICE ADDRESS:. 2111  FIRESTONE WAY
PHONE           :. 863/859-1431
EDATE           :. 03/04/05
TYPE            :. 01
FOPER           :.
COMMENT         :. READ METER-CK FOR LEAKS
                 . 2/3/05-READ 980250 TOO HIGH**-OFFICE NOTE;**ADJUSTMENT FOR
SURE**
                 . CALL SHARON @ CYPRESS LAKES OFFICE; 1-863-859-1431-WHEN
ADJUSTMENT DONE
RESOLUTION      :. 3/4/05-READ 104470-
                 . 2/3/05-READ 98020-S/B
                 . 2/3/05-READ 980250-HAD TOO MANY DIGITS WHEN BILLED**
                 .
                 . NEW BILL $28.89-DB DID ADJUSTMENT & PHONED SHARON W/CYPRESS
LANDINGS
                 . SR/DB
RDATE           :. 03/04/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 907988
ACCOUNT#        :. 006720009621
CUSTOMER NAME   :. SHIRATO,EDWARD
SERVICE ADDRESS:. 9205  SPIKERUSH CT
PHONE           :. 267/237-0541
EDATE           :. 03/21/05
TYPE            :. 01
FOPER           :.
COMMENT         :. RE-READ METER. CUSTOMER COMPLAINING OF HIGH CONSUMPTION. CHECK
```

Cypress Lakes

```
                . FOR LEAKS. ADVISE CUSTOMER.
RESOLUTION     :. R=74730
                . METER #18721933
                . NO VISIBLE LEAKS DETECTED. SPOKE WITH CUSTOMER ABOUT FINDINGS.
                . DS/KIM
RDATE          :. 03/22/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 917164
ACCOUNT#       :. 006720007562
CUSTOMER NAME  :. DANIELS,GEORGE
SERVICE ADDRESS:. 9367  HOOSIER CIR
PHONE          :. 863/853-5921
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 3
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

EDATE :. 04/18/05
TYPE :. 01
FOPER :. CLU
COMMENT :. REREAD AND CHECK FOR LEAKS
. 4/6/05 METER READ 215260 CONS 7480
RESOLUTION :. 4/19/05-READ 219180
. 4/6/05- READ 215260
. **WET INSIDE METER PIT, BUT COULD NOT DETECT ANY VISIBLE LEAKS @ METER
. TAGGED DOOR
. SZ/DB
RDATE :. 04/19/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 918386
ACCOUNT# :. 006720004271
CUSTOMER NAME :. HOWZE,EVERTTE
SERVICE ADDRESS:. 2421 BIG CYPRESS BLVD
PHONE :. 615/223-7398
EDATE :. 04/21/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER'S CONSUMPTION TRIPLED. PLEASE RE-READ METER AND CHECK FOR
. LEAKS. ADVISE CUSTOMER OF FINDINGS
RESOLUTION :. 4/25/05 255400-NO LEAKS-SPOKE TO CUSTOMER
. 4/6/05 251480
. 3/4/05 241260
. SZ/DB
RDATE :. 04/25/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 922562
ACCOUNT# :. 006720048130
CUSTOMER NAME :. CYPRESS LAKES ASSOCIATION,
SERVICE ADDRESS:. CYPRESS LAKES BLVD
PHONE :. 863/859-1431
EDATE :. 05/04/05
TYPE :. 01
FOPER :.
COMMENT :. READ & CHECK FOR LEAKS, GO TO OFFICE & ASK FOR SHARON; SHE NEEDS THE
. RESULTS HER PH; 863-859-1431-OR CALL
. 4/6 3804600
. 3/4 3597800
RESOLUTION :. 5/5/05-READ 3933600-NO LEAKS FOUND
. 4/6/05-READ 3804600

Cypress Lakes

```
                . DS/DB
                .
                . ***DB LEFT MESSAGE SINCE SHARON WAS IN A MEETING-THAT BILL IS
CORRECT
                . & SHE NEED TO INVESTIGATE ON HER END
                .
RDATE           :. 05/05/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER# :. 927816
ACCOUNT#        :. 006720000102
CUSTOMER NAME   :. PARNEY ,GEORGE
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 4
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 2112 FIRESTONE WAY
PHONE :. 863/859-7574
EDATE :. 05/19/05
TYPE :. 01
FOPER :. CLU
COMMENT :. REREAD AND CHECK FOR LEAK
. 5/5/05 METER READ 306510 CONS 16250
. TAG HOME WITH FINDINGS
RESOLUTION :. 5/20/05 317470-NO LEAKS
. 4/6/05 290260
. SR/DB
.
. **TAGGED WITH FINDINGS**
RDATE :. 05/20/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 928625
ACCOUNT# :. 006720000501
CUSTOMER NAME :. FETTERS,HELEN
SERVICE ADDRESS:. 2218 FIRESTONE WAY
PHONE :. 863/858-7528
EDATE :. 05/23/05
TYPE :. 01
FOPER :.
COMMENT :. SON CALLED DUE TO HIGH BILLING.
. PLEASE REREAD & CHECK FOR LEAKS
. TAG DOOR WITH YOUR FINDINGS.
.
. 5/5/05 MR=192570
RESOLUTION :. 5/24/05 READ 196080
. 5/5/05 READ 192570-CORRECT
. TAGGED DOOR W/FINDINGS-SPOKE TO CUSTOMER. POSSIBLE SPRINKLER
OR
. IRRIGATION SYSTEM
. SR/DB
RDATE :. 05/24/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 930079
ACCOUNT# :. 006720001481
CUSTOMER NAME :. SMITH,JOHN
SERVICE ADDRESS:. 2140 SABAL PALM DR
PHONE :. 941/853-4972
EDATE :. 05/26/05
TYPE :. 01
FOPER :.

Cypress Lakes

```
COMMENT          :. CHECK FOR LEAKS, CUSTOMER COMPLAINING OF CONSUMPTION. PLEASE
ADVISE
                  .
RESOLUTION       :. 5/27/05-READ 357680-NO LEAKS-TAGGED
                   . 5/5/05  READ 357370
                   . SR/DB
RDATE            :. 05/27/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 937735
ACCOUNT#         :. 006720000272
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 5
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. ROCKER,KAREN
SERVICE ADDRESS:. 2105 FIRESTONE WAY
PHONE :. 863/858-7808
EDATE :. 06/17/05
TYPE :. 01
FOPER :.
COMMENT :. MS. CALLED DUE TO HIGH BILLING. SHE IS UP NORTH AND THE IRRIGATION
. SYSTEM ONLY RUNS TWICE A WEEK. PLEASE REREAD AND CHECK FOR LEAKS.
. CALL DAUGHTER TO MEET YOU THERE FOR REREAD @ 863-859-3386
.
. 6/6/05 MR=267710
RESOLUTION :. 6/21/05-READ 271400
. 6/6/05 READ 267710
. SAW NO LEAKS-SON OF CUSTOMER PRESENT
. SR/DB
.
.
RDATE :. 06/21/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 937816
ACCOUNT# :. 006720007823
CUSTOMER NAME :. HENDRICKS,JAMES
SERVICE ADDRESS:. 9479 MAX FLY DR
PHONE :. 863/853-4200
EDATE :. 06/20/05
TYPE :. 01
FOPER :.
COMMENT :. PLEASE REREAD METER AND CHECK FOR LEAKS
. CUSTOMER SAYS SHE HAS BEEN AWAY SINCE 4/30/05 AND T/OFF AT HOUSE VALVE.
. TAG W/ FINDINGS
.
.
RESOLUTION :. 6/21/05-READ 301570-NO LEAKS-TAGGED
. 6/7/05 301590
. **ONLY 20 GALS DIFFERENCE FROM LAST READ-PROBABLY FROM CHECKING TO SEE
. IF METER STUCK**
. SR/DB
RDATE :. 06/21/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 937855
ACCOUNT# :. 006720007042

Cypress Lakes

```
CUSTOMER NAME   :. SULLIVAN,PAUL
SERVICE ADDRESS:. 9441  BIG APPLE LN
PHONE           :. 863/853-4100
EDATE           :. 06/20/05
TYPE            :. 01
FOPER           :.
COMMENT         :. REREAD METER DUE TO HIGH BILL
                 . CHECK FOR LEAKS
                 . TAG DOOR W/ FINDINGS
                 . CUSTOMER WILL BE CALLING BACK
RESOLUTION      :. 6/21/05-READ 63100-NO LEAKS-TAGGED-& SPOKE TO CUSTOMER
                 . 6/6/05  READ 57810
                 . SR/DB
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 6
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 06/21/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 939025
ACCOUNT# :. 006720008311
CUSTOMER NAME :. REITZ,JACK
SERVICE ADDRESS:. 1658 BIG CYPRESS BLVD
PHONE :. 941/853-2265
EDATE :. 06/22/05
TYPE :. 01
FOPER :.
COMMENT :. MS. CALLED DUE TO HIGH BILL
. SHE SAID THE READ TODAY IS 947800
. WE BILLED HER WITH A READ OF 948200
. REREAD AND ADJUST AS NECESSARY
RESOLUTION :. 6/23/05-READ 948000
. 6/7/05- READ 948200- MIS READ
. **DID ADJUSTMENT ** WAS MIS READ 6/2/05
. WATER CR; - 5.31 -CONS CR -2180
. SEWER CR; - 6.21 " "
. TAX CR; - .42 " '
. WAS BILLED $50
. NEW CORRECT BILL AMT; $38.06
. SR/DB
RDATE :. 06/23/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 940070
ACCOUNT# :. 006720006474
CUSTOMER NAME :. TAMELING,HENRY
SERVICE ADDRESS:. 9324 TOP FLIGHT DR
PHONE :. 815/458-6965
EDATE :. 06/24/05
TYPE :. 01
FOPER :.
COMMENT :. MS. CALL FROM UP NORTH (SHE LEFT IN APRIL) SHE WANTS TO KNOW WHY HER
. BILL IS HIGH SINCE SHE TURNED THE WATER OFF WHEN SHE LEFT.
. MAKE SURE WATER IS OFF AT HOUSE AND REREAD.
. IS THERE A LEAK???
. 6/6/05 MR=692400
RESOLUTION :. 6/27/05-READ 694600-NO LEAKS-IRRIG IS OFF ?UNSURE WHY ?
. 6/6/05- READ 692400-BILLED
. SHAN/DB
RDATE :. 06/27/05

CORPýý----. 072

Cypress Lakes

```
ROUTE           :. 6
SERVICE ORDER#  :. 941238
ACCOUNT#        :. 006720015221
CUSTOMER NAME   :. STENGER,IRVIN
SERVICE ADDRESS:. 2376  LITTLE CYPRESS DR
PHONE           :.    /   -
EDATE           :. 06/28/05
TYPE            :. 01
FOPER           :.
COMMENT         :. REREAD METER DUE TO H/C
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 7
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. CHECK FOR LEAKS
. TAG DOOR W/ FINDINGS
RESOLUTION :. 6/29/05-READ 464690-NO LEAKS-TAGGED WITH RESULTS
. 6//7/05-READ 462420
.
. SR/DB
RDATE :. 06/29/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 884764
ACCOUNT# :. 006720000662
CUSTOMER NAME :. GOTH,MICHAEL
SERVICE ADDRESS:. 9544 CYPRESS LAKES DR
PHONE :. 716/934-7234
EDATE :. 01/03/05
TYPE :. 02
FOPER :.
COMMENT :. MS. CALLED TO REPORT HER METER IS NOT WORKING. SHE TOOK A READ WHEN SHE
. CAME HOME NEW YEAR'S EVE AND IT IS THE SAME THIS MORNING.
.
. PLEASE REPLACE METER
.
RESOLUTION :. 1/4/05-OLD METER READ 285520-OLD METER#96092393
. NO CONSUMPTION BILLED***
.
. 1/4/04-NEW READ; 10-NEW METER#19617009
. SZ/DB
RDATE :. 01/04/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 887325
ACCOUNT# :. 006720004141
CUSTOMER NAME :. NICHOLSON,MATTHEW
SERVICE ADDRESS:. 2247 CYPRESS CROSS LP
PHONE :. 863/815-1818
EDATE :. 01/10/05
TYPE :. 02
FOPER :.
COMMENT :. CHANGE METER OUT STUCK **ON MVR REPORT
RESOLUTION :. 1/11/05-OLD READ 1194700-OLD METER#19101264
. NO CONSUMPTION BILLED***
.
. 1/11/05-NEW READ; 10 NEW METER#19617010
. SZ/DB
RDATE :. 01/11/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888034
ACCOUNT# :. 006720003371
CUSTOMER NAME :. DUNCAN,JOHN
SERVICE ADDRESS:. 9516 MANILA CT
PHONE :. 941/859-1867
EDATE :. 01/12/05
TYPE :. 02
FOPER :.

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 8
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. METER STUCK FOUND ON MVR REPORT PER SHANE R-PLEASE INSTALL A
NEW METER
RESOLUTION       :. 1/13/05-OLD METER READ 449010-OLD METER#96092310
                  . NO CONSUMPTION BILLED***
                  .
                  . ESTIMATED A READ FOR BLLING** 1/7/05 "451537"
                  .
                  . 1/13/05-NEW READ; 10-NEW METER#29185775
                  .
                  . SR/DB
RDATE            :. 01/13/05

CORPýý----. 072
ROUTE            :. 4
SERVICE ORDER#   :. 896344
ACCOUNT#         :. 006720006111
CUSTOMER NAME    :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409  SANDCRANE TRL
PHONE            :. 863/853-5898
EDATE            :. 02/09/05
TYPE             :. 02
FOPER            :.
COMMENT          :. METER STUCL-PLEASE CHANGE OUT
                  . FOUND ON PRIOR MVR REPORT
RESOLUTION       :. 2/2/05-OLD READ 757990-OLD METER#93143676
                  . NO CONSUMPTION BILLED
                  .
                  . 2/2/05-NEW READ 10-NEW METER#30223705
                  . DS/DB
RDATE            :. 02/02/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 897121
ACCOUNT#         :. 006720001991
CUSTOMER NAME    :. MYERS,NYMPHAS
SERVICE ADDRESS:. 2058  RED CEDAR DR
PHONE            :. 941/859-6645
EDATE            :. 02/10/05
TYPE             :. 02
FOPER            :.
COMMENT          :. PLEASE INSTALL A NEW METER SINCE FOUND THIS STUCK ON MVR
REPORT
RESOLUTION       :. 2/4/05-OLD READ; 355830-OLD METER#9607689
                  . NO CONSUMPTION BILLED**
                  . 2/4/05-NEW READ;10-NEW METER#30223702
                  . DS/DB
RDATE            :. 02/04/05
```

Cypress Lakes

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 897242
ACCOUNT# :. 006720005761
CUSTOMER NAME :. BOWEN,ED
SERVICE ADDRESS:. 1358 BIG CYPRESS BLVD
PHONE :. 941/858-3875
EDATE :. 02/11/05
TYPE :. 02
FOPER :.
COMMENT :. PLEASE INSTALL A NEW METER-IS STICKING PER MVR REPORT

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 9
 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



RESOLUTION      :. 2/17/05-OLD READ 1208800-OLD METER#39013645
                 . NO CONSUM[TION TO BILL***
                 .
                 . 2/17/05-NEW READ 10-NEW METER#29185764
                 . SHANE/DB
RDATE           :. 02/17/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 897266
ACCOUNT#        :. 006720006871
CUSTOMER NAME   :. AVON,BRIAN
SERVICE ADDRESS:. 9405  TOP FLIGHT DR
PHONE           :. 863/859-2221
EDATE           :. 02/11/05
TYPE            :. 02
FOPER           :.
COMMENT         :. INSTALL A NEW METER SINCE FOUND THIS METER STUCK ON MVR REPORT
RESOLUTION      :. 2/17/05-OLD READ 485370-OLD METER#92042714
                 . NO CONSUMPTION BILLED***
                 .
                 .
                 . 2/17/05-NEW READ 10-NEW METER#30223688
                 . SHANE/DB
RDATE           :. 02/17/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 904815
ACCOUNT#        :. 006720000831
CUSTOMER NAME   :. STEWART,ARTHUR
SERVICE ADDRESS:. 9553  CYPRESS LAKES DR
PHONE           :. 941/859-6339
EDATE           :. 03/09/05
TYPE            :. 02
FOPER           :.
COMMENT         :. PLEASE INSTALL A NEW METER SINCE STUCK-FOUND ON MVR REPORT -
PER SHANE R
                 .     :-)
RESOLUTION      :. 3/10/05-OLD READ 322189-OLD METER#96092397
                 . NO CONSUMPTION BILLED***
                 .
                 . 3/10/05-NEW READ 10-NEW METER#30223682
                 . SHANE R/DB
RDATE           :. 03/10/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 904817
```

Cypress Lakes

```
ACCOUNT#         :. 006720004011
CUSTOMER NAME    :. LANDRY,RALPH
SERVICE ADDRESS:. 2258  CYPRESS CROSS LP
PHONE            :. 941/858-9143
EDATE            :. 03/09/05
TYPE             :. 02
FOPER            :.
COMMENT          :. PLEASE INSTALL A  NEW METER -FOUND STUCK ON MVR REPORT PER
SHANE R
RESOLUTION       :. 3/10/05-OLD READ 929200-OLD METER#19101265
                  . NO CONSUMPTION BILLED***
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                .
                . 3/10/05-NEW READ 10-NEW METER#30223683
                . SHANE R/DB
RDATE          :. 03/10/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 905172
ACCOUNT#       :. 006720010511
CUSTOMER NAME  :. BOSNER,ALFRED
SERVICE ADDRESS:. 2909  PEAVINE TRL
PHONE          :. 941/859-7550
EDATE          :. 03/10/05
TYPE           :. 02
FOPER          :.
COMMENT        :. PLEASE INSTALL A NEW METER-SINCE METER FOUND STUCK ON MVR
REPORT
RESOLUTION     :. 3/4/05-OLD READ 654570-OLD METER #7105309
                . NO CONSUMPTION BILLED***
                .
                . 3/4/05-NEW READ 10-NEW METER#30223685
                . SHANE R/DB
                .
RDATE          :. 03/04/05

CORPýý----. 072
ROUTE          :. 2
SERVICE ORDER# :. 908069
ACCOUNT#       :. 006720004682
CUSTOMER NAME  :. ZELLE,ROBERT
SERVICE ADDRESS:. 2308  PRESTWICK PASS
PHONE          :. 863/816-8215
EDATE          :. 03/21/05
TYPE           :. 02
FOPER          :.
COMMENT        :. MR. CALLED TO REPORT HIS METER IS NOT WORKING.
                . HE HAS BEEN HER FOR OVER A MONTH AND WAS BILLED ZERO
CONSUMPTION.
                . HE SAID HE LIFTED THE METER LID AND TURNED THE WATER ON AND
NOTHING
                . MOVED.
                . REPLACE METER
RESOLUTION     :. INSTALLED NEW METER #30223659 R=10  OLD METER #98025594
R=318880
                . SHAN/KIM
RDATE          :. 03/22/05

CORPýý----. 072
ROUTE          :. 4
```

Cypress Lakes

```
SERVICE ORDER# :. 915023
ACCOUNT#       :. 006720008332
CUSTOMER NAME  :. CABRAL,RICHARD E
SERVICE ADDRESS:. 1662  BIG CYPRESS BLVD
PHONE          :. 978/851-4695
EDATE          :. 04/12/05
TYPE           :. 02
FOPER          :.
COMMENT        :. REPLACE METER IS STUCK PER SHANE FROM MVR REPORT
RESOLUTION     :. 4/14/05-OLD READ 343590-OLD METER#94068877
                . NO CONSUMPTION BILLED***
                .
                .
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 4/14/05-NEW READ 10-NEW METER#29185802
                . SZ/DB
RDATE           :. 04/14/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 915029
ACCOUNT#        :. 006720007331
CUSTOMER NAME   :. LIDA,SID
SERVICE ADDRESS:. 9304  HOOSIER CIR
PHONE           :. 941/859-9648
EDATE           :. 04/12/05
TYPE            :. 02
FOPER           :.
COMMENT         :. REPLACE METER IS STUCK PER SHANE ON MVR REPORT
RESOLUTION      :. 4/14/05-OLD READ 628230-OLD METER#93010990
                . NO CONSUMPTION BILLED ***
                .
                .
                . 4/14/05-NEW READ 10-NEW METER#29185710
                . SHANE R/DB
RDATE           :. 04/14/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915085
ACCOUNT#        :. 006720001391
CUSTOMER NAME   :. POWELL,ROSWHITA
SERVICE ADDRESS:. 2103  SABAL PALM DR
PHONE           :. 941/853-4634
EDATE           :. 04/12/05
TYPE            :. 02
FOPER           :.
COMMENT         :. METER STUCK PER SHANE WHEN DOING MVR REPORT
                . PLEASE REPLACE METER
RESOLUTION      :. 4/14/05-OLD READ 386760-OLD METER#96076823
                . NO CONSUMPTION BILLED***
                .
                .
                . 4/14/05-NEW READ; 10-NEW METER#29185707
                . SHANE R/DB
RDATE           :. 04/14/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915238
ACCOUNT#        :. 006720002471
CUSTOMER NAME   :. BURKEMPER,JOAN
SERVICE ADDRESS:. 9721  CYPRESS LAKES DR
```

Cypress Lakes

| | | |
|---|---|---|
| PHONE | :. | 941/859-7480 |
| EDATE | :. | 04/12/05 |
| TYPE | :. | 02 |
| FOPER | :. | |
| COMMENT | :. | METER STUCK FOUND ON MVR REPORT PER SHANE-PLEASE CHANGE OUT |
| RESOLUTION | :. | 4/14/05-OLD READ 457870-OLD METER#96076930 |
| | . | NO CONSUMPTION BILLED** |
| | . | |
| | . | |

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 4/14/05-NEW READ 10-NEW METER#29185804
                . SHANE /DB
RDATE          :. 04/14/05

CORPýý----. 072
ROUTE          :. 2
SERVICE ORDER# :. 915282
ACCOUNT#       :. 006720004411
CUSTOMER NAME  :. AMELING,HOWARD
SERVICE ADDRESS:. 2115  CYPRESS CROSS DR
PHONE          :.    /   -
EDATE          :. 04/12/05
TYPE           :. 02
FOPER          :.
COMMENT        :. METER STUCK FOUND ON MVR REPORT-PLEASE INSTALL A NEW METER
                .
                .
RESOLUTION     :. 4/14/05-OLD READ 270310-OLD METER#97073794
                . NO CONSUMPTION BILLED***
                .
                .
                . 4/14/05-NEW READ; 10-NEW METER#29185805
                . SHANE R/DB
RDATE          :. 04/14/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 915447
ACCOUNT#       :. 006720006951
CUSTOMER NAME  :. KNOPE,JOHN
SERVICE ADDRESS:. 9411  BIG APPLE LN
PHONE          :. 941/858-7868
EDATE          :. 04/13/05
TYPE           :. 02
FOPER          :.
COMMENT        :. METER STUCK-FOUND ON MVR REPORT PER SHANE
                . PLEASE INSTALL A NEW METER
RESOLUTION     :. 4/14/05-OLD READ 708110-OLD METER#92042666
                . NO CONSUMPTION BILLED***
                .
                .
                . 4/14/05-NEW READ; 10-NEW METER#29185807
                . SZ/DB
RDATE          :. 04/14/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 920371
ACCOUNT#       :. 006720001804
```

Cypress Lakes

```
CUSTOMER NAME   :. EVANS,DOYLE
SERVICE ADDRESS:. 9520  CEDAR TREE LN
PHONE           :. 570/925-5196
EDATE           :. 04/27/05
TYPE            :. 02
FOPER           :.
COMMENT         :. METER STUCK CHANGED OUT -WHEN WENT FOR S.O. TO TEST METER
RESOLUTION      :. 4/26/05-OLD READ 579580-OLD METER#96076855
                 . NO CONSUMPTION BILLED***METER WAS STUCK***
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                .
                . 4/26/05-NEW READ; 10-NEW METER #29185711
                . SR/DB
RDATE          :. 04/26/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924634
ACCOUNT#       :. 006720003402
CUSTOMER NAME  :. WILLIAMS,RAYMOND
SERVICE ADDRESS:. 9502  MANILA CT
PHONE          :. 941/853-8279
EDATE          :. 05/10/05
TYPE           :. 02
FOPER          :.
COMMENT        :. INSTALL A NEW METER-IS STUCK PER SHANE FOUND ON MVR REPORT
RESOLUTION     :. 5/18/05-OLD READ 702950-OLD METER#96092306
                . NO CONSUMPTION BILLED
                .
                . 5/18/05-NEW READ; 10- NEW METER#29185706
                . SR/DB
RDATE          :. 05/18/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924636
ACCOUNT#       :. 006720003811
CUSTOMER NAME  :. DUTTON,CHARLES
SERVICE ADDRESS:. 9943  CYPRESS LAKES DR
PHONE          :. 941/853-7705
EDATE          :. 05/10/05
TYPE           :. 02
FOPER          :.
COMMENT        :. INSTALL A NEW METER-SINCE FOUND STUCK ON MVR REPORT PER SHANE
RESOLUTION     :. 5/18/05-OLD READ 363240-OLD METER#96092315
                . NO CONSUMPTION BILLED
                .
                . 5/18/05--NEW READ 10-NEW METER#29185735
                . SR/DB
RDATE          :. 05/18/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 934513
ACCOUNT#       :. 006720002742
CUSTOMER NAME  :. BURGESS,JUNE
SERVICE ADDRESS:. 9549  CYPRESS TREE LN
PHONE          :. 863/815-0382
EDATE          :. 06/09/05
```

Cypress Lakes

```
TYPE            :. 02
FOPER           :.
COMMENT         :. METER FOUND STUCK ON MVR REPORT-INSTALL A NEW METER
RESOLUTION      :. 6/13/05-OLD READ 832080-OLD METER#96076814
                 .
                 . 6/13/05-NEW READ 10-NEW METER#29185731
                 . NO CONSUMPTION BILLED**
                 . SR/DB
RDATE           :. 06/13/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 14
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 934980
ACCOUNT# :. 006720004612
CUSTOMER NAME :. MOGELNICKI,WILLIAM
SERVICE ADDRESS:. 2162 CYPRESS CROSS DR
PHONE :. 772/343-8981
EDATE :. 06/10/05
TYPE :. 02
FOPER :.
COMMENT :. METER STUCK FOUND ON MVR REPORT-INSTALL A NEW METER
RESOLUTION :. 6/14/05-OLD READ 662660-OLD METER#95050728
. NO CONSUMPTION BILLED***
.
. 6/14/05-NEW READ 10-NEW METER#29185733
. SR/DB
RDATE :. 06/14/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 903658
ACCOUNT# :. 006720004651
CUSTOMER NAME :. BRIMIGION,LINDA
SERVICE ADDRESS:. 2381 BIG CYPRESS BLVD
PHONE :. 941/853-9316
EDATE :. 03/07/05
TYPE :. 10
FOPER :.
COMMENT :. RE-READ METER, CUSTOMER COMPLAINING OF HIGH CONSUMPTION.
RESOLUTION :. 3/8/05-READ 51900
. 3/2/05-READ 49440
. 2/3/05-READ 44730
. SZ/DB
RDATE :. 03/08/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 917723
ACCOUNT# :. 006720001601
CUSTOMER NAME :. CONICELLI,TONY
SERVICE ADDRESS:. 2035 RED CEDAR DR
PHONE :. 941/859-5538
EDATE :. 04/19/05
TYPE :. 10
FOPER :.
COMMENT :. CUSTOMER HAS VERY HIGH CONSUMPTION. CUSTOMER SAYS THEY HAVE
NOT DONE
. ANYTHING DIFFERENT. PLEASE CHECK FOR LEAKS AND ADVISE
CUSTOMER.

Cypress Lakes

```
RESOLUTION      :. 4/20/05-READ 249070
                 . 4/6/05  READ 244950
                 . SPOKE TO CUSTOMER, NOTIFIED CUSTOMER HAS LEAK BEYOND METER
                 . SZ/DB
RDATE           :. 04/20/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 940614
ACCOUNT#        :. 006720003192
CUSTOMER NAME   :. KEEBLER,WILLIAM
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 15
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 9742 CYPRESS LAKES DR
PHONE :. 609/268-0101
EDATE :. 06/27/05
TYPE :. 10
FOPER :.
COMMENT :. RE-READ METER. CUSTOMER SAYS HE'S NORTH AND WATER IS NOT BEING USED?
. PLEASE CHECK FOR LEAKS
RESOLUTION :. 6/28/05-READ 295580
. 6/6/05- READ 293020
.
. *NO LEAKS FOUND**
. SR/DB
RDATE :. 06/28/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 890974
ACCOUNT# :. 006720015381
CUSTOMER NAME :. HOOK,FREDERIC
SERVICE ADDRESS:. 2344 LITTLE CYPRESS DR
PHONE :. 863/853-1000
EDATE :. 01/21/05
TYPE :. 16
FOPER :. CLU
COMMENT :. CUSTOMER SAID THAT COVER ON METER BOX BETWEEN HIS HOME AND THE
. NEIGHBOR'S WAS BLOWN AWAY DURING HURRICANE AND NEEDS TO BE REPLACED
RESOLUTION :. 2/3/05-REPLACED METER COVER
. SZ/DB
RDATE :. 02/03/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 899548
ACCOUNT# :. 006720006102
CUSTOMER NAME :. STEWART,CAROL
SERVICE ADDRESS:. 2413 SANDCRANE TRL
PHONE :. 813/763-0851
EDATE :. 02/18/05
TYPE :. 16
FOPER :.
COMMENT :. LUBRICATE VALVE OR REPLACE IF BAD-IS FROZEN
RESOLUTION :. 2/22/05-REPLACED METER LID-SHUT OFF VALVE IS ON SIDEWAYS-BUT CLOSED &
. OPENS FREELY-WILL LEAVE AS IS
. DS/DB
RDATE :. 02/22/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 900085
ACCOUNT# :. 006720015381
CUSTOMER NAME :. HOOK,FREDERIC
SERVICE ADDRESS:. 2344 LITTLE CYPRESS DR
PHONE :. 863/853-1000
EDATE :. 02/22/05
TYPE :. 16
FOPER :.
COMMENT :. PLEASE SEE METER COVER AGAIN CUSTOMER SAYS IT IS GONE.
RESOLUTION :. 2/23/05-READ 114060-REPLACED LID

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 16
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. SR/DB
RDATE :. 02/23/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 900761
ACCOUNT# :. 006720006102
CUSTOMER NAME :. STEWART,CAROL
SERVICE ADDRESS:. 2413 SANDCRANE TRL
PHONE :. 813/763-0851
EDATE :. 02/24/05
TYPE :. 16
FOPER :. CLU
COMMENT :. CUSTOMER SAYS THE LID FOR THE WATER METER BOX WILL NOT STAY ON THE
. BOX. PLEASE SECURE LID, REPLACE IF NECESSARY.
RESOLUTION :. 2/24/05-LID IS OK -HE REPLACED LID -IT WAS REPLACED 2 WEEKS PRIOR
. SR/DB
RDATE :. 02/24/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 902678
ACCOUNT# :. 006720013991
CUSTOMER NAME :. MARTINOLI,FRANK L
SERVICE ADDRESS:. 2248 BIG CYPRESS BLVD
PHONE :. 863/815-6002
EDATE :. 03/02/05
TYPE :. 16
FOPER :.
COMMENT :. MR. CALLED TO LET US KNOW HE IS INSTALLING A NEW LAWN AND WE NEED TO
. RAISE & LEVEL THE METER BOX. THIS WILL KEEP THE STAMDING WATER OFF THE
. METER.
RESOLUTION :. 3/3/05-READ 66810-2 METERS IN BOX, BOTH METERS NEED TO BE RAISED, METER
. BOX ALSO NEEDS TO BE RAISED, WILL RAISE NEXT WEEK BY 3/10/05
. SHANE R/DB
RDATE :. 03/03/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 921849
ACCOUNT# :. 006720015471
CUSTOMER NAME :. JOYCE,CYNTHIA M
SERVICE ADDRESS:. 2325 LITTLE CYPRESS DR
PHONE :. 863/815-1033

Cypress Lakes

```
EDATE          :. 05/02/05
TYPE           :. 16
FOPER          :. CLU
COMMENT        :. PLEASE RAISE WATER METER BOX AND CLEAN UP AREA AROUND METER
BOX.
                . CUSTOMER SAYS WE CAME OUT TO CHECK FOR A WATER LEAK LAST WEEK,
AND
                . LEFT DIRT ON TOP OF METER BOX.
RESOLUTION     :. 5/20/05-READ 218720-WIL SCHEDULE METER BOX TO BE RAISED
                . 6/2/05-CAN NOT RAISE METER BOX SINCE METER BOX IN DRAINAGE
LANE/DITCH
                . AND ENTIRE AREA WILL NEED TO BE GRADED
                . SR/DB
RDATE          :. 06/02/05

CORPýý----. 072
ROUTE          :. 1
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 17
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 927221
ACCOUNT# :. 006720001861
CUSTOMER NAME :. TOSKA,THOMAS
SERVICE ADDRESS:. 9548 CEDAR TREE LN
PHONE :. 941/853-1978
EDATE :. 05/18/05
TYPE :. 16
FOPER :.
COMMENT :. METER BOX OR LID IS GONE. PLEASE REPLACE
RESOLUTION :. 5/19/05-REPLACED METER LID-READ 24000
. SR/DB
RDATE :. 05/19/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 932260
ACCOUNT# :. 006720005803
CUSTOMER NAME :. BATROUNY,DONALD
SERVICE ADDRESS:. 2408 SAND WEDGE CT
PHONE :. 716/622-2253
EDATE :. 06/02/05
TYPE :. 16
FOPER :.
COMMENT :. PLEASE CHECK METER AND INSTALL LID
RESOLUTION :. 6/3/05-REPLACED LID-READ 1044800
. SR/DB
RDATE :. 06/03/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 934756
ACCOUNT# :. 006720009221
CUSTOMER NAME :. KUCENSKI,BOB
SERVICE ADDRESS:. 9233 SPATTERDOCK CT
PHONE :. 863/815-8441
EDATE :. 06/10/05
TYPE :. 16
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO METER NOT ABOVE GROUND AND LID NEED TO
BE REPACED
. PAGED TO SHAN
RESOLUTION :. 6/10/05-READ 380440-CHANGED OUT METER LID
. HEIGHT OF METER IS FINE
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 936226

Cypress Lakes

ACCOUNT# :. 006720004751
CUSTOMER NAME :. PREVOST,PIERRE
SERVICE ADDRESS:. 2336 PRESTWICK PASS
PHONE :. 941/853-9118
EDATE :. 06/15/05
TYPE :. 16
FOPER :.
COMMENT :. PLEASE REPLACE BOX AND LID
RESOLUTION :. 6/16/05-READ 1036900-REPLACED METER LID
. SR/DB

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 18
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 06/16/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 892123
ACCOUNT# :. 006720015471
CUSTOMER NAME :. JOYCE,CYNTHIA M
SERVICE ADDRESS:. 2325 LITTLE CYPRESS DR
PHONE :. 863/815-1033
EDATE :. 01/25/05
TYPE :. 17
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAK IN METER BOX.
. PAGED TO DAVE S
.
. CUSTOMER STATED THAT VERIZON HAS BEEN DIGGING IN AREA
.
RESOLUTION :. 1/25/05-READ 196550-LEAK ON CUSTOMERS SIDE AFTER METER & BACK FLOW
. DEVICE. SPOKE WITH CUSTOMER, INFORMED CUSTOMER. THAT A PLUMBER
. SHOULD BE CONSULTED.
. SZ/DB
RDATE :. 01/25/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 914868
ACCOUNT# :. 006720008611
CUSTOMER NAME :. FOREMAN,JAMES L
SERVICE ADDRESS:. 1738 BIG CYPRESS BLVD
PHONE :. 863/853-1826
EDATE :. 04/12/05
TYPE :. 17
FOPER :.
COMMENT :. JUST RESOULTION FOR THIS AFTER HRS CALL; 11:02AM-WATER LEAK @ METER
RESOLUTION :. 4/10/05-ARRIVED FOUND METER PIT FILLED WITH WATER. PUMPED OUT METER BOX.
. NOTICED LEAK @ METER SPUD ON CUSTOMERS SIDE. DUG UP METER BOX &
. FOUND THAT IT WAS NOT METER SPUD BUT FITTING INTO CUSTOMERS SIDE HAD
. RUSTED. NOTIFIED CUSTOMER THAT PLUMBER NEEDED TO BE CONSULTED.
. SZ/DB
RDATE :. 04/10/05

CORPýý----. 072

Cypress Lakes

```
ROUTE           :. 6
SERVICE ORDER#  :. 920541
ACCOUNT#        :. 006720015471
CUSTOMER NAME   :. JOYCE,CYNTHIA M
SERVICE ADDRESS:. 2325  LITTLE CYPRESS DR
PHONE           :. 863/815-1033
EDATE           :. 04/27/05
TYPE            :. 17
FOPER           :.
COMMENT         :. CUSTOMER SAYS METER IS FULL OF WATER AGAIN. PLEASE CHECK OUT
RESOLUTION      :. 4/28/05-READ 209610-PUMPED WATER OUT OF PIT. FOUND NO LEAKING
@METER
                 . OR CHECK VALVE.
                 . THERE WAS SOME LEAKAGE FROM CUSTOMER SIDE.  NOTIFIED CUSTOMER.
                 . COULD NOT DETERMINE IF WATER WAS POTABLE OR GROUND WATER.
                 . SR/DB
RDATE           :. 04/28/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 19
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 923073
ACCOUNT# :. 006720014161
CUSTOMER NAME :. CREEVY,JOHN A
SERVICE ADDRESS:. 2534 RED BIRD LN
PHONE :. / -
EDATE :. 05/05/05
TYPE :. 17
FOPER :.
COMMENT :. JUST NEED RESOLUTION FRO THIS AFTER HRS CALL 5/5/05-7:07AM
. WATER METER HAD A LEAK ?
RESOLUTION :. 5/5/05-LEAK WAS ON THE BACKFLOW GALVANIZED NIPPLE. LEAK WAS REPAIRED
. READ 161160
. DES/DB
.
RDATE :. 05/05/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 924097
ACCOUNT# :. 006720004271
CUSTOMER NAME :. HOWZE,EVERTTE
SERVICE ADDRESS:. 2421 BIG CYPRESS BLVD
PHONE :. 615/223-7398
EDATE :. 05/09/05
TYPE :. 17
FOPER :.
COMMENT :. JUST NEED RESOLTION FOR THIS AFTER HOURS CALL TO ANSWERING SERVICE FOR
. WATER METER LEAKING & READ
RESOLUTION :. 5/8/05-LEAK WAS ACTUALLY @ 2425-CUSTOMER OUT OF TOWN.
. DAVE SHORFSTALL TURNED SERVICES OFF. PROBLEM WAS ON CUSTOMERS SIDE PER
. DAVE S
. DB
RDATE :. 05/08/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 937903
ACCOUNT# :. 006720015471
CUSTOMER NAME :. JOYCE,CYNTHIA M
SERVICE ADDRESS:. 2325 LITTLE CYPRESS DR
PHONE :. 863/815-1033
EDATE :. 06/20/05
TYPE :. 17
FOPER :. CLU

Cypress Lakes

```
COMMENT          :. PLEASE CHECK FOR WATER LEAK AND THE METER AND PLACE LID ON BOX
                  . PROPERLY.      DISPATCHED TO DAVID S
RESOLUTION       :. 6/20/05-READ 222240-NO VISIBLE LEAKS-METER BOX IS IN LINE WITH
DRAINAGE
                  . DITCH.  SPOKE TO CUSTOMER.
                  . SR/DB
RDATE            :. 06/20/05

CORPýý----. 072
ROUTE            :. 2
SERVICE ORDER#   :. 937918
ACCOUNT#         :. 006720004612
CUSTOMER NAME    :. MOGELNICKI,WILLIAM
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 20
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 2162 CYPRESS CROSS DR
PHONE :. 772/343-8981
EDATE :. 06/20/05
TYPE :. 17
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS BEFORE HRS CALL TO ANSWERING SERVICE-7:48A
. WE ISNATLLED A NEW METER & IT IS LEAKING
RESOLUTION :. 6/20/05-METER CONNECTIONS WERE NOT TIGHT. TIGHTENED CONNECTIONS, METER
. NOT LEAKING
. SR/DB
RDATE :. 06/20/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 938038
ACCOUNT# :. 006720013991
CUSTOMER NAME :. MARTINOLI,FRANK L
SERVICE ADDRESS:. 2248 BIG CYPRESS BLVD
PHONE :. 863/815-6002
EDATE :. 06/20/05
TYPE :. 17
FOPER :.
COMMENT :. MR. CALLED TO REPORT A LEAK AT THE METER.
. PLEASE CHECK FOR LEAK AT THE METER & ALSO RAISE METER TO BE LEVEL WITH
. THE GRASS.
RESOLUTION :. 6/21/05-READ 77110-LOCATED LEAK ON CUSTOMERS SIDE IN METER BOX,
. TAGGED DOOR. LEAK IS @ 2244 BIG CYPRESS (NEIGHBORS)
. SR/DB
RDATE :. 06/21/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 938429
ACCOUNT# :. 006720013971
CUSTOMER NAME :. MERRITT,ROBERT
SERVICE ADDRESS:. 2244 BIG CYPRESS BLVD
PHONE :. 863/858-3825
EDATE :. 06/21/05
TYPE :. 17
FOPER :.
COMMENT :. PLEASE RESOLVE LEAK AT METER IF OURS.
. CUSTOMER SAYS SHE HAS CALLED AFTER HOURS DUE TO LARGE AMOUNT OF WATER
. LOSS.
. PAGED TO SHAN R

Cypress Lakes

RESOLUTION :. 6/24/05-READ 127450-CUSTOMER HAD LEAK ON THERE SIDE IN METER BOX
. CUSTOMER IS TO PHONE OFFICE WHEN REPAIR COMPLETED
. **ADJUSTMENT APPROVED BY KAREN S**
. SR/DB
.
RDATE :. 06/21/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 885922
ACCOUNT# :. 006720013782
CUSTOMER NAME :. OAKLEY,WARREN
SERVICE ADDRESS:. 9823 GRACKLE LP
PHONE :. 812/459-3450

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 21
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 01/05/05
TYPE            :. 18
FOPER           :. CLU
COMMENT         :. PLEASE TAG RESIDENCE:  "CALL OFFICE AND ASK FOR ELISE IN
REFERENCE
                 . TO THE AUTO DRAFT APPLICATION"
RESOLUTION      :. 1/6/05-READ 320840
                 . 12/7/04  MR 317860
                 . SPOKE TO CUSTOMER 1/6/05-DIRECTLY & DOOR TAG WAS GIVEN TO
CUSTOMER
                 . SZ/DB
RDATE           :. 01/06/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 897256
ACCOUNT#        :. 006720048021
CUSTOMER NAME   :. CYPRESS LAKES MAINTENANCE BLDG,
SERVICE ADDRESS:. 10000  US 98 NORTH
PHONE           :.    /   -
EDATE           :. 02/11/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 5565300-BILLED
                 . 1/6/05-READ 5512820
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 897316
ACCOUNT#        :. 006720010631
CUSTOMER NAME   :. RYMAM,WALTER
SERVICE ADDRESS:. 2933  PEAVINE TRL
PHONE           :. 863/815-0371
EDATE           :. 02/11/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ-ON MVR REPORT
RESOLUTION      :. 2/9/05-NO READ HAD TO ESTIMATE A READ SINXCE METER BURIED DUE
TO
                 . CONSTRUCTION IN AREA-MAY NEED A BACK HOE TO GET TO THIS METER
PER FIELD
                 . 2/5/05-READ 152531-ESTIMATED READ BILLED***
                 . 1/7/05-READ 144270
                 . SHANE/DB
RDATE           :. 02/09/05
```

Cypress Lakes

```
CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER# :. 897326
ACCOUNT#        :. 006720015340
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2352  LITTLE CYPRESS DR
PHONE           :. 800/627-2427
EDATE           :. 02/11/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT-READ
RESOLUTION      :. 2/5/05-READ 920-BILLED
                 . 1/8/05-READ 920-PRIOR READ BILLED
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 22
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SHANE/DB
RDATE          :. 02/09/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 897328
ACCOUNT#       :. 006720014041
CUSTOMER NAME  :. REEVER,GEORGE
SERVICE ADDRESS:. 2505  RED BIRD LN
PHONE          :. 941/815-8499
EDATE          :. 02/11/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT
RESOLUTION     :. 2/9/05-READ 285520-BILLED
                . 1/7/05-READ 279930-PRIOR READ BILLED
                . SHANE/DB
RDATE          :. 02/09/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 897329
ACCOUNT#       :. 006720014021
CUSTOMER NAME  :. DONAHUE,RONALD
SERVICE ADDRESS:. 2259  BIG CYPRESS BLVD
PHONE          :. 863/853-7110
EDATE          :. 02/11/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT
RESOLUTION     :. 2/9/05-READ 191880-BILLED
                . 1/7/05-READ 186730-PRIOR READ BILLED
                . SHANE/DB
RDATE          :. 02/09/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 897331
ACCOUNT#       :. 006720014341
CUSTOMER NAME  :. HARMON,CECIL
SERVICE ADDRESS:. 2353  WARBLER CIR
PHONE          :. 863/858-8527
EDATE          :. 02/11/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT-READ
RESOLUTION     :. 2/9/05-READ 90240-BILLED
                . 1/7/05-READ 83320-PRIOR READ BILLED
                . SHANE/DB
```

Cypress Lakes

RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 897333
ACCOUNT# :. 006720015471
CUSTOMER NAME :. JOYCE,CYNTHIA M
SERVICE ADDRESS:. 2325 LITTLE CYPRESS DR
PHONE :. 863/815-1033

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 02/11/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT-READ
RESOLUTION      :. 2/9/05-READ 198140-BILLED
                 . 1/7/05-READ 192830-PRIOR READ BILLED
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 904824
ACCOUNT#        :. 006720048320
CUSTOMER NAME   :. CYPRESS LAKES,
SERVICE ADDRESS:.   CYPRESS CROSS S IRRG
PHONE           :.    /   -
EDATE           :. 03/09/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NEED TO LOCATE METER FOR BILLING 3/11/05-
                 . PRIOR READ 44250
                 . PAGE 6 ON MVR REPORT-INPUT*
RESOLUTION      :. 3/10/05-UNABLE TO LOCATE METER WILL NEED TO CONTACT METER
READER
                 . TO LOCATE.
                 . SHANE R/DB
RDATE           :. 03/10/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 904886
ACCOUNT#        :. 006720048471
CUSTOMER NAME   :. VACANT,
SERVICE ADDRESS:.   PHASE 7 IRRG
PHONE           :.    /   -
EDATE           :. 03/10/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NEED A READ PER OFFICE MANAGER FOR BILLING-NEED TO LOCATE
METER
                 . PHASE 7 IRRIGATION
RESOLUTION      :. 3/10/05-UNABLE TO LOCATE METER WILL NEED TO CONTACT METER
READER TO
                 . LOCATE
                 . SHANE R/DB
                 .
                 .
                 . 3/18/05-PER SHANE R-HE LOOKED AND COMBED ALL FOUR ISLANDS
LOCATED IN
```

Cypress Lakes

```
                 . PHASE 7 & DID NOT FIND METER ?
                 . DB
RDATE           :. 03/10/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER# :. 915430
ACCOUNT#        :. 006720048110
CUSTOMER NAME   :. CYPRESS LAKES ASSOCIATION,
SERVICE ADDRESS:.   CYPRESS LAKES BLVD
PHONE           :.    /   -
EDATE           :. 04/13/05
TYPE            :. 18
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER           :.
COMMENT         :. READ METER -RED WAS  ??
                 . ***RADIO TO DEB NEW READ FOR BILLING TONIGHT***
RESOLUTION      :. 4/11/05-COULND'T LOCATE
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 916483
ACCOUNT#        :. 006720005162
CUSTOMER NAME   :. SCHUTT,HARRY J
SERVICE ADDRESS:. 2338  PUTT LN
PHONE           :. 973/534-5597
EDATE           :. 04/15/05
TYPE            :. 18
FOPER           :.
COMMENT         :. READ SINCE
                 . SHOUL DBE ON-4/15/05-DB PAGED TO SHANE TO READ & CHECK IS ON
RESOLUTION      :. 4/15/05-READ 1057000
                 . SHANE R/DB
RDATE           :. 04/15/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 924993
ACCOUNT#        :. 006720004671
CUSTOMER NAME   :. ADAMS,WILLIAM
SERVICE ADDRESS:. 2304  PRESTWICK PASS
PHONE           :. 856/858-9307
EDATE           :. 05/11/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 5/10/05-READ 696900-BILLED
                 . 4/6/05  READ 695200
                 . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 925180
ACCOUNT#        :. 006720007781
CUSTOMER NAME   :. GRACE,JOHN
SERVICE ADDRESS:. 9487  MAX FLY DR
PHONE           :.    /   -
EDATE           :. 05/12/05
TYPE            :. 18
FOPER           :.
```

Cypress Lakes

```
COMMENT          :. NO READ ON MVR REPORT
RESOLUTION       :. 5/10/05 521010-BILLED
                  . 4/6/05- 517570
                  . SR/DB
RDATE            :. 05/10/05

CORPýý----. 072
ROUTE            :. 4
SERVICE ORDER#   :. 925186
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 25
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ACCOUNT# :. 006720007303
CUSTOMER NAME :. HARPER,OREDA
SERVICE ADDRESS:. 9493 BIG APPLE LN
PHONE :. 863/853-5242
EDATE :. 05/12/05
TYPE :. 18
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 5/10/05 493900-BILLED
. 4/6/05 492500
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 925189
ACCOUNT# :. 006720009121
CUSTOMER NAME :. WALSH,FRANK
SERVICE ADDRESS:. 9220 SPATTERDOCK CT
PHONE :. 863/815-1890
EDATE :. 05/12/05
TYPE :. 18
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 5/10/05 459580-BILLED
. 4/6/05 458470
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 925199
ACCOUNT# :. 006720010511
CUSTOMER NAME :. BOSNER,ALFRED
SERVICE ADDRESS:. 2909 PEAVINE TRL
PHONE :. 941/859-7550
EDATE :. 05/12/05
TYPE :. 18
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 5/10/05 10460-BILLED
.
. 4/6/05 4690
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 925210

Cypress Lakes

ACCOUNT# :. 006720008454
CUSTOMER NAME :. SALVO,DIANE
SERVICE ADDRESS:. 1702 BIG CYPRESS BLVD
PHONE :. 716/664-6383
EDATE :. 05/12/05
TYPE :. 18
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 5/10/05 473410-BILLED

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 4/6/05    473100
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 925230
ACCOUNT#       :. 006720014151
CUSTOMER NAME  :. WEBER,DONALD
SERVICE ADDRESS:. 2530  RED BIRD LN
PHONE          :. 863/816-1221
EDATE          :. 05/12/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT
RESOLUTION     :. 5/10/05  161650-BILLED
                . 4/6/05   154740
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 925239
ACCOUNT#       :. 006720014341
CUSTOMER NAME  :. HARMON,CECIL
SERVICE ADDRESS:. 2353  WARBLER CIR
PHONE          :. 863/858-8527
EDATE          :. 05/12/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT
RESOLUTION     :. 5/10/05 105680-BILLED
                . 4/6/05  99260
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 925241
ACCOUNT#       :. 006720014281
CUSTOMER NAME  :. STIRN,DONALD
SERVICE ADDRESS:. 2363  WARBLER CIR
PHONE          :.   /   -
EDATE          :. 05/12/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MRV REPORT
RESOLUTION     :. 5/10/05  246060-BILLED
                . 4/6/05   244450
```

Cypress Lakes

```
                 . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER# :. 925243
ACCOUNT#        :. 006720013622
CUSTOMER NAME   :. O'CONNOR,CORRI L
SERVICE ADDRESS:. 2161  BIG CYPRESS BLVD
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
PHONE           :. 863/859-6899
EDATE           :. 05/12/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 5/10/05  437330-BILLED
                 . 4/6/05   422060
                 . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 935097
ACCOUNT#        :. 006720006602
CUSTOMER NAME   :. VROMAN,JOHN
SERVICE ADDRESS:. 9349  TOP FLIGHT DR
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 6/10/05- 774300-BILLED
                 . 5/5/05   770500
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 935103
ACCOUNT#        :. 006720007952
CUSTOMER NAME   :. SEIDEL,ROBERT
SERVICE ADDRESS:. 9586  ANGLERS WAY
PHONE           :. 518/371-2533
EDATE           :. 06/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 6/9/05 524510-BILLED
                 . 5/5/05 523310
                 . SR/DB
RDATE           :. 06/09/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 935276
ACCOUNT#        :. 006720013622
CUSTOMER NAME   :. O'CONNOR,CORRI L
SERVICE ADDRESS:. 2161  BIG CYPRESS BLVD
PHONE           :. 863/859-6899
```

Cypress Lakes

```
EDATE           :. 06/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT-READ
RESOLUTION      :. 6/10/05 449530-BILLED
                 . 5/11/05 437330
                 . SR/DB
RDATE           :. 06/10/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 28
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 935280
ACCOUNT# :. 006720009481
CUSTOMER NAME :. HILTON,WILLIAM
SERVICE ADDRESS:. 2802 PEAVINE TRL
PHONE :. 863/816-2553
EDATE :. 06/13/05
TYPE :. 18
FOPER :.
COMMENT :. NO READ ON MVR REPORT-READ
RESOLUTION :. 6/10/05 307420-BILLED
. 5/6/05 303970
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 886342
ACCOUNT# :. 006720008281
CUSTOMER NAME :. PANGRAC,LOIS
SERVICE ADDRESS:. 1650 BIG CYPRESS BLVD
PHONE :. 863/853-2574
EDATE :. 01/06/05
TYPE :. 19
FOPER :.
COMMENT :. CUSTOMER SAYS SHE LIVES ALONE, CAN'T POSSIBLY USE THIS WATER.
CUSTOMER
. WANTS METER TESTED. CALL CUSTOMER AT 863-853-2574 TO SCHEDULE
A TEST.
RESOLUTION :. 1/7/05-UNABLE TO GET HOLD OF CUSTOMER BY PHONE, SO DOOR TAG
WAS LEFT
. FOR A SCHEDULE TEST ON 1/21/05-BETWEEN 8:00AM-12:00PM
.
. NOTE TO OFC; S.O. NEVER PRINTED OUT FOR 1/7/05-FOUND THIS OUT
1/12/05
. SO DB FAXED THIS 1/12/05-***THIS IS WHY WE DID NOT GET HOLD OF
. CUSTOMER SOONER***
.
. SR/DB
RDATE :. 01/07/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 887270
ACCOUNT# :. 006720008281
CUSTOMER NAME :. PANGRAC,LOIS
SERVICE ADDRESS:. 1650 BIG CYPRESS BLVD
PHONE :. 863/853-2574

Cypress Lakes

```
EDATE           :. 01/10/05
TYPE            :. 19
FOPER           :.
COMMENT         :. CUSTOMER GOT DOOR TAG TO SCHEDULE METER TEST. SHE IS
SCHEDULING FOR
                 . THU 1/13/04 ANYTIME AFTER 8AM. CALL 863-853-2574.
RESOLUTION      :. 1/13/05-READ 419230-METER TEST WAS PERFORMED METER#94123710-IS
                 . READING PROPERLY PER METER TEST.  SPOKE WITH CUSTOMER TOLD HER
                 . NOTHING IS WRONG WITH THE METER.  ALSO EXPLAINED HOW TEST WAS
                 . PERFORMED
                 . SHANE R/DB  (SEE CORRESPONDENCE FOR TEST)**
RDATE           :. 01/13/05

CORPýý----. 072
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 1
SERVICE ORDER# :. 902445
ACCOUNT# :. 006720002271
CUSTOMER NAME :. WADDELL,JAMES
SERVICE ADDRESS:. 9665 CYPRESS LAKES DR
PHONE :. 863/859-2905
EDATE :. 03/02/05
TYPE :. 19
FOPER :.
COMMENT :. PLEASE CALL CUSOTMER @ 863-869-2905 TO SCHEDULE A FIELD TEST TO BE
. PERFORMED ON THE METER.PLEASE CALL CUSTOMER IN A REASONABLE AMOUNT OF
. TIME, THANK YOU.
RESOLUTION :. 3/3/05-READ 287290-SPOKE TO CUSTOMER, SCHEDULED METER FIELD TEST FOR
. 3/7/05-BETWEEN 8:00AM-12:00PM
. SHANE R/DB
RDATE :. 03/03/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 919525
ACCOUNT# :. 006720001804
CUSTOMER NAME :. EVANS,DOYLE
SERVICE ADDRESS:. 9520 CEDAR TREE LN
PHONE :. 570/925-5196
EDATE :. 04/25/05
TYPE :. 19
FOPER :.
COMMENT :. PLEASE TEST THE METER TO INSURE IT IS WORKING.
. CUSTOMER CALLED AND SAID IT WAS STUCK
. CHANGE OUT IF NECESSARY
RESOLUTION :. 4/26/05-DID NOT DO A METER TEST SINCE METER WAS FOUND STUCK**
. CHANGED OUT AND INSTALLED A NEW METER
. SR/DB
RDATE :. 04/26/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 929543
ACCOUNT# :. 006720000102
CUSTOMER NAME :. PARNEY ,GEORGE
SERVICE ADDRESS:. 2112 FIRESTONE WAY
PHONE :. 863/859-7574
EDATE :. 05/25/05
TYPE :. 19
FOPER :.
COMMENT :. PLEASE SCHEDULE A METER FIELD TEST TO BE DONE.

```
                . CALL CUSTOMER @ 724-758-8813 TO SCHEDULE WHAT TIME AND DAY HIS
"NEIGHBOR
                . CAN BE PRESENT" TO WITNESS AND SIGN.
                .
                .
RESOLUTION      :. 6/70/05-METER TEST RESULTS;
                . RESULTS FROM FULL/OPEN 10 GALS
                . TEST METER; 100 % ACCURATE
                . CUSTOMERS METER; 0 UNDER
                . SHANE R/DB
RDATE           :. 06/07/05

CORPýý----. 072
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 30
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
ROUTE           :. 3
SERVICE ORDER#  :. 939018
ACCOUNT#        :. 006720005001
CUSTOMER NAME   :. JONES,A THOMAS
SERVICE ADDRESS:. 2303  PUTT LN
PHONE           :. 941/858-2389
EDATE           :. 06/22/05
TYPE            :. 19
FOPER           :.
COMMENT         :. PLEASE PHONE CUSTOMER TO SCHEDULE A  METER TEST;
                 . **PHONE # CUST GAVE OFFICE 6/22/05-DID NOT TAKE ON COMPUTER ?
                 . TRY 941-858-2389
                 . 6/7/05 652640
                 . 5/5/05 628810
RESOLUTION      :. 6/28/05-COMPUTER WENT DOWN SO DID NOT GET CORRECT PHONE#
                 . SHAN R HAS PHONED THE PHONE# ON ACCOUNT (5) TIMES-941-858-2389
                 . **IF CUSTOMERS PHONES OFFICE GET CORRECT PHONE TO SETUP FOR
METER
                 . TEST
                 . SHAN/DB
                 .
                 . 8/1/5-RE-ISSUED S.O. TO TAG & HAVE CUSTOMER PHONE OUR OFFICE
TO DO TEST
                 . DB
RDATE           :. 08/01/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 887098
ACCOUNT#        :. 006720005387
CUSTOMER NAME   :. FLYNN,JIM JAMES
SERVICE ADDRESS:. 2216  PAR CIR
PHONE           :. 800/954-6400
EDATE           :. 01/10/05
TYPE            :. 20
FOPER           :.
COMMENT         :. TAG TO PHONE - OFFICE TO APPLY-
                 .
                 . NOTE TO OFFICE;-THE OCCUPANT PHONE AFTER HRS TO A/S & SAID
APPLIED
                 . WE HAVE NO RECORDS-PLEAS GET NEW APPLICATION FOR NEW
CUSTOMER**
RESOLUTION      :. 1/11/05-READ 111270-LEFT ON FINALLY APPLIED-PER KIM
                 . PAGED TO LEAVE ON TO SHANE-BILLED BACK TO 1/4/05-SINCE
CONTINUOS
                 . BILLING
                 . SHANE/DB
RDATE           :. 01/11/05
```

Cypress Lakes

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 887395
ACCOUNT# :. 006720006871
CUSTOMER NAME :. AVON,BRIAN
SERVICE ADDRESS:. 9405 TOP FLIGHT DR
PHONE :. 863/859-2221
EDATE :. 01/11/05
TYPE :. 20
FOPER :.
COMMENT :. RETURNED CHK#363 1/3/5 $39.46 FGN ITEM REJECTED FOR POST DATED
. BANK SERV FEE $0
. TOTAL AMNT DUE $39.46
. LTTR MAILED 1/11

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 31
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                .
RESOLUTION      :. 1/21/05-PAID $39.46
                . DB
RDATE           :. 01/21/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 888299
ACCOUNT#        :. 006720005272
CUSTOMER NAME   :. REINHART,BARBARA
SERVICE ADDRESS:. 2411  MULLIGAN DR
PHONE           :. 863/858-3540
EDATE           :. 01/13/05
TYPE            :. 20
FOPER           :. CLU
COMMENT         :. CAN YOU PLEASE SEE IF THE METER IS STILL AT THIS LOCATION?
THEY HAVE
                . SEND AND APPLICATION FOR SERVICE - THEY HAVE REPLACED THE
HOME.
                .
                . PLEASE, PLEASE CALL ME AT EXT. 236 AS SOON AS YOU CAN CHECK
THIS, AS
                . THEY ARE READY TO SEND US MONEY ON 14 OTHERS. THANKS SO VERY
MUCH!!
RESOLUTION      :. METER #39013442 IS STILL THERE; READING IS STILL 736100.SH:LA
RDATE           :. 01/13/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 893648
ACCOUNT#        :. 006720009121
CUSTOMER NAME   :. WALSH,FRANK
SERVICE ADDRESS:. 9220  SPATTERDOCK CT
PHONE           :. 863/815-1890
EDATE           :. 01/31/05
TYPE            :. 20
FOPER           :.
COMMENT         :. NSF CHK#3881 1/14/5 $38.81
                . BANK SERV FEE        25.00
                . TOTAL AMNT DUE      $63.81 PAYABLE BY CAASHIER CHK OR M\O ONLY
                . TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
                . 5 DAY LTTR MAILED 2/1
RESOLUTION      :. 2/15/05-SHUTOFF FOR NON-PAYMENT
                . DB
RDATE           :. 02/15/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 893854
```

Cypress Lakes

```
ACCOUNT#          :. 006720014211
CUSTOMER NAME     :. POWERS,DAVID
SERVICE ADDRESS:. 2198  BIG CYPRESS BLVD
PHONE             :. 863/816-1019
EDATE             :. 01/31/05
TYPE              :. 20
FOPER             :.
COMMENT           :. TAG TO PHONE OFFICE;
                   .
                   . NOTE FOR OFFICE;-RE; BANKRUPTCY-SEE IF FILED IF DID NOT MUST
PAY $151.49
                   . ASAP-IF DID NEED TO FAX COPY SINCE NOTICE SAID IS FILING DOES
NOT
                   . SPECIFY HAS FILED**DB
RESOLUTION        :. 2/1/05-TAGGED TO PHONE OFFICE-***VACANT*** & SERVICES ARE
STILL OFF
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 32
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. SZ/DB
RDATE :. 02/01/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 902776
ACCOUNT# :. 006720014211
CUSTOMER NAME :. POWERS,DAVID
SERVICE ADDRESS:. 2198 BIG CYPRESS BLVD
PHONE :. 863/816-1019
EDATE :. 03/02/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO PHONE OFFICE; D. BRENDA SMITH-SINCE WE RECEIVD CLOSING PAPERS
. ****GET A READ**
RESOLUTION :. 3/3/05-TAG TO PHONE TO SEE IF NEW CUSTOMER; L. BRENDA SMITH-MOVING IN ?
. SINCE WE RECEIVED FROM CYPRESS LAKES OFFICE HER CLOSING PAPERS SHOWING
. CLOSED; 3/2/05-READ 478450
. SR/DB
RDATE :. 03/03/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 903558
ACCOUNT# :. 006720048421
CUSTOMER NAME :. VALERIO,CAROLE
SERVICE ADDRESS:. 1324 BIG CYPRESS BLVD
PHONE :. 863/853-1198
EDATE :. 03/07/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO PHONE OFFICE BILL RETURNED BY POST OFFICE
. NEED CORRECT BILLING ADDRESS
RESOLUTION :. 3/8/05-TAGGED READ 774360
. SHANE R/DB
RDATE :. 03/08/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 903565
ACCOUNT# :. 006720001242
CUSTOMER NAME :. TURNER,PAMELA
SERVICE ADDRESS:. 2169 HORSESHOE DR
PHONE :. 863/816-7049
EDATE :. 03/07/05
TYPE :. 20

Cypress Lakes

```
FOPER           :.
COMMENT         :. TAG TO PHONE OFFICE-BILL RETURNED PER POST OFFICE
                 . NEED THERE CORRECT BILLING ADDRESS
RESOLUTION      :. 3/8/05-READ 182580
                 . TAGGED
                 . SHANE R/DB
RDATE           :. 03/08/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 904637
ACCOUNT#        :. 006720004141
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 33
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. NICHOLSON,MATTHEW
SERVICE ADDRESS:. 2247 CYPRESS CROSS LP
PHONE :. 863/815-1818
EDATE :. 03/09/05
TYPE :. 20
FOPER :.
COMMENT :. TAG CUSTOMER WITH RESULTS-THAT HER METER IS NEW & REGISTERING CORRECTLY
. IF HAS QUESTIONS ONLY TO PHONE & METER TEST $25-BENCH TESTED**IF SHE
. INSISTS TO VERIFY**
RESOLUTION :. 3/9/05-TAGGED-READ 23660
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 909882
ACCOUNT# :. 006720004001
CUSTOMER NAME :. MCCLUSKEY,JOSEPH
SERVICE ADDRESS:. 2254 CYPRESS CROSS LP
PHONE :. 941/858-8419
EDATE :. 03/28/05
TYPE :. 20
FOPER :.
COMMENT :. NSF CHK#93755625 3/7/5 $70.43
. BANK SERV FEE 30.00
. TOTAL AMNT DUE $100.43 PAYABLE BY CASHIER CHK OR M\O ONLY
. TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE]
. 5 DAY LTTR MAILED 3/29 [STOP PYMNT]
RESOLUTION :. 3/28/05-PAID $206.43
. DB
RDATE :. 03/28/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 909893
ACCOUNT# :. 006720003363
CUSTOMER NAME :. RUBENSTEIN,STANLEY
SERVICE ADDRESS:. 9519 MANILA CT
PHONE :. 863/607-9837
EDATE :. 03/28/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO PHONE REGARDING BILL RETURNEDTO OFFICE-MOVED NO FORWARD
. ADDRESS & MAY BE A NEW CUST ??
RESOLUTION :. 3/29/05-READ 3413100-TAGGED
. HOME IS FOR SALE**

Cypress Lakes

```
                 . SR/DB
RDATE           :. 03/29/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 909915
ACCOUNT#        :. 006720015091
CUSTOMER NAME   :. SPENCER,IVAN
SERVICE ADDRESS:. 9856  GRACKLE LP
PHONE           :.    /   -
EDATE           :. 03/28/05
TYPE            :. 20
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 34
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER           :.
COMMENT         :. TAG TO PHONE OFFICE-REGARDING BILL RETURNED PER POST OFFICE ?
                 . CORRECT BILLING ADDRESS OR NEW CUST-***NOTE FOR OFFICE***
RESOLUTION      :. 3/29/05-READ 259830-TAGGED
                 . SR/DB
RDATE           :. 03/29/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 910246
ACCOUNT#        :. 006720014361
CUSTOMER NAME   :. RAFFERTY,RALPH
SERVICE ADDRESS:. 2341  WARBLER CIR
PHONE           :. 863/858-9158
EDATE           :. 03/28/05
TYPE            :. 20
FOPER           :.
COMMENT         :. TAG TO PHONE OFFICE;
                 . NOTE FOR OFFICE; RE; BILL RETURNED NEED CORRECT BILLING
ADDRESS
RESOLUTION      :. 3/29/05-READ 338600-TAGGED-HAND DELIEVERED
                 . SR/DB
RDATE           :. 03/29/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 918107
ACCOUNT#        :. 006720009121
CUSTOMER NAME   :. WALSH,FRANK
SERVICE ADDRESS:. 9220  SPATTERDOCK CT
PHONE           :. 863/815-1890
EDATE           :. 04/20/05
TYPE            :. 20
FOPER           :.
COMMENT         :. NSF CHK#210 4/5/5 $51.87
                 . BANK SERV FEE      30.00
                 . TOTAL AMNT DUE    $81.87 PAYABLE BY CASHIER CHK OR M\O ONLY
                 . TO QAVOID INTERRUPTION OF SERV ADN A $15 RECONNECT FEE
                 . 5 DAY LTTR MAILED 4/21
RESOLUTION      :. 6/15/05-TAG FOR NON-PAYMENT SINCE THIS CUSTOMER PHONED OUR
OFFICE
                 . 5/2/05-& SAID HE WOULD PAY WHEN SSN CK IN-IT IS NOW 6/15/05-NO
PAYMENT
                 . RECEIVED YET ?-SO DUE NOW 6/19/05- 134.46-BALANCE OWED ON
ACCOUNT**
                 . DB
RDATE           :. 06/15/05

CORPýý----. 072
```

Cypress Lakes

ROUTE :. 1
SERVICE ORDER# :. 918876
ACCOUNT# :. 006720003363
CUSTOMER NAME :. RUBENSTEIN,STANLEY
SERVICE ADDRESS:. 9519 MANILA CT
PHONE :. 863/607-9837
EDATE :. 04/22/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO PHONE OFFICE-REGARDING BILL RETURNED NEED BILLING ADDR
. OR IF NEW CUST-TAG TO APPLY
RESOLUTION :. 4/25/05-TAGGED
. SZ/DB

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 35
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 04/25/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 921484
ACCOUNT# :. 006720004521
CUSTOMER NAME :. STEEVES,GERALD
SERVICE ADDRESS:. 2126 CYPRESS CROSS DR
PHONE :. 863/859-0075
EDATE :. 05/02/05
TYPE :. 20
FOPER :.
COMMENT :. MR. CALLED REQUESTING YOU TO FLUSH THE LINES AT HIS HOME.
RESOLUTION :. 5/3/05-FLUSHED HYDRANT IN FRONT OF HOSUE-TOOK RESIDUAL & IT WAS 1.0
. RB/DB
RDATE :. 05/03/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 923754
ACCOUNT# :. 006720004941
CUSTOMER NAME :. HALL,JOHN R
SERVICE ADDRESS:. 2327 PUTT LN
PHONE :. 863/858-5742
EDATE :. 05/09/05
TYPE :. 20
FOPER :.
COMMENT :. NSF AUTO DRAFT 5/3/5 $36.84 (ACCNT CLOSED)
. BANK SERV FEE 25.00
. TOTAL AMNT DUE $61.84 PAYABLE BY CASHIER CHK OR M\O ONLY
. TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
. 5 DAY LTTR MAILED 5/10
RESOLUTION :. 5/19/05-PAID ONLY 36.84-STILL OWES SERV FEE 25.00
. DB
RDATE :. 05/19/05

CORPýý----. 072
ROUTE :.
SERVICE ORDER# :. 927666
ACCOUNT# :. 006720000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 05/19/05
TYPE :. 20
FOPER :. CLU
COMMENT :. JAME R NICKERSON HAS APPLIED FOR WATER SERVICE AT 3026 PEAVINE TRL, BUT

. THAT ADDRESS DO NOT COME UP IN OUR SYSTEM. PLEASE CHECK TO MAKE SURE
. THAT IS THE CORRECT ADDRESS.
RESOLUTION :. 5/20/05-READ 1210-YES THIS IS CORRECT ADDRESS-LOCATED ON THE CORNER
. OF PEAVINE & BIG CYPRESS
. METER#30223700
. SR/DB
RDATE :. 05/20/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 931311

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 36
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ACCOUNT# :. 006720000721
CUSTOMER NAME :. CLARK,THOMAS
SERVICE ADDRESS:. 9509 CYPRESS LAKES DR
PHONE :. 941/858-7411
EDATE :. 05/31/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO PHONE OFFICE-CAN NOT TURNON-UNLESS PHONES OFFICE-NEED SIGNATURE
. OR SOMONE HOME FOR TURNON-PAID 5/27/05
RESOLUTION :. 6/1/05-TAGGED
. CAN NOT READ METER-BOX FILLED EITH MUDDY WATER
. SR/DB
RDATE :. 06/01/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 931334
ACCOUNT# :. 006720003542
CUSTOMER NAME :. EDWARDS,RAY G
SERVICE ADDRESS:. 9514 LOON CT
PHONE :. / -
EDATE :. 05/31/05
TYPE :. 20
FOPER :.
COMMENT :. HAND DELIVER BILL-TO PHONE OFFICE-FOR BILLING ADDRESS SINCE
. BILL RETURNED FOR 35.36
RESOLUTION :. 6/1/05-READ 177040-TAGGED
. SR/DB
RDATE :. 06/01/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 931343
ACCOUNT# :. 006720014351
CUSTOMER NAME :. KUMMER,JENE
SERVICE ADDRESS:. 2342 WARBLER CIR
PHONE :. 414/781-9376
EDATE :. 05/31/05
TYPE :. 20
FOPER :.
COMMENT :. HAND DELIVER BILL & TAG TO PHONE OFFICE SINCE BILL RETURNED PER POST
. OFFICE-TO PHON WITH CORRECT BILLING ADDRESS-36.84
RESOLUTION :. 6/1/05-TAGGED READ 526280
. SR/DB
RDATE :. 06/01/05

CORPýý----. 072

Cypress Lakes

ROUTE :. 5
SERVICE ORDER# :. 932446
ACCOUNT# :. 006720010790
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2977 PEAVINE TRL
PHONE :. 800/627-2427
EDATE :. 06/03/05
TYPE :. 20
FOPER :.
COMMENT :. HAND DLEIVER BILL TO OFFICE & TO PHONE US WITH CORRECT BILLING ADDRESS
. SINCE BILL RETURNED 36.19

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

RESOLUTION :. 6/6/05-HAND DELIVERED BILL TO OFFICE
. SR/DB
RDATE :. 06/06/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935842
ACCOUNT# :. 006720009121
CUSTOMER NAME :. WALSH,FRANK
SERVICE ADDRESS:. 9220 SPATTERDOCK CT
PHONE :. 863/815-1890
EDATE :. 06/14/05
TYPE :. 20
FOPER :.
COMMENT :. TAG FOR NP NSF TL; NOW 134.16-MONEY OR CASHIERS CK ONLY-DUE 6/19/05
RESOLUTION :. 6/15/05-READ 459870-TAGGED AGAIN & PRIOR TAG ON DOOR FOR 5/30/05
. SR/DB
.
. 6/23/05-SCHEDULED FOR SHUTOFF NP TL; 149.46
. SINCE HE HAD PHONED OFFICE; 5/2/05-SAID WOULD PAY WHEN SSN CK IN /
. 6/15/05-TAG TO PAY BY 6/19/05-STILL NOT PAID
RDATE :. 06/15/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 935999
ACCOUNT# :. 006720003243
CUSTOMER NAME :. SCHIANO,PATRIZIA M
SERVICE ADDRESS:. 9762 CYPRESS LAKES DR
PHONE :. 863/644-8013
EDATE :. 06/14/05
TYPE :. 20
FOPER :.
COMMENT :. NSF AUTO DRAFT 6/1/5 $26.08
. BANK SERV FEE 20.00
. TOTAL AMNT DUE $46.08 PAYABLE BY CASHIER CHK OR M\O ONLY
. TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
. 5 DAY LTTR MAILED 6/15
RESOLUTION :. 5/31/05-FINALED READ 343810
. DB
RDATE :. 05/31/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 938135
ACCOUNT# :. 006720003161

Cypress Lakes

```
CUSTOMER NAME  :. KASKE,WALTER
SERVICE ADDRESS:. 9730  CYPRESS LAKES DR
PHONE          :. 941/853-3859
EDATE          :. 06/20/05
TYPE           :. 20
FOPER          :.
COMMENT        :. NSF CHK#718 5/25/5 $40.43
                . BANK SERV FEE       25.00
                . TOTAL AMNT DUE     $65.43 PAYABLE BY CASHIER CHK OR M\O ONLY
                . TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
                . 5 DAY LTTR MAILED 6/21
RESOLUTION     :. 7/6/05-SHUT OFF FOR NONPAYMENT-CUSTOMER PHONED 6/27/05-& SAID
WOULD MAIL
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. 6/29/05-STILL NO PAYMENT RECIEVED-7/5/05
. DB
RDATE :. 07/06/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 885734
ACCOUNT# :. 006720008281
CUSTOMER NAME :. PANGRAC,LOIS
SERVICE ADDRESS:. 1650 BIG CYPRESS BLVD
PHONE :. 863/853-2574
EDATE :. 01/05/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING FROM METER AND CHECK FOR LEAKS. INFORM CUSTOMER
. OF FINDINGS.
.
. CLEAN OUT METER BOX. CUSTOMER MAY WANT TO SCHEDULE METER TEST.
.
RESOLUTION :. 1/6/05-READ 416420
. 12/8/04 MR 405040
.
. TAGGED DOOR-NO LEAKS
. SZ/DB
RDATE :. 01/06/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888027
ACCOUNT# :. 006720001922
CUSTOMER NAME :. CHANDLER,BOBBY
SERVICE ADDRESS:. 2018 RED CEDAR DR
PHONE :. 863/816-2950
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 1/11/05-READ 228690
. 1/7/05 MR 229870-BILLED
. 12/9/04-READ MIS READ-ADJUSTED READ & PRIOR READS TO; "229870"**
.
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888030

Cypress Lakes

ACCOUNT# :. 006720003211
CUSTOMER NAME :. NORNABELL,PAUL C
SERVICE ADDRESS:. 9750 CYPRESS LAKES DR
PHONE :. 941/859-7928
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH-ON MVR REPORT
RESOLUTION :. 1/11/05-READ 287360
. 1/7/05 MR 285320-BILLED
. 12/9/04 MR 276250

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                .
                . SR/DB
RDATE          :. 01/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 888035
ACCOUNT#       :. 006720003371
CUSTOMER NAME  :. DUNCAN,JOHN
SERVICE ADDRESS:. 9516  MANILA CT
PHONE          :. 941/859-1867
EDATE          :. 01/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ THE SAME HAS PRIOR READ-ON MVR REPORT-
RESOLUTION     :. 1/11/05-READ 449010 & 1/7/05
                . 1/7/05   MR  451537-ESTIMATED A READ FOR BILLING SINCE METER
STUCK**
                . 12/8/04  MR 449010
                .
                . DID S.O, FOR NEW METER
                . SR/DB
RDATE          :. 01/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 888037
ACCOUNT#       :. 006720048300
CUSTOMER NAME  :. CYPRESS LAKES,
SERVICE ADDRESS:.   GOLFVIEW DR IRRG
PHONE          :.    /   -
EDATE          :. 01/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 1/11/05-READ COULD NOT FINE METER ?
                . 1/6/05    MR 3230
                . 12/9/04   MR 3290-BILLED 1/6/05
                . SR/DB
RDATE          :. 01/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 888039
ACCOUNT#       :. 006720002942
CUSTOMER NAME  :. ZINK,THOMAS
SERVICE ADDRESS:. 9906  CYPRESS LAKES DR
PHONE          :.    /   -
EDATE          :. 01/12/05
```

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 464130
                 . 1/7/05    MR 463640-BILLED
                 . 12/8/04   MR 453750
                 .
                 . SR/DB
RDATE           :. 01/11/05
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888046
ACCOUNT# :. 006720002551
CUSTOMER NAME :. BOLAND,JOE
SERVICE ADDRESS:. 9516 ROBELLINI CT
PHONE :. 941/853-6900
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 1/11/05-READ COULD NOT FIND
. 1/7/05 MR 223690-BILLED
. 12/9/04 MR 215780
.
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888057
ACCOUNT# :. 006720002333
CUSTOMER NAME :. DEPUTY,WILLAM
SERVICE ADDRESS:. 9513 FOUNTAIN TER
PHONE :. 863/859-3535
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT-OR READ SHEETS-READ
RESOLUTION :. 1/11/05-READ 116760-BILLED
. 12/9/04 MR 115820
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888058
ACCOUNT# :. 006720000803
CUSTOMER NAME :. FRAIME,STEPHEN
SERVICE ADDRESS:. 9541 CYPRESS LAKES DR
PHONE :. 863/944-0032
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 1/11/05-READ 163120
. 1/7/05 MR 162230-BILLED
. 12/8/04 MR 155210
. SR/DB

Cypress Lakes

RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 888067
ACCOUNT# :. 006720004762
CUSTOMER NAME :. BISHOP,JACK
SERVICE ADDRESS:. 2340 PRESTWICK PASS
PHONE :. / -

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 01/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 472870
                 . 1/6/05    MR 472300-BILLED
                 . 12/8/04   MR 462260
                 . SR/DB
RDATE           :. 01/11/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 888069
ACCOUNT#        :. 006720048453
CUSTOMER NAME   :. KARTZ,JOHN D
SERVICE ADDRESS:. 9410  BIRDIE CIR
PHONE           :. 863/858-4913
EDATE           :. 01/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 1363000
                 . 1/6/05    MR 1361700-BILLED
                 . 12/9/04   MR 1352500
                 . SR/DB
RDATE           :. 01/11/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 888071
ACCOUNT#        :. 006720005752
CUSTOMER NAME   :. SURETTE,FLORENCE
SERVICE ADDRESS:. 2418  MULLIGAN DR
PHONE           :. 863/858-3304
EDATE           :. 01/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 9923000
                 . 1/6/05-   MR 922500 ??
                 . 12/9/05   MR 9919900
                 . BILLED; 1/11/05 "9923000"READ
                 . SR/DB
RDATE           :. 01/11/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 888078
ACCOUNT#        :. 006720006111
```

Cypress Lakes

```
CUSTOMER NAME  :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409  SANDCRANE TRL
PHONE          :. 863/853-5898
EDATE          :. 01/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ THE SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION     :. 1/11/05-READ 757990-METER STUCK DID S.O. FOR NEW METER**
                . 1/7/05    MR 757990-BILLED SINCE CONS ON PRIOR BILLS "O" FOR A
FEW MONTH
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 12/7/04   MR 757990
                .
                . SR/DB
RDATE          :. 01/11/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 888086
ACCOUNT#       :. 006720006502
CUSTOMER NAME  :. GIBSON,PAUL C
SERVICE ADDRESS:. 9329  TOP FLIGHT DR
PHONE          :.    /   -
EDATE          :. 01/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ THE SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION     :. 1/11/05-READ 665500-BILLED SAME READ; 1/8/05-
                . 12/8/04   MR 665500-SAME READ-METER STUCK & PRIOR BILLINGS "O"
CONS
                . SO HAD TO BILL THIS READ COULD NOT ESTIMATE**
                .
                . DID S.O, FOR NEW METER
                . SR/DB
RDATE          :. 01/11/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 888094
ACCOUNT#       :. 006720008431
CUSTOMER NAME  :. WESTBROOK,PAUL
SERVICE ADDRESS:. 1684  BIG CYPRESS BLVD
PHONE          :. 941/858-3960
EDATE          :. 01/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 1/11/05-READ 1299750
                . 1/8/05    MR 1298970-BILLED
                . 12/8/05   MR 1294390
                . SR/DB
RDATE          :. 01/11/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 888095
ACCOUNT#       :. 006720008162
CUSTOMER NAME  :. WEBB,HORACE
SERVICE ADDRESS:. 1626  BIG CYPRESS BLVD
PHONE          :.    /   -
```

Cypress Lakes

```
EDATE           :. 01/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 113430
                 . 1/8/05    MR 1133440-BILLED
                 . 12/8/04   MR 123350
                 . SR/DB
RDATE           :. 01/11/05
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 888097
ACCOUNT# :. 006720007392
CUSTOMER NAME :. GARLAND,DAVID J
SERVICE ADDRESS:. 9319 HOOSIER CIR
PHONE :. 585/747-4857
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 1/11/05-READ 155560
. 1/8/05 MR 155550-BILLED
. 12/0/04 MR 155370
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 888104
ACCOUNT# :. 006720006892
CUSTOMER NAME :. KOEPP,VERNON
SERVICE ADDRESS:. 9410 TOP FLIGHT DR
PHONE :. 800/558-7035
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 1/11/05-READ 733140
. 1/8/05 MR 737800
. 1/11/05 MR 733140-BILLED
. 12/7/04 MR 729520
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 888105
ACCOUNT# :. 006720008961
CUSTOMER NAME :. ROBBINS,WALLACE
SERVICE ADDRESS:. 2882 PEAVINE TRL
PHONE :. 941/858-8343
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 1/11/05-READ 463350
. 1/8/05 MR 482660-MIS READ S/B READ 1/8/05; 462660-BILLED
2ND DIGIT

Cypress Lakes

```
                . INCORRECT
                . 12/7/04    MR 729520
                . 1/8/05     MR 462660-BILLED**
                . SR/DB
RDATE          :. 01/11/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 888112
ACCOUNT#       :. 006720009235
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
CUSTOMER NAME   :. POLLEN,ED
SERVICE ADDRESS:. 9237  SPATTERDOCK CT
PHONE           :.    /   -
EDATE           :. 01/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 69490
                 . 1/8/05    MR 68120-BILLED
                 . 12/8/04   MR 57850
                 . SR/DB
                 .
RDATE           :. 01/11/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 888113
ACCOUNT#        :. 006720009641
CUSTOMER NAME   :. CASSELL,JOHN
SERVICE ADDRESS:. 9209  SPIKERUSH CT
PHONE           :. 941/859-2960
EDATE           :. 01/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 253610
                 . 1/8/05    MR 250730-BILLED
                 . 12/8/04   MR 227030
                 . SR/DB
RDATE           :. 01/11/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 888114
ACCOUNT#        :. 006720008601
CUSTOMER NAME   :. BRAZZELL,REV JAMES M
SERVICE ADDRESS:. 1735  BIG CYPRESS BLVD
PHONE           :. 863/853-8590
EDATE           :. 01/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 1/11/05-READ 262070-BILLED
                 . 1/8/05    MR 260 ??
                 . 12/8/04   MR 256420
                 . SR/DB
RDATE           :. 01/11/05

CORPýý----. 072
```

Cypress Lakes

ROUTE :. 6
SERVICE ORDER# :. 888115
ACCOUNT# :. 006720015491
CUSTOMER NAME :. LYNN,JAMES M
SERVICE ADDRESS:. 2321 LITTLE CYPRESS DR
PHONE :. 863/816-0515
EDATE :. 01/12/05
TYPE :. 21
FOPER :.

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 1/11/05 READ 20090-BILLED
                  . 1/8/05    MR 12270
                  . 12/17/04  MR 3570
                  . SR/DB
RDATE            :. 01/11/05

CORPýý----. 072
ROUTE            :. 6
SERVICE ORDER#   :. 888116
ACCOUNT#         :. 006720048100
CUSTOMER NAME    :. CYPRESS LAKES,
SERVICE ADDRESS:.   MALLARD IRRG
PHONE            :.    /   -
EDATE            :. 01/12/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 1/11/05-NO READ COULD NOT FIND ?
                  . 1/7/05  MR 48760-BILLED
                  . 12/7/04 MR 48760
                  . SR/DB
RDATE            :. 01/11/05

CORPýý----. 072
ROUTE            :. 6
SERVICE ORDER#   :. 888123
ACCOUNT#         :. 006720014761
CUSTOMER NAME    :. BATCHELLER,WILLIAM H
SERVICE ADDRESS:. 9814  MOORHEN DR
PHONE            :. 585/594-3022
EDATE            :. 01/12/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 1/11/05-READ 60140
                  . 1/7/05    MR 57720-BILLED
                  . 12/7/04   MR 50270
                  . SR/DB
RDATE            :. 01/11/05

CORPýý----. 072
ROUTE            :. 6
SERVICE ORDER#   :. 888127
ACCOUNT#         :. 006720014071
CUSTOMER NAME    :. JOHNSON,WILLIAM
SERVICE ADDRESS:. 2268  BIG CYPRESS BLVD
PHONE            :. 863/398-4616
EDATE            :. 01/12/05
```

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 1/11/05-READ   40250-BILLED
                 . 1/8/05  READ   11310 ?
                 . 12/7/04 READ   29340
                 . SR/DB
RDATE           :. 01/11/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 888129
ACCOUNT# :. 006720014060
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2264 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 1/11/04-READ 11670-BILLED
. 1/8/05 READ 38310 ??MIS READ
. 12/7/04 READ 9210
. SR/DB
.
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888154
ACCOUNT# :. 006720001942
CUSTOMER NAME :. PERRY,JOANNE
SERVICE ADDRESS:. 2026 RED CEDAR DR
PHONE :. 904/294-1594
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 1/11/05-READ 80 & 1/12/05-SAME RE-READ
. BILLED
. 12/9/04 READ 503 ??MIS READ READ ADJUSTED
. 12/9/04-READ 51-ADJUSTED S/B READ
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 888155
ACCOUNT# :. 006720001991
CUSTOMER NAME :. MYERS,NYMPHAS
SERVICE ADDRESS:. 2058 RED CEDAR DR
PHONE :. 941/859-6645
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 1/11/05-READ 355830-BILLED
. 12/9/04 MR 356717-MIS READ DID ADJUST NEW READ AJD; 335830

Cypress Lakes

```
                  . SR/DB
RDATE            :. 01/11/05

CORPýý----. 072
ROUTE            :. 4
SERVICE ORDER#   :. 888191
ACCOUNT#         :. 006720048390
CUSTOMER NAME    :. CYPRESS LAKES,
SERVICE ADDRESS:.    ULTRA DR IRRG
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

PHONE :. / -
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 1/11/05-READ 17900
. 1/7/05 READ 7590-S/B READ 17590-BILLED 1/7/05
. 12/7/04 READ 12060
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 888192
ACCOUNT# :. 006720007441
CUSTOMER NAME :. LANCASTER,JAMES
SERVICE ADDRESS:. 9331 HOOSIER CIR
PHONE :. 941/859-0238
EDATE :. 01/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 1/11/05-READ 72730
. 1/8/05 READ 71790-BILLED
. 12/9/04 READ 64350
. SR/DB
RDATE :. 01/11/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 890473
ACCOUNT# :. 006720013501
CUSTOMER NAME :. WARD,HUNTER
SERVICE ADDRESS:. 2133 BIG CYPRESS BLVD
PHONE :. 863/858-5250
EDATE :. 01/20/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAKS. INFORM CUSTOMER OF FINDINGS.
. HIGH USAGE PER CUSTOMER.
.
. 1/07/05 R=442990
. 12/07/04 R=435180
RESOLUTION :. 1/21/05-READ 446860
. 1/7/05- READ 442990-CORRECT READ BILLED
. 12/7/04-READ 435180
. NO LEAKS 1/21/05
. SR/DB

Cypress Lakes

RDATE :. 01/21/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 896987
ACCOUNT# :. 006720000191
CUSTOMER NAME :. PALLANTE,LENORE E
SERVICE ADDRESS:. 2146 FIRESTONE WAY
PHONE :. / -
EDATE :. 02/10/05

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 186050-BILLED
                 . 1/16/05  MR 183130
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 896988
ACCOUNT#        :. 006720000260
CUSTOMER NAME   :. CYPRESS LAKES ASSOCIATES,
SERVICE ADDRESS:. 2111  FIRESTONE WAY
PHONE           :. 863/859-1431
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ  HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 99720
                 . 2/3/05-READ 980250-BILLED
                 . 1/6/05-READ 92750
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 896997
ACCOUNT#        :. 006720001573
CUSTOMER NAME   :. WAGER,SUSAN
SERVICE ADDRESS:. 2047  RED CEDAR DR
PHONE           :. 517/321-8537
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 37940
                 . 2/4/05-READ 35310-BILLED
                 . 1/7/05 READ 31050-PRIOR BILLED
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 896998
ACCOUNT#        :. 006720001901
CUSTOMER NAME   :. TIRPAK,PETER
SERVICE ADDRESS:. 2010  RED CEDAR DR
PHONE           :. 941/858-7553
```

Cypress Lakes

```
EDATE          :. 02/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 2/9/05-READ 156470
                . 2/4/05 READ 155220-BILLED
                . 1/4/05 READ 148390
                . SHANE/DB
RDATE          :. 02/09/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 897002
ACCOUNT#        :. 006720001922
CUSTOMER NAME   :. CHANDLER,BOBBY
SERVICE ADDRESS:. 2018  RED CEDAR DR
PHONE           :. 863/816-2950
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 228070-BILLED
                 . 1/7/05 READ 229870-PRIOR READ BILLED
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 897122
ACCOUNT#        :. 006720001991
CUSTOMER NAME   :. MYERS,NYMPHAS
SERVICE ADDRESS:. 2058  RED CEDAR DR
PHONE           :. 941/859-6645
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. METER READ THE SAME HAS PRIOR READ-ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 355830 & 2/4/05-SAME & BILLED
                 . 1/7/05-READ 355830
                 . 2/9/05-METER STUCK ISSUED S.O. FOR NEW METER
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 897124
ACCOUNT#        :. 006720002702
CUSTOMER NAME   :. STOLTZ,ROBERT
SERVICE ADDRESS:. 9533  CYPRESS TREE LN
PHONE           :. 863/255-5836
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ NO SUH ADDRESS PER SHANE IN FIELD ?
                 . 2/4/05-READ 70970-BILLED
                 . 1/7/05-READ 63620-PRIOR READ BILLED
                 . SHANE/DB
RDATE           :. 02/09/05
```

Cypress Lakes

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 897127
ACCOUNT# :. 006720002892
CUSTOMER NAME :. CONGILEO,ROSEMARI
SERVICE ADDRESS:. 9765 CYPRESS LAKES DR
PHONE :. 863/853-2111
EDATE :. 02/10/05

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 54850
                 . 2/4/05-READ 53070-BILLED
                 . 1/7/05-READ 37740
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 897129
ACCOUNT#        :. 006720002861
CUSTOMER NAME   :. CLARKE,WILLIAM
SERVICE ADDRESS:. 9751  CYPRESS LAKES DR
PHONE           :. 941/859-4258
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 431510-HOME FOR SALE
                 . 2/4/05-READ 419030-BILLED
                 . 1/7/05-READ 393640
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 897130
ACCOUNT#        :. 006720002333
CUSTOMER NAME   :. DEPUTY,WILLAM
SERVICE ADDRESS:. 9513  FOUNTAIN TER
PHONE           :. 863/859-3535
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT-READ
RESOLUTION      :. 2/9/05-READ 118120-BILLED
                 . 1/11/05- MR 116760
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 897131
ACCOUNT#        :. 006720000962
CUSTOMER NAME   :. RUMBAUGH,LARRY
SERVICE ADDRESS:. 2182  HORSESHOE DR
PHONE           :. 419/784-2792
```

Cypress Lakes

```
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 196740
                 . 2/4/05-READ 196700-BILED
                 . 1/7/05-READ 196480
                 . SHANE/DB
RDATE           :. 02/09/05
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 897136
ACCOUNT# :. 006720001251
CUSTOMER NAME :. FELITTO,SANTA
SERVICE ADDRESS:. 2175 HORSESHOE DR
PHONE :. 941/858-4783
EDATE :. 02/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/9/05-READ 166690
. 2/4/05-READ 166580-BILLED
. 1/7/05-READ 165940
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 897142
ACCOUNT# :. 006720004134
CUSTOMER NAME :. FOSTER,FREDERIC
SERVICE ADDRESS:. 2251 CYPRESS CROSS LP
PHONE :. 218/367-2392
EDATE :. 02/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/9/05-READ 9938500-BILLED
. 1/6/05-READ 9924700
. SHANE/DB
.
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 897144
ACCOUNT# :. 006720004141
CUSTOMER NAME :. NICHOLSON,MATTHEW
SERVICE ADDRESS:. 2247 CYPRESS CROSS LP
PHONE :. 863/815-1818
EDATE :. 02/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 2/9/05-READ 11670
. 2/3/05-READ 9310-BILLED
. 1/6/05-READ 10-PRIOR READ BILLED
. SHANE/DB

Cypress Lakes

RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 897145
ACCOUNT# :. 006720004651
CUSTOMER NAME :. BRIMIGION,LINDA
SERVICE ADDRESS:. 2381 BIG CYPRESS BLVD
PHONE :. 941/853-9316

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 52
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 02/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/3/05-READ 44730-IS A CORRECT READ FOR THIS BILLING
                 . 2/9/05-READ 46280-IS CORRECT
                 . 1/6/05-READ 34580-
                 . SHANE/DB
                 . **THE RESOLUTION ON THIS S.O. WAS FOR ANOTHER ACT-DB CORRECTED
3/7/05
                 . 3/7/05-IS CORRECT; "44730"WE CHECKED & RE-READ
                 .
                 .
                 .
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 897199
ACCOUNT#        :. 006720004581
CUSTOMER NAME   :. DURAND,JAMES
SERVICE ADDRESS:. 2150  CYPRESS CROSS DR
PHONE           :. 518/256-7022
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 19950-NO LEAKS
                 . 2/3/05-READ 18260-BILLED
                 . 1/6/05-READ 10340
                 . SHANE./DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 897204
ACCOUNT#        :. 006720004573
CUSTOMER NAME   :. HILEMAN,W PAUL
SERVICE ADDRESS:. 2146  CYPRESS CROSS DR
PHONE           :.    /   -
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 147710-
                 . 2/3/05-READ 147520-BILLED
                 . 1/6/05-READ 138630-PRIOR READ BILLED
                 . SHANE/DB
```

Cypress Lakes

RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 897205
ACCOUNT# :. 006720004321
CUSTOMER NAME :. LILIENTHAL,JUDITH
SERVICE ADDRESS:. 2165 CYPRESS CROSS DR
PHONE :. 941/858-8487
EDATE :. 02/11/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 53
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 167740-BILLED
                 . 1/6/05-READ 162480-PRIOR BILLED
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 897206
ACCOUNT#        :. 006720004281
CUSTOMER NAME   :. HELDING,BARBARA
SERVICE ADDRESS:. 2417  BIG CYPRESS BLVD
PHONE           :. 262/884-0455
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 124420
                 . 2/3/05-READ 123380-BILLED
                 . 1/6/05-READ 118290
                 . SHANE./DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 897209
ACCOUNT#        :. 006720004252
CUSTOMER NAME   :. WHALEN,JAMES A
SERVICE ADDRESS:. 2429  BIG CYPRESS BLVD
PHONE           :. 815/493-8270
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 769720-BILLED
                 . 1/6/05-READ 761600
                 . SHANE /DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 897233
ACCOUNT#        :. 006720004782
CUSTOMER NAME   :. HOFFLAND,ROGER
SERVICE ADDRESS:. 2341  PRESTWICK PASS
PHONE           :. 920/262-1797
EDATE           :. 02/11/05
```

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 704800-BILLED
                 . 1/6/05-READ 703300
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 54
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 2
SERVICE ORDER# :. 897238
ACCOUNT# :. 006720004772
CUSTOMER NAME :. BOGART,GARY N
SERVICE ADDRESS:. 2344 PRESTWICK PASS
PHONE :. 863/858-5505
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/9/05-READ 767720-BILLED
. 1/6/05-READ 793340
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 897239
ACCOUNT# :. 006720005031
CUSTOMER NAME :. MEINER,JIM
SERVICE ADDRESS:. 2318 PUTT LN
PHONE :. 941/858-2023
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 2/9/05-READ 1070300-NO LEAKS-BILLED
. 1/6/05-READ 1068000
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 897241
ACCOUNT# :. 006720005387
CUSTOMER NAME :. FLYNN,JIM JAMES
SERVICE ADDRESS:. 2216 PAR CIR
PHONE :. 800/954-6400
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 2/9/05-READ 123010
. 2/4/05-READ 120640-BILLED
. 1/4/05-READ 111270
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072

Cypress Lakes

ROUTE :. 3
SERVICE ORDER# :. 897244
ACCOUNT# :. 006720005761
CUSTOMER NAME :. BOWEN,ED
SERVICE ADDRESS:. 1358 BIG CYPRESS BLVD
PHONE :. 941/858-3875
EDATE :. 02/11/05
TYPE :. 21
FOPER :.

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ THE SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION       :. 2/9/05-READ 120880-METER, STICKING-DID S.O. TO INSTALL A NEW
METER*
                  . 2/2/05-READ 1213400-ESTIMATED A READ BILLING-SINCE METER STUCK
                  . 1/6/05-READ 1208900
                  . SHANE/DB
RDATE            :. 02/09/05

CORPýý----. 072
ROUTE            :. 3
SERVICE ORDER#   :. 897247
ACCOUNT#         :. 006720005803
CUSTOMER NAME    :. BATROUNY,DONALD
SERVICE ADDRESS:. 2408  SAND WEDGE CT
PHONE            :. 716/622-2253
EDATE            :. 02/11/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
                  .
RESOLUTION       :. 2/9/05-READ 1028900
                  . 2/7/05-READ 1022900-BILLED
                  . 1/6/05-READ 1002400
                  . SHANE/DB
RDATE            :. 02/09/05

CORPýý----. 072
ROUTE            :. 3
SERVICE ORDER#   :. 897250
ACCOUNT#         :. 006720048120
CUSTOMER NAME    :. CYPRESS LAKES ASSOCIATION,
SERVICE ADDRESS:.   CYPRESS LAKES BLVD
PHONE            :.    /   -
EDATE            :. 02/11/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 2/9/05-READ 1368000-BILLED
                  . 1/6/05-READ 1342700
                  . SHANE/DB
RDATE            :. 02/09/05

CORPýý----. 072
ROUTE            :. 3
SERVICE ORDER#   :. 897254
ACCOUNT#         :. 006720048140
CUSTOMER NAME    :. CYPRESS LAKES ASSOCIATION,
SERVICE ADDRESS:.   CYPRESS LAKES BLVD
PHONE            :.    /   -
```

Cypress Lakes

```
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 1588600-BILLED
                 . 1/6/05-READ 1562400
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 56
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
ROUTE           :. 4
SERVICE ORDER#  :. 897258
ACCOUNT#        :. 006720006111
CUSTOMER NAME   :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409  SANDCRANE TRL
PHONE           :. 863/853-5898
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ THE SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-NO READ-CHANGED METER OUT
                 . 2/2/05-READ 757990-BILLED
                 . 1/7/05-READ 757900
                 . * METER STUCK*HAD IT CHANGED OUT ALREADY
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 897262
ACCOUNT#        :. 006720048390
CUSTOMER NAME   :. CYPRESS LAKES,
SERVICE ADDRESS:.   ULTRA DR IRRG
PHONE           :.    /   -
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 9780-MIS READ S/B 19780
                 . 2/2/05-READ 19430-BILLED
                 . 1/7/05-READ 17590-PRIOR READ BILLED
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 897263
ACCOUNT#        :. 006720006871
CUSTOMER NAME   :. AVON,BRIAN
SERVICE ADDRESS:. 9405  TOP FLIGHT DR
PHONE           :. 863/859-2221
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 485370-METER STUCK DID S.O., FOR NEW METER
                 . 2/2/05-READ 485370-BILLED
                 . 1/8/05-READ 485370-PRIOR READ BILLED
                 . SHANE/DB
```

Cypress Lakes

RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 897303
ACCOUNT# :. 006720007612
CUSTOMER NAME :. BEGIER,NORMAN E
SERVICE ADDRESS:. 9374 HOOSIER CIR
PHONE :. / -

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 613400-BILLED
                 . 1/7/05-READ 605100-PRIOR READ BILLED
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 897305
ACCOUNT#        :. 006720007421
CUSTOMER NAME   :. MORRIS,MACK
SERVICE ADDRESS:. 9327  HOOSIER CIR
PHONE           :. 941/853-9761
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 370340-BILLED
                 . 1/8/05-READ 370330
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 897307
ACCOUNT#        :. 006720007562
CUSTOMER NAME   :. DANIELS,GEORGE
SERVICE ADDRESS:. 9367  HOOSIER CIR
PHONE           :. 863/853-5921
EDATE           :. 02/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 202220
                 . 2/2/05-READ 200910-BILLED
                 . 1/8/05-READ 194270
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 897309
ACCOUNT#        :. 006720007072
CUSTOMER NAME   :. SOLOMON,ERIKA
SERVICE ADDRESS:. 9446  BIG APPLE LN
PHONE           :. 281/495-6703
```

Cypress Lakes

```
EDATE          :. 02/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION     :. 2/9/05-READ 601800
                . 2/3/05-READ 601200-BILLED
                . 1/8/05-READ 601200
                . SHANE/DB
RDATE          :. 02/09/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 897310
ACCOUNT# :. 006720006951
CUSTOMER NAME :. KNOPE,JOHN
SERVICE ADDRESS:. 9411 BIG APPLE LN
PHONE :. 941/858-7868
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/9/05-READ 708110-BILLED & WAS 1/8/05-READ
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 897312
ACCOUNT# :. 006720009062
CUSTOMER NAME :. SILVA,FRANK
SERVICE ADDRESS:. 9240 SPATTERDOCK CT
PHONE :. 863/859-7650
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 2/9/05-READ 474730
. 2/3/05-READ 474200-BILLED
. 1/8/05-READ 455680-PRIOR READ BILLED
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 897313
ACCOUNT# :. 006720009602
CUSTOMER NAME :. LACKS,FRANK
SERVICE ADDRESS:. 2919 DOLLAR BONNET LN
PHONE :. 941/816-8506
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/9/05-READ 395350-BILLED
. 1/8/05-READ 392190
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072

Cypress Lakes

ROUTE :. 5
SERVICE ORDER# :. 897321
ACCOUNT# :. 006720010931
CUSTOMER NAME :. FLICKINGER,JOHN
SERVICE ADDRESS:. 3014 PEAVINE TRL
PHONE :. 863/398-9356
EDATE :. 02/11/05
TYPE :. 21
FOPER :.

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 2/9/05-READ 1200-BILLED
                  . 2/7/05-READ 1060-START READ BILLED FROM
                  . SHANE/DB
RDATE            :. 02/09/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 897322
ACCOUNT#         :. 006720011311
CUSTOMER NAME    :. RONDEAU,KEVIN B
SERVICE ADDRESS  :. 9113  SLY FOX LOOP
PHONE            :. 863/397-9979
EDATE            :. 02/11/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 2/9/05-READ 16620
                  . 2/3/05-READ 15170-BILLED
                  . 1/8/05-READ 7140-PRIOR READ BILLED
                  . SHANE/DB
RDATE            :. 02/09/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 897323
ACCOUNT#         :. 006720011040
CUSTOMER NAME    :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS  :. 1845  BIG CYPRESS BLVD
PHONE            :. 800/627-2427
EDATE            :. 02/11/05
TYPE             :. 21
FOPER            :.
COMMENT          :. NO READ ON MVR REPORT
RESOLUTION       :. 2/9/05-NO READ SINCE METER BURIED -HEAVY CONSTRUCTION
                  . 2/5/05-READ 130-BILLED
                  . 1/8/05-READ 130-PRIOR READ BILLED
                  . SHANE/DB
RDATE            :. 02/09/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 897324
ACCOUNT#         :. 006720011191
CUSTOMER NAME    :. TILE,ROBERT W
SERVICE ADDRESS  :. 1876  BIG CYPRESS BLVD
PHONE            :. 863/815-0477
EDATE            :. 02/11/05
TYPE             :. 21
```

Cypress Lakes

```
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/9/05-READ 9230
                 . 2/3/05-READ 7750-BILLED
                 . 1/8/05-READ 1840-PRIOR READ BILLED
                 . SHANE/DB
RDATE           :. 02/09/05

CORPýý----. 072
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 5
SERVICE ORDER# :. 897325
ACCOUNT# :. 006720011010
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1840 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 2/9/05-READ 12870
. 2/3/05-READ 10310-BILLED
. 1/8/05-READ 770-PRIOR READ BILLED
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 897332
ACCOUNT# :. 006720015102
CUSTOMER NAME :. LONGBRAKE,ROBERT
SERVICE ADDRESS:. 9860 GRACKLE LP
PHONE :. 863/646-2114
EDATE :. 02/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/9/05-READ 609940-BILLED
. 2/4/05-READ 608590-PRIOR READ
. SHANE/DB
RDATE :. 02/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 900542
ACCOUNT# :. 006720002271
CUSTOMER NAME :. WADDELL,JAMES
SERVICE ADDRESS:. 9665 CYPRESS LAKES DR
PHONE :. 863/859-2905
EDATE :. 02/23/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAKS THE CUSTOMER IS CONCERNED OF
. HIGH USAGE.
.
. PLEASE TAG AND INFORM THE CUSTOMER OF FINDINGS.
. 2/4/05 R=284240 1/7/05 R=271550
RESOLUTION :. 9/24/05-READ 286440-NO LEAKS

Cypress Lakes

```
                . 2/4/05- READ 284240
                . 1/7/05  READ 271550
                . SR/DB
RDATE          :. 02/24/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 900922
ACCOUNT#       :. 006720013602
CUSTOMER NAME  :. CRISSMAN,LOIS
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 61
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 2156 BIG CYPRESS BLVD
PHONE :. 863/859-9550
EDATE :. 02/24/05
TYPE :. 21
FOPER :. CLU
COMMENT :. PLEASE CHECK FOR LOW WATER PRESSURE.
. DISPATCHED TO SHAN
RESOLUTION :. 2/24/05-READ 345800-PRESSURE BEOFRE METER CHECKS OUT OK.
PROBLEM IS
. ON CUSTOMERS SIDE @ WATER SOFTNER & CHECK VALVE BEFORE
SOFTNER.
. SPOKE WITH CUSTOMER TO HAVE SOFTNER SERVICED
. SR/DB
RDATE :. 02/24/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 905191
ACCOUNT# :. 006720001573
CUSTOMER NAME :. WAGER,SUSAN
SERVICE ADDRESS:. 2047 RED CEDAR DR
PHONE :. 517/321-8537
EDATE :. 03/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 47850-
. 3/3/05-READ 43180-BILLED
. 2/4/05-READ 35310
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 905193
ACCOUNT# :. 006720001622
CUSTOMER NAME :. SHONK,EILEEN
SERVICE ADDRESS:. 2027 RED CEDAR DR
PHONE :. / -
EDATE :. 03/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/10/05-READ 66610
. 3/3/05- READ 63800-BILLED
. 2/4/05- READ 58300
. SHANE R/DB
RDATE :. 03/10/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 905197
ACCOUNT# :. 006720001831
CUSTOMER NAME :. MAXWELL,HARRY
SERVICE ADDRESS:. 9534 CEDAR TREE LN
PHONE :. 931/526-6894
EDATE :. 03/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
RESOLUTION      :. 3/10/05-READ 226630
                 . 3/3/05- READ 226630-BILLED
                 . 2/4/05  READ 229870
                 . SHANE R/DB
RDATE           :. 03/10/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 905200
ACCOUNT#        :. 006720003152
CUSTOMER NAME   :. OBERLE,JERALD
SERVICE ADDRESS:. 9726  CYPRESS LAKES DR
PHONE           :. 317/745-0047
EDATE           :. 03/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05 READ 317310
                 . 3/3/05 READ 316920-BILLED
                 . 2/4/05 READ 302850
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 905201
ACCOUNT#        :. 006720003371
CUSTOMER NAME   :. DUNCAN,JOHN
SERVICE ADDRESS:. 9516  MANILA CT
PHONE           :. 941/859-1867
EDATE           :. 03/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 14760
                 . 3/3/05-READ 12460-BILLED
                 . 2/4/05-READ 3200
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 905208
ACCOUNT#        :. 006720003441
CUSTOMER NAME   :. FORT,HERBERT
SERVICE ADDRESS:. 9863  CYPRESS LAKES DR
PHONE           :. 941/858-9413
EDATE           :. 03/10/05
TYPE            :. 21
```

Cypress Lakes

| | | |
|---|---|---|
| FOPER | :. | |
| COMMENT | :. | READ HIGH ON MVR REPORT |
| RESOLUTION | :. | 3/9/05-READ 204880 |
| | . | 3/3/05-READ 201580-BILLED |
| | . | 2/4/05-READ 193690 |
| | . | SHANE R/DB |
| | . | |
| RDATE | :. | 03/09/05 |

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 63
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 905209
ACCOUNT# :. 006720003561
CUSTOMER NAME :. CORNWELL,JOHN
SERVICE ADDRESS:. 9505 LOON CT
PHONE :. 941/859-6915
EDATE :. 03/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 3/9/05-READ 502850
. 3/3/05-READ 502380-BILLED
. 2/4/05-READ 500110
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 905220
ACCOUNT# :. 006720002301
CUSTOMER NAME :. LAPORTE,ERNEST
SERVICE ADDRESS:. 9501 FOUNTAIN TER
PHONE :. 941/859-9450
EDATE :. 03/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 3/9/05-READ 3950
. 3/3/05-READ 3950-BILLED
. 2/4/05-READ 3950
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 905221
ACCOUNT# :. 006720000962
CUSTOMER NAME :. RUMBAUGH,LARRY
SERVICE ADDRESS:. 2182 HORSESHOE DR
PHONE :. 419/784-2792
EDATE :. 03/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 203650
. 3/3/05-READ 201010-BILLED
. 2/4/05-READ 196700
. SHANE R/DB

Cypress Lakes

RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 905222
ACCOUNT# :. 006720001242
CUSTOMER NAME :. TURNER,PAMELA
SERVICE ADDRESS:. 2169 HORSESHOE DR
PHONE :. 863/816-7049

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 03/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 182670
                 . 3/3/05-READ 181850-BILLED
                 . 2/4/05-READ 178810
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 905223
ACCOUNT#        :. 006720000951
CUSTOMER NAME   :. BARLOW,EDWARD
SERVICE ADDRESS:. 9605  CYPRESS LAKES DR
PHONE           :. 781/595-2595
EDATE           :. 03/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ  HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 50660
                 . 3/3/05-READ 48500-BILLED
                 . 2/4/05-READ 43580
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 905226
ACCOUNT#        :. 006720000831
CUSTOMER NAME   :. STEWART,ARTHUR
SERVICE ADDRESS:. 9553  CYPRESS LAKES DR
PHONE           :. 941/859-6339
EDATE           :. 03/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 366190-METER STUCK-DID S.O, FOR NEW METER-BILLED
THIS READ
                 . FOR 3/3/05-
                 . 2/4/05-READ 366190
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 905227
ACCOUNT#        :. 006720000741
```

Cypress Lakes

```
CUSTOMER NAME   :. MEMBRINO,JOHN
SERVICE ADDRESS:. 9517  CYPRESS LAKES DR
PHONE           :. 941/859-7273
EDATE           :. 03/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 336050
                 . 3/3/05-READ 335350-BILLED
                 . 2/4/05-READ 326190
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 905347
ACCOUNT#        :. 006720003981
CUSTOMER NAME   :. HEILEMANN,ALBERT
SERVICE ADDRESS:. 2246  CYPRESS CROSS LP
PHONE           :. 941/853-8813
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 42450
                . 3/4/05-READ 422890-BILLED
                . 2/3/05-READ 414300
                . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 905359
ACCOUNT#        :. 006720004011
CUSTOMER NAME   :. LANDRY,RALPH
SERVICE ADDRESS:. 2258  CYPRESS CROSS LP
PHONE           :. 941/858-9143
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 9297200
                . 3/4/05-READ 929200-BILLED-METER STUCK DID S.O. FOR NEW METER
                . 2/3/05-READ 929200
                . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 905361
ACCOUNT#        :. 006720004121
CUSTOMER NAME   :. HANNEN,JOHN
SERVICE ADDRESS:. 2255  CYPRESS CROSS LP
PHONE           :. 863/853-3066
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 98670
```

Cypress Lakes

```
                . 3/4/05-READ 92280
                . BILLED
                . 2/3/05-READ 93160
                . SHANE R/DB
RDATE          :. 03/09/05

CORPýý----. 072
ROUTE          :. 2
SERVICE ORDER# :. 905365
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 66
 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



ACCOUNT#        :. 006720004231
CUSTOMER NAME   :. LOVE,EDWARD
SERVICE ADDRESS:. 2437  BIG CYPRESS BLVD
PHONE           :. 856/935-8449
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 91210-BILLED SAME READ 2/3/05-***VACANT***
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 905367
ACCOUNT#        :. 006720004772
CUSTOMER NAME   :. BOGART,GARY N
SERVICE ADDRESS:. 2344  PRESTWICK PASS
PHONE           :. 863/858-5505
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 803510-BILLED
                 . 2/9/05-READ 797720
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 905371
ACCOUNT#        :. 006720048320
CUSTOMER NAME   :. CYPRESS LAKES,
SERVICE ADDRESS:.   CYPRESS CROSS S IRRG
PHONE           :.    /   -
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 3/9/05-44250 & 2/3/05-BILLED 3/9/05
                 . FIELD COULDN'T LOCATE ???-
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 905374
ACCOUNT#        :. 006720048413
CUSTOMER NAME   :. MEHL,PHILIP
```

Cypress Lakes

SERVICE ADDRESS:. 1320  BIG CYPRESS BLVD
PHONE :. 863/815-2007
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 1529500
. 3/4/05-READ 1528200-BILLED
. 2/4/05-READ 1513200

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SHANE R/DB
RDATE          :. 03/09/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 905375
ACCOUNT#       :. 006720004991
CUSTOMER NAME  :. MEYER,BARNIE
SERVICE ADDRESS:. 2307  PUTT LN
PHONE          :. 941/858-1338
EDATE          :. 03/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 3/9/05-READ 238120-BILLED
                . 3/4/05-READ 232460-MIS READ BY METER READER NOT BILLED
                . 2/7/05-READ 233980
                . SHANE R/DB
RDATE          :. 03/09/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 905377
ACCOUNT#       :. 006720005021
CUSTOMER NAME  :. AINSWORTH,ALLAN
SERVICE ADDRESS:. 2314  PUTT LN
PHONE          :. 941/859-2198
EDATE          :. 03/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 3/9/05-READ 87420
                . 2/7/05-READ 88530-BILLED 3/4/05-
                . SHANE R/DB
                .
                .
                . ****SEE IF READ CATCHES UP 4/4/05****
RDATE          :. 03/09/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 905380
ACCOUNT#       :. 006720005523
CUSTOMER NAME  :. MCELROY,MEREDITH A
SERVICE ADDRESS:. 2326  MULLIGAN DR
PHONE          :. 863/858-2496
EDATE          :. 03/11/05
TYPE           :. 21
FOPER          :.
```

Cypress Lakes

```
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 3/9/05-READ 217640
                  . 3/4/05-READ 215960-BILLED
                  . 2/4/05-READ 207170
                  . SHANE R/DB
RDATE            :. 03/09/05

CORPýý----. 072
ROUTE            :. 4
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 905381
ACCOUNT# :. 006720006071
CUSTOMER NAME :. VILLARI,CARL
SERVICE ADDRESS:. 2425 SANDCRANE TRL
PHONE :. 941/815-0845
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 614100
. 3/4/05-READ 613700-BILLED
. 2/2/05-READ 608400
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 905394
ACCOUNT# :. 006720006111
CUSTOMER NAME :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409 SANDCRANE TRL
PHONE :. 863/853-5898
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 2850-BILLED
. 3/4/05-READ 24490 MIS READ BY METER READER
. 2/2/05-READ 10
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 905397
ACCOUNT# :. 006720006271
CUSTOMER NAME :. ONACHILA,BERNARD
SERVICE ADDRESS:. 9434 ULTRA DR
PHONE :. 941/853-9660
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 662900
. 3/7/05-READ 662800-BILLED
. 2/2/05-REAF 658700
. SHANE R/DB
RDATE :. 03/09/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 905398
ACCOUNT# :. 006720007901
CUSTOMER NAME :. FILION,JOSEPH
SERVICE ADDRESS:. 9463 MAX FLY DR
PHONE :. 941/853-5539
EDATE :. 03/11/05
TYPE :. 21

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 169310-BILLED
                 . 2/2/05-READ 166410
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 905399
ACCOUNT#        :. 006720007761
CUSTOMER NAME   :. WARD,LAWRENCE
SERVICE ADDRESS:. 9492  MAX FLY DR
PHONE           :. 941/815-1500
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 24160
                 . 3/4/05-READ 22700
                 . 2/2/05-READ 16590
                 . BILLED 3/4/05-READ
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 905405
ACCOUNT#        :. 006720008171
CUSTOMER NAME   :. GRAY,MONTE
SERVICE ADDRESS:. 1627  BIG CYPRESS BLVD
PHONE           :. 941/853-3487
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 66550-BILLED
                 . 2/2/05-READ 62890
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 905406
ACCOUNT#        :. 006720006912
CUSTOMER NAME   :. MILLER,ROBERT M
SERVICE ADDRESS:. 9416  TOP FLIGHT DR
PHONE           :. 863/853-3972
EDATE           :. 03/11/05
```

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 749000-BILLED
                 . 3/4/05-READ 727270
                 . 2/3/05-READ 744690
                 . SHANE R/DB
RDATE           :. 03/09/05
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 905408
ACCOUNT# :. 006720007082
CUSTOMER NAME :. LAMALFA,STEVEN
SERVICE ADDRESS:. 9449 BIG APPLE LN
PHONE :. 863/853-3824
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 3/9/05-READ 133510-BILLED
. 2/3/05-READ 128570
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 905410
ACCOUNT# :. 006720007161
CUSTOMER NAME :. CAPOZZI,RALPH
SERVICE ADDRESS:. 9465 BIG APPLE LN
PHONE :. 941/859-4798
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 254730-BILLED
. 2/3/05-READ 250590
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 905413
ACCOUNT# :. 006720006591
CUSTOMER NAME :. WITTE,HAROLD
SERVICE ADDRESS:. 9348 TOP FLIGHT DR
PHONE :. 941/859-0807
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 3/9/05-READ 822630
. 3/4/05-READ 821970-BILLED
. 2/3/05-READ 818420
. SHANE R/DB
RDATE :. 03/09/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 905434
ACCOUNT# :. 006720008842
CUSTOMER NAME :. DEVLIN,THOMAS
SERVICE ADDRESS:. 2892 PEAVINE TRL
PHONE :. 732/604-1482
EDATE :. 03/11/05
TYPE :. 21

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 17880
                 . 3/4/05-READ 16500-BILLED
                 . 2/3/05-READ 9670
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 905435
ACCOUNT#        :. 006720009541
CUSTOMER NAME   :. MULLIGAN,ROGER
SERVICE ADDRESS:. 2907  DOLLAR BONNET LN
PHONE           :. 941/859-1107
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 58000-VACANT-BILLED & ALSO BILLED PRIOR READ
2/3/05
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 905440
ACCOUNT#        :. 006720009641
CUSTOMER NAME   :. CASSELL,JOHN
SERVICE ADDRESS:. 9209  SPIKERUSH CT
PHONE           :. 941/859-2960
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 314190
                 . 3/4/05-READ 303570-BILLED
                 . 2/3/05-READ 271970
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 905443
ACCOUNT#        :. 006720009011
CUSTOMER NAME   :. GREATHOUSE,MERLE
SERVICE ADDRESS:. 2875  PEAVINE TRL
PHONE           :. 941/858-8653
EDATE           :. 03/11/05
```

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 390860-BILLED
                 . 2/3/05-READ 380200
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 905445
ACCOUNT# :. 006720010511
CUSTOMER NAME :. BOSNER,ALFRED
SERVICE ADDRESS:. 2909 PEAVINE TRL
PHONE :. 941/859-7550
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 3/9/05-READ 654570-METER STUCK ***
. 3/4/05-READ 658913-ESTIMATED FO R BILLING SINCE METER STUCK*
. 2/3/05-READ 654570-SAME READ HAS 3/9/05
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 905450
ACCOUNT# :. 006720010631
CUSTOMER NAME :. RYMAM,WALTER
SERVICE ADDRESS:. 2933 PEAVINE TRL
PHONE :. 863/815-0371
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
.
RESOLUTION :. 3/9/05-READ 162920-BILLED
. 2/5/05-READ 152531
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 905470
ACCOUNT# :. 006720010711
CUSTOMER NAME :. LIND,GARY
SERVICE ADDRESS:. 2963 PEAVINE TRL
PHONE :. 651/238-5748
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 19360
. 3/4/05-READ 16510-BILLED
. 2/3/05-READ 4710
. SHANE R/DB
RDATE :. 03/09/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 905474
ACCOUNT# :. 006720010643
CUSTOMER NAME :. SPARKS,JOSEPH
SERVICE ADDRESS:. 2942 PEAVINE TRL
PHONE :. / -
EDATE :. 03/11/05
TYPE :. 21

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 514310
                 . 3/4/05-READ 512350-BILLED
                 . 2/3/05-READ 502330
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 905475
ACCOUNT#        :. 006720011021
CUSTOMER NAME   :. STEGNER,ROGER
SERVICE ADDRESS:. 9148  SLY FOX LOOP
PHONE           :. 863/859-9202
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 16490
                 . 3/4/05-READ 14460-BILLED
                 . 2/3/05-READ 3550
                 . SHANE R/DB
                 .
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 905477
ACCOUNT#        :. 006720011300
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9108  SLY FOX  LOOP
PHONE           :. 800/627-2427
EDATE           :. 03/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH N MVR REPORT
RESOLUTION      :. 3/9/05-READ 9910
                 . 3/4/05-READ 8450-BILLED
                 . 2/3/05-READ 2070
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 905478
ACCOUNT#        :. 006720011370
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9133  SLY FOX LOOP
```

Cypress Lakes

| | | |
|---|---|---|
| PHONE | :. | 800/627-2427 |
| EDATE | :. | 03/11/05 |
| TYPE | :. | 21 |
| FOPER | :. | |
| COMMENT | :. | READ HIGH ON MVR REPORT |
| RESOLUTION | :. | 3/9/05-READ 12870 |
| | . | 3/4/05-READ 11940-BILLED |
| | . | 2/3/05-READ 2450 |
| | . | SHANE R/DB |

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 74
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 905480
ACCOUNT# :. 006720011420
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9149 SLY FOX LOOP
PHONE :. 800/627-2427
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/9/05-READ 34540
. 3/4/05-READ 32260-BILLED
. 2/3/05-READ 6210
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 905481
ACCOUNT# :. 006720011040
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1845 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 3/9/05-READ NONE METER IN PHASE 8-CONSUTRUCTION**BURIED**NEED
BACK HOE
. TO GET THIS METER
. 3/5/05-READ 130-BILLED
. 2/5/05-READ 130-SAME
. SHANE R/DB
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 905483
ACCOUNT# :. 006720011740
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2910 FOX BRANCH CT
PHONE :. 800/627-2427
EDATE :. 03/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT

Cypress Lakes

```
RESOLUTION      :. 3/9/05-READ 24340
                 . 3/4/05-READ 23230-BILLED
                 . 2/3/05-READ 3120
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 905484
ACCOUNT#        :. 006720011211
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 75
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
CUSTOMER NAME  :. LAHEY,SALVADOR P
SERVICE ADDRESS:. 9276  WOODSTORK DR
PHONE          :.    /   -
EDATE          :. 03/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 3/9/05-READ 20320
                . 3/4/05-READ 18400-BILLED
                . 2/8/05-READ 7570
                . SHANE R./DB
RDATE          :. 03/09/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 905485
ACCOUNT#       :. 006720011590
CUSTOMER NAME  :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9244  WOODSTORK DR
PHONE          :. 800/627-2427
EDATE          :. 03/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 3/9/05-READ 12060
                . 3/4/05-READ 10550-BILLED
                . 2/3/05-READ 1750
                . SHANE R/DB
RDATE          :. 03/09/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 905487
ACCOUNT#       :. 006720014701
CUSTOMER NAME  :. OLSON,KENNETH
SERVICE ADDRESS:. 2116  MOORHEN CT
PHONE          :. 941/853-9246
EDATE          :. 03/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
                .
RESOLUTION     :. 3/9/05-READ 1263460
                . 3/7/05-READ 1262900-BILLED
                . 2/3/05-READ 1258320
                . SHANE R/DB
RDATE          :. 03/09/05

CORPýý----. 072
```

Cypress Lakes

ROUTE :. 6
SERVICE ORDER# :. 905489
ACCOUNT# :. 006720014621
CUSTOMER NAME :. DETLEFSEN,DAVID
SERVICE ADDRESS:. 9851 MOORHEN DR
PHONE :. 863/815-1329
EDATE :. 03/11/05
TYPE :. 21
FOPER :.

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 3/9/05-READ 735600
                  . 3/7/05-READ 735790-BILLED
                  . 2/3/05-READ 729470
                  . SHANE R/DB
RDATE            :. 03/09/05

CORPýý----. 072
ROUTE            :. 6
SERVICE ORDER#   :. 905496
ACCOUNT#         :. 006720015481
CUSTOMER NAME    :. COLLIER,JOSEPH
SERVICE ADDRESS  :. 2324  LITTLE CYPRESS DR
PHONE            :. 863/815-7481
EDATE            :. 03/11/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 3/9/05-READ 238210-BILLED
                  . 2/3/05-READ 232780
                  . SHANE R/DB
RDATE            :. 03/09/05

CORPýý----. 072
ROUTE            :. 6
SERVICE ORDER#   :. 905497
ACCOUNT#         :. 006720015242
CUSTOMER NAME    :. SCHRIVER,LARRY E
SERVICE ADDRESS  :. 2372  LITTLE CYPRESS DR
PHONE            :. 813/368-2813
EDATE            :. 03/11/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 3/9/05-READ 259260
                  . 3/7/05-READ 258060-BILLED
                  . 2/3/05-READ 252190
                  . SHANE R/DB
RDATE            :. 03/09/05

CORPýý----. 072
ROUTE            :. 6
SERVICE ORDER#   :. 905499
ACCOUNT#         :. 006720013881
CUSTOMER NAME    :. WHITE,LARRY E
SERVICE ADDRESS  :. 9844  GRACKLE LP
PHONE            :. 330/337-3901
EDATE            :. 03/11/05
TYPE             :. 21
```

Cypress Lakes

```
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 3/9/05-READ 161330
                 . 3/7/05-READ 161320-BILLED
                 . 2/3/05-READ 161320-VACANT & VACANT 3/9/05, 3/7/05
                 . SHANE R/DB
RDATE           :. 03/09/05

CORPýý----. 072
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 4
SERVICE ORDER# :. 909608
ACCOUNT# :. 006720007261
CUSTOMER NAME :. SCHMIDT,ROBERT
SERVICE ADDRESS:. 9485 BIG APPLE LN
PHONE :. 863/859-4442
EDATE :. 03/24/05
TYPE :. 21
FOPER :.
COMMENT :. PLESE OBTAIN READING AND CHECK FOR LEAK. CUSTOMER USAGE HAS INCREASED
. PLEAE INFORM THE CUSTOMER OF FINDINGS.
.
. 2/3/05 R=208390
. 3/4/05 R=212660
RESOLUTION :. 3/28/05-READ 216480-LEAKS DETECTED**
. 3/4/05- READ 212660-BILLED
. 2/3/05- READ 208390
. SR/DB
RDATE :. 03/25/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 914717
ACCOUNT# :. 006720048130
CUSTOMER NAME :. CYPRESS LAKES ASSOCIATION,
SERVICE ADDRESS:. CYPRESS LAKES BLVD
PHONE :. 863/859-1431
EDATE :. 04/11/05
TYPE :. 21
FOPER :.
COMMENT :. RE-READ-PLEASE RADIO TO OFFICE FOR BILLING WAS ON MVR REPORT BUT
. NO READ GIVEN-SO I CAN BILL
. 3/4/05-READ 3597800 PRIOR
RESOLUTION :. 4/6/05-READ 3804600-BILLED
. 3/4/05-READ 3597800
. SHANE R/DB
RDATE :. 04/06/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 914736
ACCOUNT# :. 006720008332
CUSTOMER NAME :. CABRAL,RICHARD E
SERVICE ADDRESS:. 1662 BIG CYPRESS BLVD
PHONE :. 978/851-4695
EDATE :. 04/11/05
TYPE :. 21

Cypress Lakes

```
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
                 . 3/4/05- MR; 343590-  **VACANT OR STUCK ?? ON PAGE 9 MVR REPORT
RESOLUTION      :. 4/12/05-READ 343590-BILLED 4/6/05-
                 . SHANE R/DB
RDATE           :. 04/12/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 914739
ACCOUNT#        :. 006720007853
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. NANTES,DAVID
SERVICE ADDRESS:. 9546 ANGLERS WAY
PHONE :. / -
EDATE :. 04/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT-PAGE 9 MISSED ?
. 3/4/05 MR; 862540
RESOLUTION :. 4/12/05-READ 868280
. 4/6/05- READ 868050-BILLED
. 3/4/05- READ 862540
. SHANE R/DB
RDATE :. 04/12/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915046
ACCOUNT# :. 006720011080
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1853 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. RE-READ ? FROM MVR REPORT NO READ SAID NO ADDRESS YET HAVE A METER #
. PLEASE RE-CHECK & GET THE READ**
. 4/4/05-READ 20260
RESOLUTION :. 4/11/05-READ 250-DID ADJUSTMENT FOR PRIOR MIS READ 2/3 & 3/4/05
.
. TOTAL CREDIT; - 137.76 COSN CR; 20,250
. SHANE R/DB
. ***PLUMBER JUST CONNECTED METER SO THAT IS THE REASON FOR AJDUSTMENT
. PRIOR READS ??
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915084
ACCOUNT# :. 006720000042
CUSTOMER NAME :. HOWLAND,KENNETH W
SERVICE ADDRESS:. 2319 FIRESTONE CT
PHONE :. 863/816-7885
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT

Cypress Lakes

```
RESOLUTION      :. 4/11/05-READ 227200-BILLED
                 . 3/3/05- READ 220280
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER# :. 915087
ACCOUNT#        :. 006720001391
CUSTOMER NAME   :. POWELL,ROSWHITA
SERVICE ADDRESS:. 2103  SABAL PALM DR
PHONE           :. 941/853-4634
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 386760
                 . 4/6/05- READ 389650-ESTIMATED READ & BILLED SINCE METER
STUCK**
                 . 3/3/05- READ 386760
                 . DID S.O. FOR NEW METER
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915089
ACCOUNT#        :. 006720001441
CUSTOMER NAME   :. BENSON,CLARENCE
SERVICE ADDRESS:. 2122  SABAL PALM DR
PHONE           :. 863/859-7522
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 129540-BILLED
                 . 3/3/05- READ 122400
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915091
ACCOUNT#        :. 006720001511
CUSTOMER NAME   :. LEAVITT,CHARLES
SERVICE ADDRESS:. 2071  RED CEDAR DR
PHONE           :. 941/853-4932
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
                 .
RESOLUTION      :. 4/11/05-READ 191930-BILLED
                 . 3/3/05- READ 191880
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915095
ACCOUNT#        :. 006720001582
```

Cypress Lakes

```
CUSTOMER NAME  :. HOPKINS,JOHN
SERVICE ADDRESS:. 2043  RED CEDAR DR
PHONE          :. 863/859-5488
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 26130-BILLED 4/6
                . 3/3/05- READ 22790
                . SHANE R/DB
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915101
ACCOUNT#        :. 006720001601
CUSTOMER NAME   :. CONICELLI,TONY
SERVICE ADDRESS:. 2035  RED CEDAR DR
PHONE           :. 941/859-5538
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ  HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 244950
                 . 4/6/05  READ 244950-BILLED
                 . 3/3/05- READ 234390
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915103
ACCOUNT#        :. 006720001622
CUSTOMER NAME   :. SHONK,EILEEN
SERVICE ADDRESS:. 2027  RED CEDAR DR
PHONE           :.    /   -
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 72910
                 . 4/6/05  READ 71420-BILLED
                 . 3/3/05- READ 63800
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 915111
ACCOUNT#        :. 006720001804
CUSTOMER NAME   :. EVANS,DOYLE
SERVICE ADDRESS:. 9520  CEDAR TREE LN
PHONE           :. 570/925-5196
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 579580
                 . 4/6/05  READ 579580-BILLED
```

Cypress Lakes

```
                . 3/3/05  READ 579580
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915113
ACCOUNT#       :. 006720001882
CUSTOMER NAME  :. MILLER,HARVEY E
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 2007 RED CEDAR DR
PHONE :. 863/853-3327
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPROT
RESOLUTION :. 4/11/05-READ 345820-BILLED 4/6
. 3/3/05- READ 341210
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915121
ACCOUNT# :. 006720001901
CUSTOMER NAME :. TIRPAK,PETER
SERVICE ADDRESS:. 2010 RED CEDAR DR
PHONE :. 941/858-7553
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 170450
. 4/6/05 READ 169600-BILLED
. 3/3/05 READ 160710
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915123
ACCOUNT# :. 006720001922
CUSTOMER NAME :. CHANDLER,BOBBY
SERVICE ADDRESS:. 2018 RED CEDAR DR
PHONE :. 863/816-2950
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 223370
. 4/6/05- READ 226630-BILLED
. 3/3/05- READ 226630
. SHANE R/DB
.
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915208

Cypress Lakes

ACCOUNT# :. 006720002001
CUSTOMER NAME :. VERDERBER,BOB
SERVICE ADDRESS:. 2068 RED CEDAR DR
PHONE :. 941/858-0422
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 57310-BILLED 4/6

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 3/3/05- READ 56110
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915210
ACCOUNT#       :. 006720002921
CUSTOMER NAME  :. JENSEN,DONALD
SERVICE ADDRESS:. 9672  CYPRESS LAKES DR
PHONE          :. 941/858-2190
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 483710-BILLED
                . 3/3/05- READ 480910
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915212
ACCOUNT#       :. 006720003042
CUSTOMER NAME  :. AINSWORTH,JANIS
SERVICE ADDRESS:. 9682  CYPRESS LAKES DR
PHONE          :.    /   -
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 38370-BILLED
                . 3/3/05-READ  28080
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915214
ACCOUNT#       :. 006720003122
CUSTOMER NAME  :. WYSE,WES
SERVICE ADDRESS:. 9714  CYPRESS LAKES DR
PHONE          :. 419/445-8521
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 235570-BILLED
                . 3/3/05- READ 228140
```

Cypress Lakes

```
                  . SHANE R/DB
RDATE            :. 04/11/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 915216
ACCOUNT#         :. 006720003212
CUSTOMER NAME    :. MCEACHERN,MOIRA
SERVICE ADDRESS  :. 9750  CYPRESS LAKES DR
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

PHONE :. 863/859-7928
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 335710
. 4/6/05- READ 333390-BILLED
. 3/3/05- READ 313710
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915219
ACCOUNT# :. 006720003321
CUSTOMER NAME :. POL,ANNA
SERVICE ADDRESS:. 9503 MANILA CT
PHONE :. 941/858-0992
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 18820
. 4/6/05- READ 18510-BILLED
. 3/3/05- READ 12230
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915225
ACCOUNT# :. 006720003441
CUSTOMER NAME :. FORT,HERBERT
SERVICE ADDRESS:. 9863 CYPRESS LAKES DR
PHONE :. 941/858-9413
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 23700
. 4/6/05- READ 236500-BILLED
. 3/3/05- READ 201580
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915227
ACCOUNT# :. 006720002691

Cypress Lakes

```
CUSTOMER NAME  :. THOMAS,HARLAN
SERVICE ADDRESS:. 9529  CYPRESS TREE LN
PHONE          :. 941/858-0962
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 4/11/05- READ 204210-BILLED
                . 3/3/05-  READ 198090
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915229
ACCOUNT#       :. 006720002631
CUSTOMER NAME  :. KNICKLE,GEORGE
SERVICE ADDRESS:. 9505  CYPRESS TREE LN
PHONE          :. 902/461-9613
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 279860
                . 4/6/05- READ 279440-BILLED
                . 3/3/05- READ 276250
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915231
ACCOUNT#       :. 006720002812
CUSTOMER NAME  :. GOODWIN,JOAN E
SERVICE ADDRESS:. 9536  CYPRESS TREE LN
PHONE          :. 863/853-4284
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT /-READ
RESOLUTION     :. 4/11/05-READ 502440-BILLED
                . 3/3/05- READ 500150
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915233
ACCOUNT#       :. 006720002583
CUSTOMER NAME  :. LEDDEN,JIM
SERVICE ADDRESS:. 9504  ROBELLINI CT
PHONE          :. 727/688-7184
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH MVR REPORT
RESOLUTION     :. 4/11/05-READ 664730
                . 4/6/5-  READ 664140-BILLED
```

Cypress Lakes

```
                . 3/3/05- READ 657890
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915236
ACCOUNT#       :. 006720002484
CUSTOMER NAME  :. CRANDALL,DAVID
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 9725 CYPRESS LAKES DR
PHONE :. 863/853-1462
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 469330-VACANT***
. 4/6/05- READ 469330-BILLED
. 3/3/05- READ 569330
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915241
ACCOUNT# :. 006720002471
CUSTOMER NAME :. BURKEMPER,JOAN
SERVICE ADDRESS:. 9721 CYPRESS LAKES DR
PHONE :. 941/859-7480
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 457870
. 4/6/05- READ 460453-ESTIMATED A READ FOR BILLING TO BE BILLED-
METER BAD
. 3/3/05- READ 457870
. SHANE R/DB
. *DID S.O. FOR NEW METER*
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915253
ACCOUNT# :. 006720002271
CUSTOMER NAME :. WADDELL,JAMES
SERVICE ADDRESS:. 9665 CYPRESS LAKES DR
PHONE :. 863/859-2905
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 290590-BILLED 4/6
. 3/3/05- READ 287290
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1

Cypress Lakes

SERVICE ORDER# :. 915255
ACCOUNT# :. 006720002222
CUSTOMER NAME :. PLATT,ERIC V
SERVICE ADDRESS:. 9641 CYPRESS LAKES DR
PHONE :. 863/858-5511
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 140750

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 4/6/05- READ 140270
                . BILLED
                . 3/3/05- 137230
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915258
ACCOUNT#       :. 006720001032
CUSTOMER NAME  :. HUURMAN,WILLIAM
SERVICE ADDRESS:. 2150  HORSESHOE DR
PHONE          :. 863/859-5752
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 335380
                . 4/6/05- READ 330190-BILLED
                . 3/3/05- READ 313590
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915261
ACCOUNT#       :. 006720001021
CUSTOMER NAME  :. HOFFMAN,JANICE
SERVICE ADDRESS:. 2154  HORSESHOE DR
PHONE          :. 941/859-1717
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 281700
                . 4/6/05- READ 280510-BILLED
                . 3/3/05- READ 273910
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 915269
ACCOUNT#       :. 006720000962
CUSTOMER NAME  :. RUMBAUGH,LARRY
SERVICE ADDRESS:. 2182  HORSESHOE DR
PHONE          :. 419/784-2792
EDATE          :. 04/12/05
TYPE           :. 21
```

Cypress Lakes

```
FOPER           :.
COMMENT         :. READ HIGH  ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 208310
                 . 4/6/05- READ 207690-BILLED
                 . 3/3/05- READ 201010
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 87
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 1
SERVICE ORDER# :. 915270
ACCOUNT# :. 006720001271
CUSTOMER NAME :. RUSHER,KENNETH
SERVICE ADDRESS:. 2185 HORSESHOE DR
PHONE :. 941/859-7098
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 239220-BILLED
. 3/3/05- READ 234890
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915274
ACCOUNT# :. 006720000951
CUSTOMER NAME :. BARLOW,EDWARD
SERVICE ADDRESS:. 9605 CYPRESS LAKES DR
PHONE :. 781/595-2595
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 55160
. 4/6/05- READ 54550-BILLED
. 3/3/05- READ 48500
. SAHNE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 915276
ACCOUNT# :. 006720004134
CUSTOMER NAME :. FOSTER,FREDERIC
SERVICE ADDRESS:. 2251 CYPRESS CROSS LP
PHONE :. 218/367-2392
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 9964000-BILLED
. 3/4/05- READ 9948300
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072

Cypress Lakes

```
ROUTE           :. 2
SERVICE ORDER#  :. 915277
ACCOUNT#        :. 006720004411
CUSTOMER NAME   :. AMELING,HOWARD
SERVICE ADDRESS:. 2115  CYPRESS CROSS DR
PHONE           :.    /   -
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION       :. 4/11/05-READ 270310
                  . 4/6/05- READ 270367-ESTIMATED A READ FOR BILLING SINCE METER
STUCK &
                  . DID A S.O. FOR NEW METER
                  . 3/4/05- READ 270310
                  . SAHNE R/DB
RDATE            :. 04/11/05

CORPýý----. 072
ROUTE            :. 2
SERVICE ORDER#   :. 915284
ACCOUNT#         :. 006720004351
CUSTOMER NAME    :. CRAGUN,AUDLEY
SERVICE ADDRESS:. 2147  CYPRESS CROSS DR
PHONE            :. 941/853-3854
EDATE            :. 04/12/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 4/11/05-READ 48610
                  . 4/6/05- READ 485380-BILLED
                  . 3/4/05- READ 479730
                  . SHANE R/DB
RDATE            :. 04/11/05

CORPýý----. 072
ROUTE            :. 2
SERVICE ORDER#   :. 915286
ACCOUNT#         :. 006720004312
CUSTOMER NAME    :. TAMELING,HENRY
SERVICE ADDRESS:. 2405  BIG CYPRESS BLVD
PHONE            :. 815/458-6965
EDATE            :. 04/12/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 4/11/05-READ 490100
                  . 4/6/05- READ 490080-BILLED
                  . SHANE R/DB
RDATE            :. 04/11/05

CORPýý----. 072
ROUTE            :. 3
SERVICE ORDER#   :. 915287
ACCOUNT#         :. 006720004971
CUSTOMER NAME    :. FITZGERALD,PAT
SERVICE ADDRESS:. 2315  PUTT LN
PHONE            :. 941/859-2168
```

Cypress Lakes

```
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 695900
                 . 4/6/05- READ 695200-BILLED
                 .
                 . 3/7/05- READ 691800
                 . SHANE R/DB
RDATE           :. 04/11/05
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 915289
ACCOUNT# :. 006720005153
CUSTOMER NAME :. DESJARDINS,RONALD
SERVICE ADDRESS:. 9524 MULLIGAN LN
PHONE :. / -
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 997900-NO LEAKS
. 4/6/05- READ 995900-BILLED
. 3/4/05- READ 988000
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 915295
ACCOUNT# :. 006720005721
CUSTOMER NAME :. CARTER,RUTH
SERVICE ADDRESS:. 2406 MULLIGAN DR
PHONE :. 863/858-1167
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 177660
. 4/6/05- READ 177140-BILLED
. 3/4/05- READ 172120
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 915297
ACCOUNT# :. 006720005731
CUSTOMER NAME :. HALL,JIM
SERVICE ADDRESS:. 2410 MULLIGAN DR
PHONE :. 941/853-8553
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 707900
. 4/6/05- READ 707800-BILLED
. 3/4/05- READ 699300
. SHANE R/DB

Cypress Lakes

RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915310
ACCOUNT# :. 006720048390
CUSTOMER NAME :. CYPRESS LAKES,
SERVICE ADDRESS:. ULTRA DR IRRG
PHONE :. / -

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. 4/11/05- READ 12420
. 4/6/05- READ 12200-BILLED & DID ADJUST PRIOR READS SINCE MIS
READ
. IRRG CREDIT; 32.42 & TAX CR; - 2.59
RESOLUTION :. 4/6/05- READ 12200-BILLED
. 3/4/05- READ 19430
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915317
ACCOUNT# :. 006720006602
CUSTOMER NAME :. VROMAN,JOHN
SERVICE ADDRESS:. 9349 TOP FLIGHT DR
PHONE :. / -
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 758200
. 4/6/05- READ 767600-BILLED
. 3/4/05- READ 763600
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915318
ACCOUNT# :. 006720006681
CUSTOMER NAME :. OGDEN,NORMAN
SERVICE ADDRESS:. 9361 TOP FLIGHT DR
PHONE :. 859/223-6343
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/6/05- READ 481080-BILLED
. 3/4/05- READ 481080
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915321
ACCOUNT# :. 006720007853

Cypress Lakes

```
CUSTOMER NAME  :. NANTES,DAVID
SERVICE ADDRESS:. 9546  ANGLERS WAY
PHONE          :.    /   -
EDATE          :. 04/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 868280
                . 4/6/05- READ 868050-BILLED
                . 3/4/05- READ 862540
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER# :. 915384
ACCOUNT#        :. 006720007871
CUSTOMER NAME   :. HOLLER-TIMPE,ELAINE
SERVICE ADDRESS:. 9468  MAX FLY DR
PHONE           :. 941/859-7212
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05- READ 370220
                 . 4/6/05-  READ 368960-BILLED
                 . 3/4/05-  READ 362340
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER# :. 915387
ACCOUNT#        :. 006720007591
CUSTOMER NAME   :. ZIMMERMAN,CHARLES
SERVICE ADDRESS:. 9370  HOOSIER CIR
PHONE           :. 941/859-0301
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 4/11/*05-READ 66500-BILLED 4/6/05
                 . 3/4/05-  READ 665500
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER# :. 915390
ACCOUNT#        :. 006720007511
CUSTOMER NAME   :. CUTHBERT,JAMES
SERVICE ADDRESS:. 9350  HOOSIER CIR
PHONE           :. 941/853-5176
EDATE           :. 04/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 656990
                 . 4/6/05- READ 656070-BILLED
```

Cypress Lakes

```
                . 3/4/05- READ 647890
                . SHANE R/DB
RDATE          :. 04/11/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 915392
ACCOUNT#       :. 006720007331
CUSTOMER NAME  :. LIDA,SID
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 9304 HOOSIER CIR
PHONE :. 941/859-9648
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05- READ 628230
. 4/6/05- READ 628230-BILLED
. 3/4/05- READ 628230
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915395
ACCOUNT# :. 006720007601
CUSTOMER NAME :. MAXWELL,DAVID
SERVICE ADDRESS:. 9375 HOOSIER CIR
PHONE :. 941/815-0201
EDATE :. 04/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 434760
. 4/6/05- READ 434600-BILLED
. 3/4/05- READ 427430
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915443
ACCOUNT# :. 006720007781
CUSTOMER NAME :. GRACE,JOHN
SERVICE ADDRESS:. 9487 MAX FLY DR
PHONE :. / -
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05- READ 518970
. 4/6/05- READ 517570-BILLED
. 3/4/05- READ 510230
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915445

Cypress Lakes

ACCOUNT# :. 006720007052
CUSTOMER NAME :. DEAMER,JOHN
SERVICE ADDRESS:. 9442 BIG APPLE LN
PHONE :. 863/858-9449
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 737700

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. 4/6/05- READ 737300-BILLED
. 3/4/05- READ 731200
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915446
ACCOUNT# :. 006720006951
CUSTOMER NAME :. KNOPE,JOHN
SERVICE ADDRESS:. 9411 BIG APPLE LN
PHONE :. 941/858-7868
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-READ 708110
. 4/6/05- READ 708110-BILLED
. 3/4/05- READ 708110-****METER STCUK FOUND OUT 4/11/05***
. DID S.O. FOR NEW METER**
.
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915449
ACCOUNT# :. 006720006812
CUSTOMER NAME :. JOHNSON,MIKE
SERVICE ADDRESS:. 9390 TOP FLIGHT DR
PHONE :. / -
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05-812100
. 4/6/05- 802320-BILLED
. 3/4/05- 807800
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 915452
ACCOUNT# :. 006720006792
CUSTOMER NAME :. ZAPLISHNY,JOSEPH
SERVICE ADDRESS:. 9382 TOP FLIGHT DR
PHONE :. 941/815-8772
EDATE :. 04/13/05

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 803430-BILED 4/6
                 . 3/4/05- READ 799750
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 4
SERVICE ORDER# :. 915454
ACCOUNT# :. 006720006512
CUSTOMER NAME :. CARTER,MARY O
SERVICE ADDRESS:. 9334 TOP FLIGHT DR
PHONE :. 863/853-7770
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. NOT BILLED ? ON MVR REPORT-4/6/05-READ ?? FROM METER READER
RESOLUTION :. 4/11/05-READ 83890
. 4/6/05- READ 38390 ??
. 4/6/05- BILLED 83890-READ
. 3/8/05- READ 83890
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915456
ACCOUNT# :. 006720009235
CUSTOMER NAME :. POLLEN,ED
SERVICE ADDRESS:. 9237 SPATTERDOCK CT
PHONE :. / -
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 98890
. 4/6/05- READ 95800-BILLED
. 3/4/05- READ 81710
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915457
ACCOUNT# :. 006720009641
CUSTOMER NAME :. CASSELL,JOHN
SERVICE ADDRESS:. 9209 SPIKERUSH CT
PHONE :. 941/859-2960
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 343610
. 4/6/05- READ 338780-BILLED
. 3/4/05- READ 303570
. SHANE R/DB

Cypress Lakes

RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915458
ACCOUNT# :. 006720008760
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1769 BIG CYPRESS BLVD
PHONE :. 800/627-2427

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. ON MVR REPORT-NOT BILLED ?
RESOLUTION      :. 4/11/05-READ 0
                 . 4/7/05- READ 10-NOT BILLED***NO CONSUMPTION**
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 915460
ACCOUNT#        :. 006720010731
CUSTOMER NAME   :. OLIVER,MARYANN T
SERVICE ADDRESS:. 2967  PEAVINE TRL
PHONE           :. 802/345-5264
EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 30710
                 . 4/6/05- READ 28220-BILLED
                 . 3/4/05- READ 16740
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 915461
ACCOUNT#        :. 006720010830
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2985  PEAVINE TRL
PHONE           :. 800/627-2427
EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. NO BILL ON MVR REPORT ?
RESOLUTION      :. 4/11/05-READ 10 & 4/6/05**NOT BILLED SINCE NO CONSUMTPION**
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 915463
ACCOUNT#        :. 006720010931
CUSTOMER NAME   :. FLICKINGER,JOHN
SERVICE ADDRESS:. 3014  PEAVINE TRL
PHONE           :. 863/398-9356
EDATE           :. 04/13/05
```

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ  HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 10520
                 . 4/6/05- READ 9130-BILLED
                 . 3/4/05- READ 2480
                 . SHANE R/DB
RDATE           :. 04/11/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A ).
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915465
ACCOUNT# :. 006720010840
CUSTOMER NAME :. CYPRESS LAKE ASSOC,
SERVICE ADDRESS:. 2988 PEAVINE TRL
PHONE :. 800/627-2427
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO BILL ON MVR REPORT
RESOLUTION :. 4/11/05-READ 10-& 4/6-10-**NO BILL**
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915466
ACCOUNT# :. 006720011021
CUSTOMER NAME :. STEGNER,ROGER
SERVICE ADDRESS:. 9148 SLY FOX LOOP
PHONE :. 863/859-9202
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 33780
. 4/6/05- READ 31780-BILLED
. 3/4/05- READ 14460
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915467
ACCOUNT# :. 006720011311
CUSTOMER NAME :. RONDEAU,KEVIN B
SERVICE ADDRESS:. 9113 SLY FOX LOOP
PHONE :. 863/397-9979
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 45250
. 4/6/05- READ 42700-BILLED
. 3/4/05- READ 24650
. SHANE R/DB
RDATE :. 04/11/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 915468
ACCOUNT# :. 006720001161
CUSTOMER NAME :. BENINATI,SALVATORE
SERVICE ADDRESS:. 2113 HORSESHOE DR
PHONE :. / -
EDATE :. 04/13/05
TYPE :. 21

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 97
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 4/11/05-READ 18720
                  . 4/6/05- READ 14580-BILLED
                  .
                  . SHANE R/DB
RDATE            :. 04/11/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 915469
ACCOUNT#         :. 006720011181
CUSTOMER NAME    :. GARTMER,RODGER J
SERVICE ADDRESS:. 1873  BIG CYPRESS BLVD
PHONE            :. 863/858-6335
EDATE            :. 04/13/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 4/11/05-READ 17410
                  . 4/6/05 -READ 16450-BILLED
                  . 3/4/05- READ 5390
                  . SHANE R/DB
RDATE            :. 04/11/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 915471
ACCOUNT#         :. 006720011050
CUSTOMER NAME    :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1105  BIG CYPRESS BLVD
PHONE            :. 800/627-2427
EDATE            :. 04/13/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 4/11/05-CAN'T LOCATE ??
                  . 4/6/05- READ 9360-BILLED
                  . 3/4/05- READ 2240
                  . SHANE R/DB
RDATE            :. 04/11/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 915473
ACCOUNT#         :. 006720011620
CUSTOMER NAME    :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9249  WOODSTORK DR
PHONE            :. 800/647-2427
```

Cypress Lakes

```
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 4/11/05-READ 19750
                . 4/6/05- READ 17660-BILLED
                . 3/4/05- READ 5980
                . SHANE R/DB
RDATE          :. 04/11/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 98
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915474
ACCOUNT# :. 006720011700
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9272 WOODSTORK DR
PHONE :. 800/627-2427
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 17310
. 4/6/05- READ 15080-BILLED
. 3/4/05- READ 8900
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915475
ACCOUNT# :. 006720011631
CUSTOMER NAME :. MARCHAND,NORMAND G
SERVICE ADDRESS:. 9252 WOODSTORK DR
PHONE :. 863/868-8702
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 4/11/05-READ 13440
. 4/6/05- READ 11150-BILLED
. 3/4/05- READ 5880
. SHANE R/DB
RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 915479
ACCOUNT# :. 006720048230
CUSTOMER NAME :. CYPRESS LAKES,
SERVICE ADDRESS:. MOORHEN DR IRRG
PHONE :. / -
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 4/11/05 CAN'T LOCATE
. 4/6/05- READ 17610-BILLED
. 3/7/05- READ 17610
. SHANE R/DB

Cypress Lakes

RDATE :. 04/11/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 915485
ACCOUNT# :. 006720014141
CUSTOMER NAME :. HENNINGFELD,LYLE
SERVICE ADDRESS:. 2526 RED BIRD LN
PHONE :. 863/815-8269

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 99
 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 73540
                 . 4/6/05  READ 72220-BILLED
                 . 3/7/05- READ 65280
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 915486
ACCOUNT#        :. 006720015391
CUSTOMER NAME   :. SHIRK,JUDY L
SERVICE ADDRESS:. 2341  LITTLE CYPRESS DR
PHONE           :. 863/815-7705
EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 4/11/05-READ 165650-VACANT***
                 . 4/6/05- READ 165640-BILLED
                 . 3/7/05- READ 165640
                 . SHANE R/DB
RDATE           :. 04/11/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 924590
ACCOUNT#        :. 006720048110
CUSTOMER NAME   :. CYPRESS LAKES ASSOCIATION,
SERVICE ADDRESS:.   CYPRESS LAKES BLVD
PHONE           :.    /   -
EDATE           :. 05/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT-PAGE 6-MISSED ON SHEET
                 . 3/4/05 1927100
RESOLUTION      :. 5/5/05  2022980-BILLED
                 . 3/4/05  1927100
                 . SR/DB
RDATE           :. 05/05/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 924600
ACCOUNT#        :. 006720000521
CUSTOMER NAME   :. MILLER,BERNARD
```

Cypress Lakes

SERVICE ADDRESS:. 2226 FIRESTONE WAY
PHONE :. 718/265-0245
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05- 163250
. 5/5/05 161300-BILLED
. 4/6/05 149750

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 100
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924603
ACCOUNT#       :. 006720001481
CUSTOMER NAME  :. SMITH,JOHN
SERVICE ADDRESS:. 2140  SABAL PALM DR
PHONE          :. 941/853-4972
EDATE          :. 05/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05  357660
                . 5/5/05   357370-BILLED
                . 4/6/05   350460
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924605
ACCOUNT#       :. 006720001711
CUSTOMER NAME  :. HALLADAY,FRANK
SERVICE ADDRESS:. 9539  CEDAR TREE LN
PHONE          :. 941/853-3528
EDATE          :. 05/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05-  161470
                . 5/5/05    161470-BILLED
                . 4/6/05    158390
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924608
ACCOUNT#       :. 006720001922
CUSTOMER NAME  :. CHANDLER,BOBBY
SERVICE ADDRESS:. 2018  RED CEDAR DR
PHONE          :. 863/816-2950
EDATE          :. 05/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
```

Cypress Lakes

```
RESOLUTION      :. 5/10/05  221940-READ ADJUSTED WITH PRIOR READS WAS 226630-
4/6/05
                 . 5/6/05   222000-BILLED
                 . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 924611
ACCOUNT#        :. 006720002021
CUSTOMER NAME   :. LYNCH,ANN M
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 101
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 9588 CYPRESS LAKES DR
PHONE :. 941/853-9198
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 19020
. 5/6/05 18710-BILLED
. 4/6/05 12960
. SR/.DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 924622
ACCOUNT# :. 006720003144
CUSTOMER NAME :. SHOUP,NANCY R
SERVICE ADDRESS:. 9722 CYPRESS LAKES DR
PHONE :. 863/815-9565
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 328070
. 5/6/05 327280-BILLED
. 4/6/05 321360
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 924626
ACCOUNT# :. 006720003402
CUSTOMER NAME :. WILLIAMS,RAYMOND
SERVICE ADDRESS:. 9502 MANILA CT
PHONE :. 941/853-8279
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 5/10/05 702950-METER STUCK -DIO S.O. FOR NEW METER
. 5/6/05 705090-ESTIMATED READ BILLED SINCE METER STUCK**
. 4/6/05 702950
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 924630

Cypress Lakes

ACCOUNT# :. 006720003692
CUSTOMER NAME :. PAINE,LESTER
SERVICE ADDRESS:. 2215 COMMON LOON DR
PHONE :. 863/858-8411
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 5/10/05 267030-BILLED

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 102
 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



                . 4/6/05   261690
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924632
ACCOUNT#       :. 006720003803
CUSTOMER NAME  :. HARPER,DONALD
SERVICE ADDRESS:. 9937  CYPRESS LAKES DR
PHONE          :. 863/853-8388
EDATE          :. 05/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05  27610
                . 5/6/05   26600-BILLED
                . 4/6/05   19590
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924637
ACCOUNT#       :. 006720003811
CUSTOMER NAME  :. DUTTON,CHARLES
SERVICE ADDRESS:. 9943  CYPRESS LAKES DR
PHONE          :. 941/853-7705
EDATE          :. 05/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ-STUCK ? VACANT ?
RESOLUTION     :. 5/6/05  395323-ESTIMATED READ FOR BILLING-SINCE METER
STUCK**DID S.O.
                . 4/6/05  393240
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 924643
ACCOUNT#       :. 006720048240
CUSTOMER NAME  :. CYPRESS LAKES,
SERVICE ADDRESS:.   ROBELLINI CT IRRG
PHONE          :. 941/859-3805
EDATE          :. 05/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. RED HIGH ON MVR REPORT
```

Cypress Lakes

```
RESOLUTION      :. 5/10/05  16310
                 . 5/6/05   16310-BILLED
                 . 4/6/05   8320
                 . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 924645
ACCOUNT#        :. 006720004341
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. SINCLAIR,PETER
SERVICE ADDRESS:. 2155 CYPRESS CROSS DR
PHONE :. / -
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/5/05 358860-BILLED
. 4/6/05 356850
.
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 924648
ACCOUNT# :. 006720003893
CUSTOMER NAME :. FUNK,HERBERT
SERVICE ADDRESS:. 2210 CYPRESS CROSS LP
PHONE :. 941/859-5474
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 863000-BILLED
. 4/6/05 857000
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 924649
ACCOUNT# :. 006720004632
CUSTOMER NAME :. WELLS,ROBERT
SERVICE ADDRESS:. 2389 BIG CYPRESS BLVD
PHONE :. 941/859-9516
EDATE :. 05/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 5/5/05- 1508200-BILLED-**SEE IF READ CATCHES UP - 6/5/05**
. 4/6/05 1508200-SAME
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 924652
ACCOUNT# :. 006720004621

Cypress Lakes

```
CUSTOMER NAME  :. SCHWITTERS,ED
SERVICE ADDRESS:. 2393  BIG CYPRESS BLVD
PHONE          :. 941/853-2264
EDATE          :. 05/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION     :. 5/10/05  30710
                . 5/5/05   30710-BILLED  & 4/6/05-SAME READ ***VACANT***
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 924991
ACCOUNT#        :. 006720004574
CUSTOMER NAME   :. IRWIN,DORIS M
SERVICE ADDRESS:. 2146  CYPRESS CROSS DR
PHONE           :.    /   -
EDATE           :. 05/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 5/10/05-READ 154440-BILLED
                . 4/6/05- READ 149200
                . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 924992
ACCOUNT#        :. 006720004432
CUSTOMER NAME   :. MANCINI,DEBRA
SERVICE ADDRESS:. 2107  CYPRESS CROSS DR
PHONE           :. 863/858-3214
EDATE           :. 05/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 5/10/05-READ 929140-& SAME 5/5/05 & 4/6/05-BILLED
                . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 924996
ACCOUNT#        :. 006720005153
CUSTOMER NAME   :. DESJARDINS,RONALD
SERVICE ADDRESS:. 9524  MULLIGAN LN
PHONE           :.    /   -
EDATE           :. 05/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 5/10/05-READ 1009000
                . 5/5/05  READ 1007700-BILLED
                . 4/6/05  READ 995900
                . SR/DB
```

Cypress Lakes

RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 924997
ACCOUNT# :. 006720005503
CUSTOMER NAME :. COLEMAN,JOHN
SERVICE ADDRESS:. 2318 MULLIGAN DR
PHONE :. 863/815-2372

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE          :. 05/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05-READ 48270-BILLED
                . 4/6/05- READ 41760
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 925001
ACCOUNT#       :. 006720048380
CUSTOMER NAME  :. CYPRESS LAKES,
SERVICE ADDRESS:.   SAND TRAP CIR IRRG
PHONE          :.    /   -
EDATE          :. 05/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05- 54670
                . 5/5/05   54340-BILLED
                . 4/6/05   47990
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 925008
ACCOUNT#       :. 006720006302
CUSTOMER NAME  :. MCBRIEN,MARY
SERVICE ADDRESS:. 9448  ULTRA DR
PHONE          :.    /   -
EDATE          :. 05/11/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ ON MVR REPORT
                .
RESOLUTION     :. 5/10/05- 1042480-VACANT & BILLED 5/5/05 & 4/6/05-SAME
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 925023
ACCOUNT#       :. 006720006761
CUSTOMER NAME  :. BROWNLEE ,WILLIAM D
SERVICE ADDRESS:. 9377  TOP FLIGHT DR
PHONE          :.    /   -
```

Cypress Lakes

```
EDATE           :. 05/11/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 5/10/05- 383890-BILLED
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 4
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 925025
ACCOUNT# :. 006720008262
CUSTOMER NAME :. HUNTER,EDWARD G
SERVICE ADDRESS:. 1646 BIG CYPRESS BLVD
PHONE :. 315/427-2166
EDATE :. 05/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 5/10/05-READ 280240-BILLED 5/5/05 & 46/05-**VACANT***
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 925030
ACCOUNT# :. 006720008092
CUSTOMER NAME :. BENSINK,EVERETT
SERVICE ADDRESS:. 9550 ANGLERS WAY
PHONE :. 716/789-3645
EDATE :. 05/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 487370
. 5/5/05 484610-BILLED
. 4/6/05 477920
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 925032
ACCOUNT# :. 006720007322
CUSTOMER NAME :. SHAUGHNESSY,LARRY
SERVICE ADDRESS:. 9303 HOOSIER CIR
PHONE :. 863/859-9804
EDATE :. 05/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 9884900-BILLED
. 4/6/05 9884700
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 925035

Cypress Lakes

ACCOUNT# :. 006720007672
CUSTOMER NAME :. SAUER,WILLIAM J
SERVICE ADDRESS:. 9389 HOOSIER CIR
PHONE :. 863/859-6567
EDATE :. 05/11/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05-READ 645370

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 5/5/05- READ 644500-BILLED
                . 4/6/05- READ 633270
                . SR./DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 925181
ACCOUNT#       :. 006720007042
CUSTOMER NAME  :. SULLIVAN,PAUL
SERVICE ADDRESS:. 9441  BIG APPLE LN
PHONE          :. 863/853-4100
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05 46040
                . 4/6/05  32750
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 925188
ACCOUNT#       :. 006720006474
CUSTOMER NAME  :. TAMELING,HENRY
SERVICE ADDRESS:. 9324  TOP FLIGHT DR
PHONE          :. 815/458-6965
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05  689500
                . 5/5/05   688800-BILLED
                . 4/6/05   685800
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 925193
ACCOUNT#       :. 006720009131
CUSTOMER NAME  :. CRANDALL,JOHN
SERVICE ADDRESS:. 9216  SPATTERDOCK CT
PHONE          :. 863/859-0289
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ ON MVR REPORT
```

Cypress Lakes

```
RESOLUTION      :. 5/10/05  700390-**VACANT** BILLED 5/6/05 & 4/6/05
                 . SR/DB
RDATE           :. 05/10/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 925196
ACCOUNT#        :. 006720008751
CUSTOMER NAME   :. RUPERSBURG,FRANK J
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 108
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 1766 BIG CYPRESS BLVD
PHONE :. 863/859-2012
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 11550
. 5/6/05 8900-BILLED
. 4/6/05 2660
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 925203
ACCOUNT# :. 006720010750
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2971 PEAVINE TRL
PHONE :. 800/627-2427
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MV REPORT
RESOLUTION :. 5/10/05 14440
. 5/5/05 12660-BILLED
. 4/6/05 2390
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 925204
ACCOUNT# :. 006720010881
CUSTOMER NAME :. LEE,SAMUEL D
SERVICE ADDRESS:. 2996 PEAVINE TRL
PHONE :. 330/898-8041
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 12420
. 5/5/05 10920-BILLED
. 4/6/05 2840
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 925211

Cypress Lakes

ACCOUNT# :. 006720011040
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1845 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 14340

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 5/5/05    9890-BILLED
                . 4/6/05    130
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 925213
ACCOUNT#       :. 006720011141
CUSTOMER NAME  :. SWENSON,DAVID L
SERVICE ADDRESS:. 1865  BIG CYPRESS BLVD
PHONE          :. 863/858-6118
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05    26280
                . 5/5/05     24220-BILLED
                . 4/7/05     13310
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 925215
ACCOUNT#       :. 006720011740
CUSTOMER NAME  :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2910  FOX BRANCH CT
PHONE          :. 800/627-2427
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05  36380
                . 5/5/05    54950-BILLED
                . 4/6/05    29920
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 925216
ACCOUNT#       :. 006720011051
CUSTOMER NAME  :. WELSH,ALBERT
SERVICE ADDRESS:. 1848  BIG CYPRESS BLVD
PHONE          :. 863/858-7972
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
```

Cypress Lakes

```
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 5/10/05   COULD NOT FIND METER ??
                  . 5/5/05    16670-BILLED& SAME READ FOR 4/6/05
                  . SR/DB
RDATE            :. 05/10/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 925218
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

ACCOUNT# :. 006720011631
CUSTOMER NAME :. MARCHAND,NORMAND G
SERVICE ADDRESS:. 9252 WOODSTORK DR
PHONE :. 863/868-8702
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/5/05-READ 35980
. SR/DB
RDATE :. 05/05/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 925222
ACCOUNT# :. 006720011550
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9236 WOODSTORK DR
PHONE :. 800/627-2427
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 14670
. 5/5/05 12860
. 4/6/05 4470
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 925225
ACCOUNT# :. 006720014791
CUSTOMER NAME :. AVILA,SANDRA
SERVICE ADDRESS:. 9802 MOORHEN DR
PHONE :. 863/815-7628
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 5/10/05 136620-BILLED
. 4/6/05 131150
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 925227
ACCOUNT# :. 006720015340

Cypress Lakes

```
CUSTOMER NAME  :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2352  LITTLE CYPRESS DR
PHONE          :. 800/627-2427
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ  HIGH ON MVR REPORT
RESOLUTION     :. 5/10/05   23510
                . 5/6/05    21170-BILLED
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 4/6/05    4400
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 925232
ACCOUNT#       :. 006720014161
CUSTOMER NAME  :. CREEVY,JOHN A
SERVICE ADDRESS:. 2534  RED BIRD LN
PHONE          :.    /   -
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT
RESOLUTION     :. 5/10/05  421890-BILLED
                . 4/6/05   417990
                . SR/DB
                .
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 925238
ACCOUNT#       :. 006720014181
CUSTOMER NAME  :. BUELL,NANCY B
SERVICE ADDRESS:. 2542  RED BIRD LN
PHONE          :. 863/816-2129
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 5/10/05  53600-BILLED
                . 4/6/05   51380
                . SR/DB
RDATE          :. 05/10/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 925246
ACCOUNT#       :. 006720013581
CUSTOMER NAME  :. KNARESBORO,DONALD  T
SERVICE ADDRESS:. 2148  BIG CYPRESS BLVD
PHONE          :. 941/858-8014
EDATE          :. 05/12/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 5/10/05 459900-BILLED
```

Cypress Lakes

```
                  . 4/6/05  457440
                  . SR/DB
RDATE            :. 05/10/05

CORPýý----. 072
ROUTE            :. 6
SERVICE ORDER#   :. 925248
ACCOUNT#         :. 006720015291
CUSTOMER NAME    :. CHRISTY,SAMUEL
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 2361 LITTLE CYPRESS DR
PHONE :. 863/815-9506
EDATE :. 05/12/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 5/10/05 346860-BILLED
. 4/6/05 341630
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 928048
ACCOUNT# :. 006720014531
CUSTOMER NAME :. GOFORTH,WAYNE W
SERVICE ADDRESS:. 9864 MOORHEN DR
PHONE :. 863/858-8903
EDATE :. 05/20/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAK.
. CUSTOMER HAS HIGH USAGE THAN USUAL
.
. 5/6/05 R=476280
. 4/6/05 R=465900
RESOLUTION :. 5/20/05-READ 473360-NO LEAKS
. 5/6/05 READ 476280
. 4/6/05 READ 465900
. SR/DB
RDATE :. 05/20/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934510
ACCOUNT# :. 006720003462
CUSTOMER NAME :. SMITH ,H C
SERVICE ADDRESS:. 9901 CYPRESS LAKES DR
PHONE :. 828/859-2824
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT-RE-READ & FAX TO OFFICE BY NOON***
. 6/9 52260
. 6/6 226630
. 5/6 276620
RESOLUTION :. 6/10 276630-BILLED
. 5/6 276620

Cypress Lakes

```
                  . SR/DB
RDATE            :. 06/10/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 934517
ACCOUNT#         :. 006720000011
CUSTOMER NAME    :. DEDOES,STANLEY
SERVICE ADDRESS  :. 2235  FIRESTONE WAY
PHONE            :. 863/815-7105
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 06/09/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 6/9/05 168220-BILLED*CUSTOMER UP NORTH**
                 . 5/5/05 168220
                 . SR/DB
RDATE           :. 06/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 934519
ACCOUNT#        :. 006720000171
CUSTOMER NAME   :. PULCINO,MICHAEL A
SERVICE ADDRESS:. 2138  FIRESTONE WAY
PHONE           :. 863/858-0121
EDATE           :. 06/09/05
TYPE            :. 21
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 6/9/05- 360340-BILLED
                 . 5/5/05  351170
                 . SR/DB
RDATE           :. 06/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 934521
ACCOUNT#        :. 006720000181
CUSTOMER NAME   :. RENFROE,DALE
SERVICE ADDRESS:. 2142  FIRESTONE WAY
PHONE           :. 863/816-1238
EDATE           :. 06/09/05
TYPE            :. 21
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 6/9/05 336140-BILLED
                 . 5/5/05 333160
                 . SR/DB
RDATE           :. 06/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 934522
ACCOUNT#        :. 006720000272
CUSTOMER NAME   :. ROCKER,KAREN
SERVICE ADDRESS:. 2105  FIRESTONE WAY
PHONE           :. 863/858-7808
EDATE           :. 06/09/05
```

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 6/9/05- 268020
                 . 6/6/05  267710-BILLED
                 . 5/5/05  252450
                 . NO LEAKS
                 . SR/DB
                 .
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934523
ACCOUNT# :. 006720014961
CUSTOMER NAME :. MASON,DAVID E
SERVICE ADDRESS:. 9679 TROON CT
PHONE :. 863/858-6394
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/9/05 325160-BILLED
. 5/5/05 321460
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934525
ACCOUNT# :. 006720001612
CUSTOMER NAME :. ROSS,ANNA MARIE E
SERVICE ADDRESS:. 2031 RED CEDAR DR
PHONE :. 863/816-8601
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/9/05 193770
. 6/6/05 192220-BILLED
. 5/5/05 175960
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934527
ACCOUNT# :. 006720001821
CUSTOMER NAME :. JANNELLI,ANTHONY J
SERVICE ADDRESS:. 9530 CEDAR TREE LN
PHONE :. / -
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/9/05 39560
. 6/6/05 39370-BILLED
. 5/6/05 33750

Cypress Lakes

```
                  . SR/DB
RDATE            :. 06/09/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 934529
ACCOUNT#         :. 006720001922
CUSTOMER NAME    :. CHANDLER,BOBBY
SERVICE ADDRESS  :. 2018  RED CEDAR DR
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

PHONE :. 863/816-2950
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
. .
RESOLUTION :. 6/9/05 221660 UNDER
. 6/6/05 221710 UNDER
. 6/9/05 22200 BILLED **SEE IF CATCHES UP 7/6/05-
. 5/6/05 22200
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934530
ACCOUNT# :. 006720001951
CUSTOMER NAME :. SCOTT,ALLAN
SERVICE ADDRESS:. 2030 RED CEDAR DR
PHONE :. 941/858-3803
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 6/9/05 244650 BILLED 6/6/05-SAME READ
. 5/6/05 244650
. ***6/9/05-CUSTOMER UP NORTH***
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934532
ACCOUNT# :. 006720001971
CUSTOMER NAME :. WATERWORTH,RUSSELL B
SERVICE ADDRESS:. 2044 RED CEDAR DR
PHONE :. 941/858-6605
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 6/9/05 12470 & BILLED 6/6/05-SAME READ
. 5/6/05 12470-SAME READ
. ****6/9/05-CUSTOMER UP NORTH***
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072

Cypress Lakes

```
ROUTE           :. 1
SERVICE ORDER#  :. 934535
ACCOUNT#        :. 006720002112
CUSTOMER NAME   :. BRANDOW,CHARLES
SERVICE ADDRESS:. 2003  RED CEDAR DR
PHONE           :. 863/853-2735
EDATE           :. 06/09/05
TYPE            :. 21
FOPER           :.
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 6/9/05 301460
                  . 6/6/05 3010770-BILLED
                  . 5/6/05 297170
                  . SR/DB
RDATE            :. 06/09/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 934537
ACCOUNT#         :. 006720002153
CUSTOMER NAME    :. NISIUS,BILL
SERVICE ADDRESS:. 9646  CYPRESS LAKES DR
PHONE            :. 863/815-1435
EDATE            :. 06/09/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 6/9/05 241380 & BILLED 6/6/05
                  . 5/6/05 241380
                  . SR/DB
RDATE            :. 06/09/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 934538
ACCOUNT#         :. 006720002963
CUSTOMER NAME    :. OTTAWAY,HARRY
SERVICE ADDRESS:. 9914  CYPRESS LAKES DR
PHONE            :. 716/753-0573
EDATE            :. 06/09/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION       :. 6/9/05 177440 BILLED 6/6/05
                  . 5/6/05 1774400
                  . 6/9/05-***UP NORTH***
                  . SR/DB
RDATE            :. 06/09/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 934540
ACCOUNT#         :. 006720002742
CUSTOMER NAME    :. BURGESS,JUNE
SERVICE ADDRESS:. 9549  CYPRESS TREE LN
PHONE            :. 863/815-0382
EDATE            :. 06/09/05
TYPE             :. 21
```

Cypress Lakes

```
FOPER           :.
COMMENT         :. READ SAM EHAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 6/9/05 832080
                 . 6/6/05 835847-ESTIMATED READ BILLED SINCE METER STUCK-DID S.O.
FOR NEW
                 . METER
                 . 5/6/05 832080
                 . SR/DB
RDATE           :. 06/09/05
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934542
ACCOUNT# :. 006720002791
CUSTOMER NAME :. NANCE,LEROY
SERVICE ADDRESS:. 9548 CYPRESS TREE LN
PHONE :. 941/858-8149
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/9/05 350600-BILLED
. 5/6/05 346330
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934555
ACCOUNT# :. 006720001011
CUSTOMER NAME :. KELLY,HERBERT
SERVICE ADDRESS:. 2158 HORSESHOE DR
PHONE :. 941/853-2161
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 6/9/05 705880-BILLED
. 5/6/05 705880
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 934558
ACCOUNT# :. 006720001242
CUSTOMER NAME :. TURNER,PAMELA
SERVICE ADDRESS:. 2169 HORSESHOE DR
PHONE :. 863/816-7049
EDATE :. 06/09/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 6/9/05 184640-BILLED
. 5/6/05 184640
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072

Cypress Lakes

ROUTE :. 1
SERVICE ORDER# :. 934560
ACCOUNT# :. 006720001151
CUSTOMER NAME :. ROWLAND,WILLIAM H
SERVICE ADDRESS:. 2109 HORSESHOE DR
PHONE :. 941/853-2273
EDATE :. 06/09/05
TYPE :. 21
FOPER :.

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION       :. 6/9/05 102340-BILLED 6/6/05
                  . 5/6/05 102340-
                  . ****6/9/05-CUSTOMER UP NORTH**
                  . SR/DB
RDATE            :. 06/09/05

CORPýý----. 072
ROUTE            :. 2
SERVICE ORDER#   :. 934963
ACCOUNT#         :. 006720004041
CUSTOMER NAME    :. SCHEIDERER,RUTH ANN
SERVICE ADDRESS  :. 2270  CYPRESS CROSS LP
PHONE            :. 863/853-3699
EDATE            :. 06/10/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 6/10/05-READ 443450-BILLED
                  . 5/5/05  READ 442160
                  . SR/DB
RDATE            :. 06/10/05

CORPýý----. 072
ROUTE            :. 2
SERVICE ORDER#   :. 934967
ACCOUNT#         :. 006720004141
CUSTOMER NAME    :. NICHOLSON,MATTHEW
SERVICE ADDRESS  :. 2247  CYPRESS CROSS LP
PHONE            :. 863/815-1818
EDATE            :. 06/10/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 6/10/05 51960
                  . 6/6/05 50440-BILLED
                  . 5/5/05 36620
                  . SR/DB
RDATE            :. 06/10/05

CORPýý----. 072
ROUTE            :. 2
SERVICE ORDER#   :. 934968
ACCOUNT#         :. 006720004621
CUSTOMER NAME    :. SCHWITTERS,ED
SERVICE ADDRESS  :. 2393  BIG CYPRESS BLVD
PHONE            :. 941/853-2264
EDATE            :. 06/10/05
TYPE             :. 21
```

Cypress Lakes

```
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 6/10/05 30710-BILLED 6/6
                 . 5/5/05 30710
                 . SR/DB-CUSTOMER UP NORTH**
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 2
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 934974
ACCOUNT# :. 006720004612
CUSTOMER NAME :. MOGELNICKI,WILLIAM
SERVICE ADDRESS:. 2162 CYPRESS CROSS DR
PHONE :. 772/343-8981
EDATE :. 06/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 6/10/05 666297-ESTIMATED A READ FOR BILLING-METER STUCK**DID S.O,
. 5/5/05 3662660- FOR NEW METER**
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 934982
ACCOUNT# :. 006720004602
CUSTOMER NAME :. RAGO,F JAMES
SERVICE ADDRESS:. 2158 CYPRESS CROSS DR
PHONE :. 813/859-5264
EDATE :. 06/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/10/05 959200-BILLED
. 5/5/05 957400
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 934984
ACCOUNT# :. 006720004432
CUSTOMER NAME :. MANCINI,DEBRA
SERVICE ADDRESS:. 2107 CYPRESS CROSS DR
PHONE :. 863/858-3214
EDATE :. 06/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 6/10/05 929140-BILLED 6/*6/05-**CUSTOMER GONE***
. 5/5/05 929140
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 2

Cypress Lakes

SERVICE ORDER# :. 934987
ACCOUNT# :. 006720004751
CUSTOMER NAME :. PREVOST,PIERRE
SERVICE ADDRESS:. 2336 PRESTWICK PASS
PHONE :. 941/853-9118
EDATE :. 06/10/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/10/05 1036800-BILLED

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 5/5/05  1036500
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 2
SERVICE ORDER# :. 934990
ACCOUNT#       :. 006720004692
CUSTOMER NAME  :. SCHAMP,RALPH
SERVICE ADDRESS:. 2312  PRESTWICK PASS
PHONE          :. 863/815-3568
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT
RESOLUTION     :. 6/10/05 757550-BILLED
                . 5/6/05  753120
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 934993
ACCOUNT#       :. 006720048442
CUSTOMER NAME  :. PEARSON,HERBERT
SERVICE ADDRESS:. 2363  PUTT LN
PHONE          :. 613/721-9071
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION     :. 6/10/05 1076800-BILLED 6/7/05
                . 5/5/05  1076700-**CUSTOMER GONE 6/10/05***
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 934996
ACCOUNT#       :. 006720004882
CUSTOMER NAME  :. PURVES,BOB
SERVICE ADDRESS:. 9415  BIRDIE CIR
PHONE          :. 863/815-4707
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION     :. 6/10/05 513730-BILLED 6/7/05
                . 5/5/05  513730
```

Cypress Lakes

```
                 . *6/10/05-CUSTOMER GONE***
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER# :. 934999
ACCOUNT#        :. 006720004971
CUSTOMER NAME   :. FITZGERALD,PAT
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
SERVICE ADDRESS:. 2315  PUTT LN
PHONE          :. 941/859-2168
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT
RESOLUTION     :. 6/10/05 697000-BILLED
                . 5/10/05 696900
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 935002
ACCOUNT#       :. 006720005001
CUSTOMER NAME  :. JONES,A THOMAS
SERVICE ADDRESS:. 2303  PUTT LN
PHONE          :. 941/858-2389
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ  HIGH ON MVR REPORT
RESOLUTION     :. 6/10/05 653070
                . 6/7/05  652640-BILLED
                . 5/5/05  628810
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 935004
ACCOUNT#       :. 006720005321
CUSTOMER NAME  :. PAZIN,ALAN
SERVICE ADDRESS:. 2351  MULLIGAN DR
PHONE          :. 863/534-7649
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 6/10/05 1219100-BILLED
                . 5/5/05  1213300
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 935005
ACCOUNT#       :. 006720005491
CUSTOMER NAME  :. SOVISKY,BILL
```

Cypress Lakes

SERVICE ADDRESS:. 2312 MULLIGAN DR
PHONE :. 863/858-4123
EDATE :. 06/10/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/10/05 166290
. 6/7/05 164300-BILLED
. 5/5/05 154970

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 935006
ACCOUNT#       :. 006720005512
CUSTOMER NAME  :. KELLY,DONALD F
SERVICE ADDRESS:. 2322  MULLIGAN DR
PHONE          :. 863/853-9716
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 6/10/05 34590-BILLED
                . 5/5/05  32730
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 935008
ACCOUNT#       :. 006720005771
CUSTOMER NAME  :. LOUGHRAN,ANNE
SERVICE ADDRESS:. 2415  SAND WEDGE CT
PHONE          :. 863/858-6023
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 6/10/05 34250-BILLED
                . 5/5/05  31910
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 3
SERVICE ORDER# :. 935017
ACCOUNT#       :. 006720005843
CUSTOMER NAME  :. HORNEFF,ROBERT
SERVICE ADDRESS:. 2430  BOGIE CIR
PHONE          :. 863/815-5385
EDATE          :. 06/10/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 6/10/05 755200-BILLED
                . 5/6/05  751830
                . SR/DB
```

Cypress Lakes

RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 935018
ACCOUNT# :. 006720005942
CUSTOMER NAME :. CORRIGAN,THOMAS
SERVICE ADDRESS:. 2508 PUTTER CT
PHONE :. 863/853-9527

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 06/10/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 6/10/05 883200
                 . 6/7/05  883200-BILLED
                 . 5/5/05  883200
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 935089
ACCOUNT#        :. 006720048021
CUSTOMER NAME   :. CYPRESS LAKES MAINTENANCE BLDG,
SERVICE ADDRESS:. 10000  US 98 NORTH
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 6/9/05 5743490-BILLED
                 . 5/5/05 5686680
                 . SR/DB
RDATE           :. 06/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 935090
ACCOUNT#        :. 006720006211
CUSTOMER NAME   :. MORAN,JOHN
SERVICE ADDRESS:. 9404  ULTRA DR
PHONE           :. 941/853-2322
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 6/9/05-READ 442590-BILLED & 5/5/05-SAME READ BILLED
                 . **CUSTOMER GONE***UP NORTH
                 . SR/DB
RDATE           :. 06/09/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 935091
ACCOUNT#        :. 006720006401
CUSTOMER NAME   :. WAKE,GORDON
SERVICE ADDRESS:. 9309  TOP FLIGHT DR
PHONE           :. 941/853-3972
```

Cypress Lakes

```
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 6/9/05-READ 519200-BILLED
                . 5/5/05 READ 515000
                . SR/DB
RDATE          :. 06/09/05
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 935099
ACCOUNT# :. 006720008421
CUSTOMER NAME :. EDKIN,VIRGINIA
SERVICE ADDRESS:. 1680 BIG CYPRESS BLVD
PHONE :. 941/853-1381
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 6/9/05 180890
. 6/7/05 180890-BILLED
. 5/5/05 180890-
. ****CUSTOMER AWAY***6/9/05
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 935104
ACCOUNT# :. 006720008092
CUSTOMER NAME :. BENSINK,EVERETT
SERVICE ADDRESS:. 9550 ANGLERS WAY
PHONE :. 716/789-3645
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/9/05 494600
. 6/7/05 494470-READ WAS HIGH-BILLED
. 5/5/05 484610
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 935106
ACCOUNT# :. 006720007853
CUSTOMER NAME :. NANTES,DAVID
SERVICE ADDRESS:. 9546 ANGLERS WAY
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/9/05 871060-BILLED
. 5/5/05 869900
. SR/DB

Cypress Lakes

RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 935107
ACCOUNT# :. 006720007511
CUSTOMER NAME :. CUTHBERT,JAMES
SERVICE ADDRESS:. 9350 HOOSIER CIR
PHONE :. 941/853-5176

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/9/05- 660460-BILLED
. 5/6/05 659820
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 935159
ACCOUNT# :. 006720008022
CUSTOMER NAME :. WALTERS,THOMAS L
SERVICE ADDRESS:. 9571 ANGLERS WAY
PHONE :. 561/622-8368
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/9/05 581930-BILLED
. 5/5/05 579100
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 935163
ACCOUNT# :. 006720008382
CUSTOMER NAME :. ZINCK,ROBERT
SERVICE ADDRESS:. 1669 BIG CYPRESS BLVD
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/9/05 445630-BILLED
. 5/5/05 445630
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 935165
ACCOUNT# :. 006720006951
CUSTOMER NAME :. KNOPE,JOHN
SERVICE ADDRESS:. 9411 BIG APPLE LN
PHONE :. 941/858-7868
EDATE :. 06/13/05

Cypress Lakes

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 6/9/05 12380
                 . 6/6/05 10870-BILLED
                 . 5/5/05 3710
                 . SR./DB
RDATE           :. 06/09/05
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935166
ACCOUNT# :. 006720008501
CUSTOMER NAME :. FITZGERALD,PATRICK
SERVICE ADDRESS:. 1717 BIG CYPRESS BLVD
PHONE :. 863/853-6833
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 6/9/05 297720
. 6/6/05 298510-BILLED
. 5/6/05 298510
. SR/DB
RDATE :. 06/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935176
ACCOUNT# :. 006720008921
CUSTOMER NAME :. BIGGS,GERALD
SERVICE ADDRESS:. 9513 MAIDENCANE CT
PHONE :. 941/815-1332
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 6/10/05 643050-BILLED
. 5/6/05 639070-ADJUSTED NEW READ
. 5/6/05 647220-MIS READ
. WATER CR ADJ; - 22.53 CONS CR ADJ; - 8150
. SEWER CR ADJ; - 13.13 CONS CR ADJ; - 8150
. TAX CR ADJ; - 1.80 " "
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935179
ACCOUNT# :. 006720009121
CUSTOMER NAME :. WALSH,FRANK
SERVICE ADDRESS:. 9220 SPATTERDOCK CT
PHONE :. 863/815-1890
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ ON MVR REPORT
RESOLUTION :. 6/10/05 459870-BILLED

Cypress Lakes

```
                 . 5/10/05 459580
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 935181
ACCOUNT#        :. 006720008751
CUSTOMER NAME   :. RUPERSBURG,FRANK J
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 1766 BIG CYPRESS BLVD
PHONE :. 863/859-2012
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/10/05-READ 25050
. 6/6/05 READ 23910-BILLED
. 5/6/05 READ 8900
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935187
ACCOUNT# :. 006720009351
CUSTOMER NAME :. DOWDEN,PEGGY
SERVICE ADDRESS:. 2837 PEAVINE TRL
PHONE :. 941/815-0236
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. NO READ-ON MVR REPORT
RESOLUTION :. 6/10/05-357140-BILLED
. 5/5/05 356490
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935194
ACCOUNT# :. 006720011040
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1845 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/10/05 32310
. 6/6/05 32070-BILLED
. 5/5/05 9890
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935198
ACCOUNT# :. 006720011721

Cypress Lakes

```
CUSTOMER NAME  :. BLANCHARD JR,GEORGE
SERVICE ADDRESS:. 2918  FOX BRANCH CT
PHONE          :. 863/815-4659
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 6/10/05 14610
                . 6/7/05  13880-BILLED & START DATE
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 935201
ACCOUNT#       :. 006720011750
CUSTOMER NAME  :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2906  FOX BRANCH CT
PHONE          :. 800/647-2747
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 6/10/05 7090
                . 6/6/05  6950-BILLED
                . 5/5/05  140
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 935204
ACCOUNT#       :. 006720011230
CUSTOMER NAME  :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1884  BIG CYPRESS BLVD
PHONE          :. 800/627-2427
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ HIGH ON MVR REPORT
RESOLUTION     :. 6/10/05 25930
                . 6/6/05  24130
                . 5/5/05  6770
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 935212
ACCOUNT#       :. 006720000350
CUSTOMER NAME  :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2158  FIRESTONE WAY
PHONE          :. 800/627-2427
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. IN NON BILL STATUS ON MVR REPORT /
RESOLUTION     :. 6/10/05 10-NEW METER-WAS BILLED
```

Cypress Lakes

```
                 . 5/18/05 10
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER# :. 935215
ACCOUNT#        :. 006720011220
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
SERVICE ADDRESS:. 1881  BIG CYPRESS BLVD
PHONE           :. 800/627-2427
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. ON MVR REPORT WAS IN NON BILL STATUS ?
RESOLUTION      :. 6/10/05 80
                 . 6/5/05  80-BILLED
                 . 5/18/05 10
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 935219
ACCOUNT#        :. 006720015161
CUSTOMER NAME   :. SWARTZLANDER,CARSON E
SERVICE ADDRESS:. 9889  GRACKLE LP
PHONE           :. 863/859-4161
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT
RESOLUTION      :. 6/10/05 426590-BILLED
                 . 5/6/05  426500
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 935231
ACCOUNT#        :. 006720048090
CUSTOMER NAME   :. CYPRESS LAKES,
SERVICE ADDRESS:.   LITTLE CYPRESS BLVD
PHONE           :. 941/859-3805
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 6/10/05-READ 211450-BILLED
                 . SR/DB
RDATE           :. 06/10/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 935241
ACCOUNT#        :. 006720014461
CUSTOMER NAME   :. GRAEFF,FRANK
SERVICE ADDRESS:. 2315  WARBLER CIR
```

Cypress Lakes

| | | |
|---|---|---|
| PHONE | :. | 941/853-7740 |
| EDATE | :. | 06/13/05 |
| TYPE | :. | 21 |
| FOPER | :. | |
| COMMENT | :. | NO READ ON MVR REPORT |
| RESOLUTION | :. | 6/10/05 508370-BILLED |
| | . | 5/6/05 503050 |
| | . | SR/DB |
| RDATE | :. | 06/10/05 |

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 935271
ACCOUNT# :. 006720014780
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9806 MOORHEN DR
PHONE :. 800/627-2427
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 6/10/05 11750
. 6/7/05 11330-BILLED
. 5/6/05 1400
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 935275
ACCOUNT# :. 006720014481
CUSTOMER NAME :. MCLAUGHLAN,DENISE
SERVICE ADDRESS:. 2236 BIG CYPRESS BLVD
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 6/10/05 334580-BILLED
. 5/6/05 328190
. SR/DB
RDATE :. 06/10/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 935278
ACCOUNT# :. 006720013561
CUSTOMER NAME :. SUMMITT,DONALD J
SERVICE ADDRESS:. 2149 BIG CYPRESS BLVD
PHONE :. 615/293-6931
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION :. 6/10/05 143760-**CUSTOMER AWAY**
. 6/7/05 143760-BILLED-SAME READ 5/6/05-BILLED
. SR/DB
RDATE :. 06/10/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 887780
ACCOUNT# :. 006720001942
CUSTOMER NAME :. PERRY,JOANNE
SERVICE ADDRESS:. 2026 RED CEDAR DR
PHONE :. 904/294-1594
EDATE :. 01/11/05
TYPE :. 24

```
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 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



FOPER           :.
COMMENT         :. ***READ ADJUSTMENT ONLY***NO $$**DUE TO UNDER 1,000 GALS
                 . MIS READ 12/9/04- 473
                 . S/B  MR  12/9/04- 51
                 . RE-READ 1/11/04-80 & 1/7/05-SAME READ
RESOLUTION      :. 473 CONS BILLED IN ERROR 11/4-12/9/04
                 . 21  CONS S/B BILLED
                 . 452 CONS ADJUSTED ON SERVICE SCRN ONLY NO CREDIT TO CUSTOMER
SINCE  UNDE
                 . UNDER 1,000 GALS
                 .
                 . DAVE S/DB
RDATE           :. 01/11/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 887787
ACCOUNT#        :. 006720001991
CUSTOMER NAME   :. MYERS,NYMPHAS
SERVICE ADDRESS:. 2058  RED CEDAR DR
PHONE           :. 941/859-6645
EDATE           :. 01/11/05
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTMENT DUE TO ESTIMAYED READ INCORRECT; 12/9/04- "356717"
                 . 12/9/04-READ S/B; 355830
                 . 1/7/05 7 1/11/05- READ 355830**PER MVR REPORT-RE-READS
                 . & BILLED READ; 1/7/05-READ 355830
RESOLUTION      :. 887 CONS ESTIMATED (INCORRECT-PER RE-READS 1/7/05 & 1/11/05)
                 . 0   CONS S/B
                 . 887 CONS ADJUSTED OFF-NO $$, SINCE CONSUMPTION UNDER 1,000
GALS
                 .
                 . 12/9/04-S/B READ 335830
                 . 1/7/05      READ 335830-BILLED
                 .
                 . DAVE S/SHANE/DB
RDATE           :. 01/11/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 891111
ACCOUNT#        :. 006720006061
CUSTOMER NAME   :. WILLIAMS,JANE
SERVICE ADDRESS:. 2429  SANDCRANE TRL
PHONE           :. 863/853-4757
EDATE           :. 01/24/05
TYPE            :. 24
FOPER           :.
```

Cypress Lakes

COMMENT :. ADJUSTMENT DUE TO MIS READ 1/7/05-708700
RESOLUTION :. 1/21/05-READ 708100
. 1/7/05 READ 708700-MIS READ
.
. 4300 CONSUMPTION BILLED IN ERROR SINCE MIS READ 12/7/04-1/7/05
(1/7/05)
. 2460 S/B CONSUMPTION BILLED
. 1840 CONSUMPTION ADJUSTED
. WATER CR; - 4.48 - 1840-CONS CR
. SEWER CR; - 5.24 - 1840 CONS CR
. TAX CR; - .36
. TOTAL CR; -10.08- (SR/DB)

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 01/24/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 903200
ACCOUNT# :. 006720000260
CUSTOMER NAME :. CYPRESS LAKES ASSOCIATES,
SERVICE ADDRESS:. 2111 FIRESTONE WAY
PHONE :. 863/859-1431
EDATE :. 03/04/05
TYPE :. 24
FOPER :.
COMMENT :. ADJUSTMENT DUE TO MIS READ 2/3/05-READ 980250-TOO MANY DIGITS*
. S/B READ 2/3/05- "98020"
.
. CORRECT BILL AMT; ****28.89***
RESOLUTION :. 887500-CONSUMPTION BILED IN ERROR 1/6-2/3/05
. 882230-CONSUMPTION ADJUSTED
. 5270 CONSUMPTION S/B BILLED
. 3/4/05-READ 104470-READ 2/3/05-98020-S/B READ WAS; 980250-TOO
MANY/DIGIT
. WATER CREDIT; -4311.42 CONS; CR; - 882230
. SEWER CREDIT; - 21.79 CONS; CR; - 882230
. TAX CREDIT; - 344.91 CONS; CR; - 882230
. TOTAL CREDIT; -4678.12
. CORRECT BILL AMT; ****$28.89***CALL SHARON W/CYPRESS LAKES
. SR/DB
RDATE :. 03/07/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 904796
ACCOUNT# :. 006720001922
CUSTOMER NAME :. CHANDLER,BOBBY
SERVICE ADDRESS:. 2018 RED CEDAR DR
PHONE :. 863/816-2950
EDATE :. 03/09/05
TYPE :. 24
FOPER :.
COMMENT :. ADJUSTMENT DUE PER METER VARIANCE REPORT & PRIOR READS FROM
MVR REPORTS
. THIS CUSTOMERS READ HAVE BEEN MIS READ SINCE 4/5/04-PER THE
LAST
. LAST READS-& CURRENT READS
. ***NO CREDITS DUE -ONLY THE READS HAVE BEEN IN ERROR***
RESOLUTION :. 3/9/05-READ 226630 & 2/4/05-SAME READ
.
. ***WE HAVE MIS READ THIS SINCE 4/5/04-NO CREDITS DUE ALL
MONIES HAVE

```
                . BEEN RETURNED FOR PRIOR BILLINGS W/CONSUMPTION-THIS CUSTOMER
IS GONE**
                .
                . 3/3/05-BILLED 22630-
                . SHANE R/DB
RDATE          :. 03/09/05

CORPýý----. 072
ROUTE          :. 6
SERVICE ORDER# :. 905491
ACCOUNT#       :. 006720014581
CUSTOMER NAME  :. WORLEY,DONALD J
SERVICE ADDRESS:. 9859  MOORHEN DR
PHONE          :. 863/816-9093
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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

EDATE :. 03/11/05
TYPE :. 24
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 3/7/05-READ 478090-S/B BILLED-DOING ADJUSTMENT 3/28/05**
. 3/9/05-READ 497890
. 2/3/05-READ 472980
. SHANE R/DB
.
. 3/21/05 ADJUSTED CUSTOMERR 'S ACCOUNT FOR THE FOLLOWING DUE TO MISRREAD
. ON 3/9/05 THAT WAS BILLED TO THE CUSTOMER.
. WATER ADJ -$87.32 -(19800) GALLONS
. SEWER ADJ -$ 8.24 -(19800) GALLONS
. TAX ADJ -$ 6.99 TOTAL ADJ -$102.55 KIM
RDATE :. 03/09/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 907930
ACCOUNT# :. 006720005361
CUSTOMER NAME :. PARKER,DOUGLAS
SERVICE ADDRESS:. 2208 PAR CIR
PHONE :. 863/816-0198
EDATE :. 03/21/05
TYPE :. 24
FOPER :. CLU
COMMENT :. CUSTOOMER SAYS THE METER HAS BEEN MISREAD
. 3/4/05 METER READ 899400 CONS 7900
.
RESOLUTION :. R=895400 3/4/05 METER WAS MISREAD ADJUSTED ACCOUNT AS FOLLOWS:
.
. WATER ADJ -$15.39 -(5350) GALLONS
. SEWER ADJ -$15.25 -(5350) GALLONS
. TAX ADJ -$ 1.23
. TOTAL ADJ -$31.87
. SHAN/KIM
RDATE :. 03/22/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 914793
ACCOUNT# :. 006720048390
CUSTOMER NAME :. CYPRESS LAKES,
SERVICE ADDRESS:. ULTRA DR IRRG
PHONE :. / -
EDATE :. 04/12/05
TYPE :. 24

Cypress Lakes

```
FOPER           :.
COMMENT         :. ADJUSTMENT FOR 2  MIS READ ; 1/4 & 2/2/05
                 . PER RE-READ 4/11/05
RESOLUTION      :. 1840 CONSUMPTION BILLED IN ERROR 1/7-2/2/05
                 . 5530 CONSUMTION BILLED ALSO IN ERROR 12/7/04-1/7/05
                 . 7370 CONSUMPTION ADJUSTED OFF ACCOUNT WITH BASE ALL OF BASE
CHRGS SINCE
                 .      (WHEN A BUIDER-DO NOT CHRG BASE ON BILLING IF NO
CONSUMPTION)**
                 :
                 . 4/11/05-READ 12420-4/6/05 READ 12200 BILLED-SHANE/DB
                 . GS IRRG CREDIT; - 11.30-1/7-2/2/05
                 . GS IRRG CREDIT; - 21.12 12/7/04-1/7/05
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. TAX ALL CREDIT; - 2.59 CONSUMPTION TL; - 7370 (FOR BOTH BILLINGS)
. TOTAL CREDIT; -35.01***
RDATE :. 04/12/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 915637
ACCOUNT# :. 006720011080
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1853 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 04/13/05
TYPE :. 24
FOPER :.
COMMENT :. ADJUSTMENT DUE TO MIS READS 2/3 & 3/4/05
. **ADJUSTED LAST 2 INVOICES SINCE DO NOT BILL BUILDERS IF HAVE "0" CONS
. READ 4/6/05- 250-ON MVR REPORT
RESOLUTION :. 11690-CONSUMPTION BILLED IN ERROR MIS READ 1/24-2/3/05
. 8560 -CONSUMPTION ALSO BILLED IN ERROR DUE TO MIS READ 2/3-3/4/05
. 20250-CONSUMPTION ADJUSTED OFF ACCOUNT & CREDITED
.
. WATER CREDIT; - 68.09 CONS CR; - 20,250
. SEWER CREDIT; - 64.22 CONS CR; - 20,250
. TAX CREDIT; - 5.45 CONS CR; - 20,250
. TOTAL CREDIT; - 137.76 CONS CR; - 20,250
. READ 4/11/05- 250
. SHANE R/DB
RDATE :. 04/13/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 934918
ACCOUNT# :. 006720008921
CUSTOMER NAME :. BIGGS,GERALD
SERVICE ADDRESS:. 9513 MAIDENCANE CT
PHONE :. 941/815-1332
EDATE :. 06/10/05
TYPE :. 24
FOPER :.
COMMENT :. ADJUSTMENT DUE FOR MIS READ 5/6/05 647220
. S/B READ 5/6/05 639070-
RESOLUTION :. 11540- CONSUMPTION BILLED IN ERROR
. 8150 - CONSUMPTION ADJUSTED OFF ACCOUNT
. 3390 - CONSUMPTION ESTIMATED FOR 4/6-5/6/05
.
. WATER CR; - 22.53 CONS CR; - 8150

Cypress Lakes

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                . SEWER CR; - 13.13  CONS CR; - 8150
                . TAX   CR; -  1.80  CONS CR; - 8150
                . TOTAL CR; - 37.46  CPNS CR; - 8150
                . 6/10/05-READ 643050
                . SR/DB
RDATE          :. 06/10/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 935117
ACCOUNT#       :. 006720007511
CUSTOMER NAME  :. CUTHBERT,JAMES
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 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



SERVICE ADDRESS:. 9350  HOOSIER CIR
PHONE           :. 941/853-5176
EDATE           :. 06/13/05
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTEMNT DUE SINCE ESTIMATED READ TOO HIGH 6/5/05**
                 . RE-READ 6/10/05 660460-S/B BILLED
RESOLUTION      :. 2209- CONSUMPTION BILLED IN ERROR WHEN READ ESTIMATED TOO HIGH
                 . 640   CONSUMPTION S/B BILLED
                 . 1569  CONSUMPTION ADJUSTED
                 .
                 . WATER CR; - 3.82 CONS CR; - 1569
                 . SEWER CR; - 4.47 CONS CR; - 1569
                 . TAX   CR; -  .30 CONS CR; - 1569
                 . TOTAL CR; - 8.59 CONS CR; - 1569
                 . SR/DB
RDATE           :. 06/13/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 939837
ACCOUNT#        :. 006720008311
CUSTOMER NAME   :. REITZ,JACK
SERVICE ADDRESS:. 1658  BIG CYPRESS BLVD
PHONE           :. 941/853-2265
EDATE           :. 06/23/05
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTMENT DUE TO MIS READ 6/7/05-948200
                 . S/B READ 6/7/05 942900
RESOLUTION      :. 5300-CONSUMPTION BILLED IN ERROR
                 . 2180-CONSUMPTION ADJUSTED
                 . 3120-CONUSMPTION S/B BILLED
                 . **READ; 6/23/05- 948000****
                 . WATER CR; - 5.31 CONS CR; - 2180
                 . SEWER CR; - 6.21 "          "
                 . TAX CR;   -  .42 "          "
                 . TOTAL CR; - 11.94 CONS; - 2180
                 . 6/23/05-READ 948000
                 . SR/DB - NEW BILL AMT; $38.06-WAS $50.00
RDATE           :. 06/23/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 940369
ACCOUNT#        :. 006720009474
CUSTOMER NAME   :. SUMMERLIN,J E
SERVICE ADDRESS:. 2806  PEAVINE TRL
PHONE           :. 770/329-1280
```

Cypress Lakes

EDATE :. 06/24/05
TYPE :. 24
FOPER :. CLU
COMMENT :. CUSTOMER CALLED ABOUT SMELLY WATER AND THAT THE BLOW OFF IN HIS
. AREA WAS NOT COMPLETE TO THE POINT THAT THE WATER LINES COULD
. BE BLOWN OFF WHERE HIS HOME IS LOCATED. HE SAID THAT HIS METER
. WAS FLUSED AND HIS COMPLAINT WAS THE WATER USED. ADJUSTED TO
. AVG CONS
RESOLUTION :. ADJUSTED TO CUSTOMER'S AVG APPROXIMATELY 6000 GALS. WATER ADJUSTED

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. 4000 $14.66 SEWER $5.07 TAX $1.77
.
. EC
RDATE :. 06/24/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 939542
ACCOUNT# :. 006720000171
CUSTOMER NAME :. PULCINO,MICHAEL A
SERVICE ADDRESS:. 2138 FIRESTONE WAY
PHONE :. 863/858-0121
EDATE :. 06/23/05
TYPE :. 27
FOPER :.
COMMENT :. CUSTOMER SAYS THAT THERE IS A LEAK BY DRIVEWAY, AT METER. HE STATED THAT
. WHENEVER THE READER COMES OUT, HE IS THERE FOR 20 MINS JUST TRYING TO
. PUMP WATER OUT TO READ THE METER. IF THIS IS OUR LEAK, WE NEED TO REPAIR
. IT. PLEASE NOTE IF WATER HAS BEEN REGISTERING THROUGH METER.
. PAGED TO SHAN R
RESOLUTION :. 6/23/05-READ 362870-LEAK FOUND ON CUSTOMERS SIDE IN METER BOX, AFTER
. CHECK VALVE. TAGGED DOOR WITH FINDINGS. NOTIFIED JACKIE WITH
. CUSTOMER SERVICE
. SR/DB
RDATE :. 06/23/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 903810
ACCOUNT# :. 006720008441
CUSTOMER NAME :. WHITTENBERG,ROBERT
SERVICE ADDRESS:. 1705 BIG CYPRESS BLVD
PHONE :. 863/815-2624
EDATE :. 03/07/05
TYPE :. 28
FOPER :.
COMMENT :. LOW PRESSURE ? & NEIGHBOR TOO ?
. PAGED TO SHANE-3:11PM
RESOLUTION :. 3/7/05-FLUSHING IN AREA PER SHANE R
. DB
RDATE :. 03/07/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 913055

Cypress Lakes

ACCOUNT# :. 006720007042
CUSTOMER NAME :. SULLIVAN,PAUL
SERVICE ADDRESS:. 9441 BIG APPLE LN
PHONE :. 863/853-4100
EDATE :. 04/06/05
TYPE :. 28
FOPER :.
COMMENT :. MR. CALLED DUE TO VERY LOW PRESSURE.
. HE REQUESTS THAT WE CHECK THE PRESSURE AND KNOCK ON HIS DOOR TO DISCUSS
RESOLUTION :. 4//7/05-SPOKE TO CUSTOMER-READ 32900
. SR/DB
RDATE :. 04/07/05

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CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 932886
ACCOUNT# :. 006720011421
CUSTOMER NAME :. LANDIS,ROBERT G
SERVICE ADDRESS:. 9149 SLY FOX LOOP
PHONE :. 863/868-9266
EDATE :. 06/06/05
TYPE :. 28
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL 6/4/05-10:12AM
. LOW WATER PRESSURE
RESOLUTION :. 6/4/05-CALL WENT INTO L. NEAL WHO RELAYED TO T.HISCOCK-WILL NOTIFY
. TOM HISCOCK TO FIND OUT RESOLUTION ?-SR
RDATE :. 06/04/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 935763
ACCOUNT# :. 006720011421
CUSTOMER NAME :. LANDIS,ROBERT G
SERVICE ADDRESS:. 9149 SLY FOX LOOP
PHONE :. 863/868-9266
EDATE :. 06/14/05
TYPE :. 28
FOPER :.
COMMENT :. MR. CALLED DUE TO NO PRESSURE.
. PLEASE CHECK PRESSURE AND TAG DOOR WITH YOUR FINDINGS.
RESOLUTION :. 6/15/05-PRESSURE @ METER IS OK. CUSTOMERS PROBLEM
. READ 73270
. SR/DB
RDATE :. 06/15/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 910430
ACCOUNT# :. 006720005583
CUSTOMER NAME :. LOVE,MICHAEL JR
SERVICE ADDRESS:. 2350 MULLIGAN DR
PHONE :. 863/816-2226
EDATE :. 03/29/05
TYPE :. 29
FOPER :.
COMMENT :. WATER HAS BEEN CLOUDY FOR SOME TIME PLEASE RESOLVE ISSUE & TAG CUSTOMER
. ON WHAT WAS THE PROBLEM IF OURS, OR HIS & WHAT WE WILL DO TO RESOLVE

```
                 . &&HE TRIED TO REQUEST THAT WE TEST WATER-BUT INFORMED CUSTOMER
IF IT IS
                 . SOMETHING WE CAN RESOLVE WE DON'T NEED TO TEST*
RESOLUTION      :. 3/30/05-SPOKE WITH CUSTOMER HAS NO WATER SOFTNER, WILL FLUSH
NEAREST
                 . HYDRANT IN AREA-READ 431730
                 . SZ/DB
RDATE           :. 03/30/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 902531
ACCOUNT#        :. 006720006111
CUSTOMER NAME   :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409  SANDCRANE TRL
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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

PHONE :. 863/853-5898
EDATE :. 03/02/05
TYPE :. 32
FOPER :.
COMMENT :. WATER SMELLS-FISHY-***TAG HOUSE WITH FINDINGS**
. PAGED TO SHANE 11:08-
. **HE SAID THEY ARE FLUSHING, AND TRYING TO DEAL WITH THE SMELL NOW
RESOLUTION :. 3/2/05-READ 2300-INJECTOR @ WELL PUMPHOUSE WAS BROKEN, THIS DID NOT
. ALLOW CL2-TO FLOW POPERLY. PROBLEM WAS RESOLVED. FLUSHED
. HYDRANTS THROUGH CYPRESS LAKES SYSTEM TO HELP RESOLVE SMELL, TAGGED
. CUSTOMERS DOOR WITH FINDINGS.
. SR/DB
RDATE :. 03/02/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 902887
ACCOUNT# :. 006720006111
CUSTOMER NAME :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409 SANDCRANE TRL
PHONE :. 863/853-5898
EDATE :. 03/03/05
TYPE :. 32
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL;7:05PM-STILL SMELLS BAD
. PLEASE COME BACK OUT
. 3/3/05-ISABEL IN OFC-PAGED TO SHANE-HE WAS GOING BY THERE THIS AM-10:05A
RESOLUTION :. 3/2/05-READ 2420-SPOKE WITH CUSTOMER CL2 RES @ HOME IS 1.5-CUSTOMER SAID
. WATER HEATER HAD BEEN FLUSHED & SERVICED. TOLD CUSTOMER TO HAVE
. HER WATER SOFTNER SERVICED. CUSTOMER REQUESTED WATER TO BE SENT TO LAB
. FOR ANALYSIS. TOLD CUSTOMER THAT WATER IS SAFE TO DRINK AND WILL
. BE IN CONTACT ABOUT SENDING WATER SAMPLE TO LAB.
. SHANE R/DB
RDATE :. 03/02/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 905878
ACCOUNT# :. 006720006111
CUSTOMER NAME :. DESMOND,PATRICIA F

Cypress Lakes

SERVICE ADDRESS:. 2409 SANDCRANE TRL
PHONE :. 863/853-5898
EDATE :. 03/14/05
TYPE :. 32
FOPER :.
COMMENT :. WATER STILL SMELLS FISHY-& CUSTOMER FLUSHED WATER TANK & CKED WATER
. SOFTNER SHE REQUESTED FOR SHANE R TO PHONE HER TO RESOLVE THIS SINCE
. SPENT ALOT OF MONEY-PER SHANE HE WILL PHONE DAVE TO DO THIS & PHONE
. HER PAGED-SHANE R-10:56AM
RESOLUTION :. 3/14/05-CUSTOMER WANTED TO THANK SHANE FOR TAKING THE TIME TO HELP HER.
. WITH THIS ON GOING PROBLEM. HER OLD HOT WATER HEATER WAS NOT WORKING
. PROPERLY AND CAUSING THE ODOR PROBLEM. SHE REPLACED IT AND NO LONGER
. HAS THIS PROBLEM.
. SES/DB
RDATE :. 03/14/05

CORPýý----. 072
ROUTE :. 4

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 919985
ACCOUNT# :. 006720006111
CUSTOMER NAME :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409 SANDCRANE TRL
PHONE :. 863/853-5898
EDATE :. 04/26/05
TYPE :. 32
FOPER :. CLU
COMMENT :. PLEASE CHECK FOR ODOR IN WATER
. DISPATCHED TO DAVID S
RESOLUTION :. 4/26/05-READ 9850-THIS HOUSE IS IN A CULDASAC-AT THE END-
OPENED BLOW
. OFF TO MOVE STANDING WATER OUT OF LINE AND PULL FRESH WATER TO
AREA.
. FLUSHED BLOW OFF FOR 20 MINUTES TO BRING RESIDUAL TO 1.0-SPOKE
TO
. CUSTOMER
. SR/DB
RDATE :. 04/26/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 920777
ACCOUNT# :. 006720006111
CUSTOMER NAME :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409 SANDCRANE TRL
PHONE :. 863/853-5898
EDATE :. 04/28/05
TYPE :. 32
FOPER :.
COMMENT :. WATER SMELLS FISHY -PLEASE RESOLVE
. PAGED TO DAVE S; 10:24AM
.
RESOLUTION :. 4/28/05-READ 10030
. SPOKE WITH CUSTOMER. FLUSHED BLOW OFF A FEW YARDS AWAY FOR
CUSTOMERS
. HOME. BLOW OFF WAS FLUSHED FOR OVER AN HOUR WITH FINAL CL2
RESIDUAL OF
. 1.0 PPM. DAVE S WILL PHONE CUSTOMER TO FURTHER SPEAK & EXPLAIN
REASON
. WHY WATER MAY BE FISHY SMELLING.
. SR/DB
RDATE :. 04/28/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 921784
ACCOUNT# :. 006720009474
CUSTOMER NAME :. SUMMERLIN,J E

Cypress Lakes

SERVICE ADDRESS:. 2806  PEAVINE TRL
PHONE           :. 770/329-1280
EDATE           :. 05/02/05
TYPE            :. 32
FOPER           :. CLU
COMMENT         :. PLEASE CHECK FOR ODOR IN WATER
                 . PH. 863-815-4339
RESOLUTION      :. 5/4/05-TOLD CUSTOMER HE WOULD FLUSH, AND SHE HAD NO CHLORINE
IN HER LINE
                 . RB/DB
RDATE           :. 05/04/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 922795
ACCOUNT#        :. 006720006111

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409 SANDCRANE TRL
PHONE :. 863/853-5898
EDATE :. 05/04/05
TYPE :. 32
FOPER :.
COMMENT :. PLEASE RECHECK CHLORINE GOING TO HOME. **** CALL BEFORE ARRIVAL****
. ROB B. IS AWARE OF SITUATION
.
.
RESOLUTION :. 5/5/05- TOLD CUSTOMER WHEN HE PHONED THAT HE WOULD BE THERE AROUND
. 10:00AM, CL2 = 0.5-NO ODOR IN WATER TODAY
. DS/DB
RDATE :. 05/05/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 923786
ACCOUNT# :. 006720006221
CUSTOMER NAME :. GLOVER,ELAINE
SERVICE ADDRESS:. 9408 ULTRA DR
PHONE :. 863/858-2444
EDATE :. 05/09/05
TYPE :. 32
FOPER :.
COMMENT :. SMELL IN WATER -CUSTOMER SAYS IT IS DUE TO THE DRAIN AT THE END OF
. THE STREET-NEEDS TO BE FLUSHED(CLEANED IS USALLY DONE YEARLY)**
RESOLUTION :. 5/10/05-READ 42610-TAGGED DOOR WITH FINDINGS, SPOKE TO CUSTOMER.
. OPENED BLOW OFF @ CULDESAC TO BRING FRESH WATER TO STREET CL2 RES OF 1.0
. SR/DB
RDATE :. 05/10/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 924697
ACCOUNT# :. 006720009481
CUSTOMER NAME :. HILTON,WILLIAM
SERVICE ADDRESS:. 2802 PEAVINE TRL
PHONE :. 863/816-2553
EDATE :. 05/11/05
TYPE :. 32
FOPER :. CLU

Cypress Lakes

```
COMMENT          :. PLEASE CHECK FOR ODOR IN WATER.
                  . DISPATCHED TO DAVID S
RESOLUTION       :. 5/11/05-READ 304540-SPOKE WITH CUSTOMER, HOME IS LOCATED @
BEGINNING
                  . OF NEW PHAS #11, FLUSHED NEAREST HYDRANT FOR 45 MINUTES CL2,
RESIDUAL 0.
                  . SR/DB
RDATE            :. 05/11/05

CORPýý----. 072
ROUTE            :. 5
SERVICE ORDER#   :. 925175
ACCOUNT#         :. 006720009474
CUSTOMER NAME    :. SUMMERLIN,J E
SERVICE ADDRESS:. 2806  PEAVINE TRL
PHONE            :. 770/329-1280
EDATE            :. 05/12/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 32
FOPER           :. CLU
COMMENT         :. CUSTOMER CALLED TO REPORT THAT THE SMELL OF THE WATER
CONTINUES TO
                 . BE BAD IN HIS HOME. THE SERVICE WAS CHECKED AROUND 5/4/05 AND
IT
                 . WAS FOUND THAT THE CL2 WAS LOW MAYBE IN HIS HOME? PLEASE CHECK
AGAIN
                 . AND INFORM CUSTOMER
                 . **PAGED TO DAVE S**
RESOLUTION      :. 5/12/05-DAVE SHOFSTALL SPOKE TO CUSTOMER -WE WILL ISNATLL
TEMPORARY
                 . BLOW OFF TO HELP WITH PROBLEM
                 . DS/SR/DB
RDATE           :. 05/12/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 925586
ACCOUNT#        :. 006720015172
CUSTOMER NAME   :. KAPOLKA,RICHARD J
SERVICE ADDRESS:. 9894  GRACKLE LP
PHONE           :. 863/858-9982
EDATE           :. 05/13/05
TYPE            :. 32
FOPER           :.
COMMENT         :. PLEASE OBTAIN READING AND FLUSH IF NEEDED THE CUSTOMER CALLED
DUE TO
                 . ROTTEN EGG ODOR IN WATER.
                 .
                 .
                 . PAGED TO SHAN
RESOLUTION      :. 5/13/05-READ 508170-FLUSHED NEAREST HYDRANT TO HOME TO BRING
WATER
                 . TO RESIDENT, SPOKE WITH CUSTOMER
                 . SR/DB
RDATE           :. 05/13/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 929225
ACCOUNT#        :. 006720006111
CUSTOMER NAME   :. DESMOND,PATRICIA F
SERVICE ADDRESS:. 2409  SANDCRANE TRL
PHONE           :. 863/853-5898
EDATE           :. 05/24/05
TYPE            :. 32
FOPER           :.
```

Cypress Lakes

```
COMMENT          :. WATER SMELLS SO BAD THIS SITUATION NEEDS TO BE TOTALLY
RESOLVED***
                  . PLEASE PHONE CUSTOMER ON WHAT WE WILL DO TO RESOLVE THIS
ISSUE**
                  . PAGED TO DAVE S-12:55PM
RESOLUTION       :. 5/24/05-OPEN UP BLOW OFF NEAR CUSTOEMRS HOME FOR 20 MINUTES*
                  . RESIDUAL 1.2 WAS RECORDED, WILL SPEAK WITH CUSTOMER 5/25/05.
                  . SR/DB
RDATE            :. 05/24/05

CORPýý----. 072
ROUTE            :. 4
SERVICE ORDER#   :. 930101
ACCOUNT#         :. 006720006111
CUSTOMER NAME    :. DESMOND,PATRICIA F
SERVICE ADDRESS  :. 2409  SANDCRANE TRL
PHONE            :. 863/853-5898
EDATE            :. 05/26/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 32
FOPER           :.
COMMENT         :. CUSTOMER COMPLAINING AGAIN OF SMELLY WATER.
                 . PAGED DAVE S.
RESOLUTION      :. 5/26/05-FLUSHED BLOW OFF-DIRECTLY IN FRONT OF CUSTOMERS HOME
FOR
                 . 25 MINUTES=RECORDED CL2 RESIDUAL OF 1.0
                 . SR/DB
RDATE           :. 05/26/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 931192
ACCOUNT#        :. 006720008931
CUSTOMER NAME   :. LEWIS,RON
SERVICE ADDRESS:. 9517  MAIDENCANE CT
PHONE           :. 863/859-9978
EDATE           :. 05/31/05
TYPE            :. 32
FOPER           :.
COMMENT         :. WATER SMELLA BADLY -PER TENANT
RESOLUTION      :. 5/31/05-METER COVERED WITH LAWN DEBRIS
                 . TAGGED DOOR WITH FINDINGS
                 . SR/DB
RDATE           :. 05/31/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 932750
ACCOUNT#        :. 006720006221
CUSTOMER NAME   :. GLOVER,ELAINE
SERVICE ADDRESS:. 9408  ULTRA DR
PHONE           :. 863/858-2444
EDATE           :. 06/06/05
TYPE            :. 32
FOPER           :.
COMMENT         :. WATER SMELLS BADLY-PLEASE RESOLVE*
RESOLUTION      :. 6/7/05-FLUSHED HYDRANT #52-FOR 35 MINUTES RESIDUAL 1.2
                 . TAGGED DOOR & SPOKE WITH CUSTOMER
                 . SR/DB
RDATE           :. 06/07/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 939041
ACCOUNT#        :. 006720006221
CUSTOMER NAME   :. GLOVER,ELAINE
SERVICE ADDRESS:. 9408  ULTRA DR
PHONE           :. 863/858-2444
```

Cypress Lakes

| | | |
|---|---|---|
| EDATE | :. | 06/22/05 |
| TYPE | :. | 32 |
| FOPER | :. | |
| COMMENT | :. | MS. CALLED BECAUSE HER WATER SMELLS VERY BAD. |
| | . | SHE CAN'T DRINK IT OR BATHE IN IT. |
| | . | PLEASE FLUSH LINES |
| | . | |
| | . | PAGED TO SHAN |
| RESOLUTION | :. | 6/22/05-FLUSHED HYDRANT 352-FOR 20 MINUTES TO BRING FRESH POTABLE |
| | . | WATER TO AREA. SPOKE WITH CUSTOMER |

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. SR/DB
.
RDATE :. 06/22/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 939535
ACCOUNT# :. 006720015152
CUSTOMER NAME :. MATRACHIA,MARGARET
SERVICE ADDRESS:. 9890 GRACKLE LP
PHONE :. 863/816-0834
EDATE :. 06/23/05
TYPE :. 32
FOPER :.
COMMENT :. MS. CALLED DUE TO BAD SMELL IN HER WATER.
. PLEASE CHECK WHY IT SMELLS & TASTES SO BADLY.
. TAG HER DOOR WITH YOUR FINDINGS
RESOLUTION :. 6/24/05-FLUSHED HYDRANT #39-FOR 30 MINUTES TO BRING FRESH WATER TO AREA
. TAGGED CUSTOMERS DOOR
. SR/DB
RDATE :. 06/24/05

CORPýý----. 072
ROUTE :.
SERVICE ORDER# :. 888355
ACCOUNT# :. 006720000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 01/13/05
TYPE :. 39
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL TO ANSWERING SERVICE 5:16
. LIFT STATION BLINKING RED LIGHT
. MARGARET KING PH THIS IN-ROUTE 98 NORTH-863-859-7275
RESOLUTION :. 1/12/05-POWER SURGE TRIPPED OUT BOTH PUMPS @ LIFTSTATION #1.
. THIS CAUSED ALL (6)LIFTSATIONS TO BACK UP. RESET BOTH PUMPS @
. LIFTSTATION #1 AND MONITORED ALL CYPRESS LAKES LIFTSTATION
. @ CYPRESS LAKES WASTE WATER TREATMENT PLANT. LIFTSTSTION #1 DREW
. DOWN AND AS LEVEL IN WETWELL ROSE PUMPS CAME ON IN LIFTSTATION #1.
. SHANE R/DB
RDATE :. 01/12/05

CORPýý----. 072
ROUTE :.

Cypress Lakes

```
SERVICE ORDER# :. 920333
ACCOUNT#       :. 006720000000
CUSTOMER NAME  :. ,
SERVICE ADDRESS:.
PHONE          :.    /   -
EDATE          :. 04/27/05
TYPE           :. 39
FOPER          :.
COMMENT        :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL; 10:15PM
                . LIFT STATION LIGHT IS ON
                . MR FISHER PHONED 1000 US HWY 98 NORTH-863-859-7275
RESOLUTION     :. 4/27/05-CHECKED LIFTS STATION, WET WELL LEVEL WAS HIGH WHICH
CAUSED
                . ALARM.  ALARM WAS SILENCED, BUT LIGHT REMAINED FLASHING, PUMP
WET WELL
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. DOWN AND ALARM RESET
. SR/DB
RDATE :. 04/27/05

CORPýý----. 072
ROUTE :.
SERVICE ORDER# :. 930877
ACCOUNT# :. 006720000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 05/31/05
TYPE :. 41
FOPER :.
COMMENT :. ALARM GOING OFF-AT PHAS 8 ON BIG CYPRESS
. MARGARET KING PH; 863-859-7275
. PAGED TO DAVE S-9:08AM
RESOLUTION :. 5/31/05-HIGH WELL ALARM @ LIFTSTATION #6 DUE TO HEAVY RAINS.
RESET ALARM
. SR/DB
RDATE :. 05/31/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 904994
ACCOUNT# :. 006720013892
CUSTOMER NAME :. PETERSEN,LARRY
SERVICE ADDRESS:. 9848 GRACKLE LP
PHONE :. 920/499-5089
EDATE :. 03/10/05
TYPE :. 43
FOPER :.
COMMENT :. MR. CALLED DUE TO NO WATER.
.
.
. PAGED TO DAVE S.
RESOLUTION :. 3/11/05-MAIN WATER SERVICE LINE TIE IN BETWEEN PHASE #11 &
PHASE #6
. WAS SCHEDULED FOR 3/10/05-ANOTHER MAIN VALVE WAS CLOSED -IN
ERROR,
. RE-OPENED & THIS RESOLVED ISSUE.
. SR/DB
RDATE :. 03/11/05

CORPýý----. 072
ROUTE :.
SERVICE ORDER# :. 904998
ACCOUNT# :. 006720000000
CUSTOMER NAME :. ,

Cypress Lakes

SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 03/10/05
TYPE :. 43
FOPER :.
COMMENT :. NO WATER-
. MANY CALLS-1ST CALL ON CRACKEL LOOP
. PAGED DAVE S-10:21AM
RESOLUTION :. 3/11/05-9860-GRACKLE LOOP-READ 616610 & 9848 GRACKLE LOOP-READ 587550
. MAIN WATER SERVICE LINE TIE-IN BETWEEN PHASE#11 & PHASE #6-WAS
. SCHEDULED FOR 3/10/05. MAIN WATER VALVE WHICH FEEDS 6 HOMES ON DEAD
. END OF BIG CYPRESS WAS "CLOSED" KILLING SERVICES TO THOSE 6 HOMES.

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. CALLS CAME FROM DISPATCH THAT OTHER SERVICE ON BRACKLE WERE OFF.
. UPON FURTHER INVESTIGATION FOUND THAT ANOTHER MAIN WATER VALVE WAS
. CLOSED @ BEGINNING OF GRACKLE LOOP. OPENED VALVE @ BEGINNING OOF
. GRACKLE LOOP. OPENED VALVE @ BEGINNING OF GRACKLE TO RESOLVE PROBLEM.
. SHANE R/DB
RDATE :. 03/11/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 909388
ACCOUNT# :. 006720013501
CUSTOMER NAME :. WARD,HUNTER
SERVICE ADDRESS:. 2133 BIG CYPRESS BLVD
PHONE :. 863/858-5250
EDATE :. 03/24/05
TYPE :. 43
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO WATER BEING OUT AND NOT BEING INFORMED OF
. WATER OUTAGE OF TIME.
.
. ALERTED SHAN
.
RESOLUTION :. SPOKE WITH THE CUSTOMER'S HUSBAND ABOUT THE SITUATION. SHUTTING OFF
. WATER TO DO MAIN TIE IN.
. SHAN/KIM
RDATE :. 03/24/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 894465
ACCOUNT# :. 006720009121
CUSTOMER NAME :. WALSH,FRANK
SERVICE ADDRESS:. 9220 SPATTERDOCK CT
PHONE :. 863/815-1890
EDATE :. 02/02/05
TYPE :. 47
FOPER :.
COMMENT :. CUSTOMER HAS NO WATER
.
. PAGED TO ROB C
.
.

Cypress Lakes

```
RESOLUTION      :. 2/2/05-WATER PROBLEM WAS ON CUSTOMERS SIDE-THE FILTER ON
CUSTOMER
                 . FAUCET IN KITCHEN WAS NO GOOD
                 . RB/DB
RDATE           :. 02/02/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 900569
ACCOUNT#        :. 006720004543
CUSTOMER NAME   :. THOMAS,BOYD
SERVICE ADDRESS:. 2134  CYPRESS CROSS DR
PHONE           :. 863/853-3180
EDATE           :. 02/23/05
TYPE            :. 47
FOPER           :.
COMMENT         :. MAIN BREAK-@ METER
```

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05

. MELINDA W/CYPRESS LAKES CONSTRUCTION CO-1-863-559-7582
. PAGED SHANE R-3:49PM-
RESOLUTION :. 2/23/05-READ 87230
. CUSTOMER DROVE OVER METER BOX WIRTH RV BREAKING SERVICE LINE ON
. CUSTOMER SIDE. MELINDA WITH CYPRESS LAKSE ASSOCITION NOTIFIED CUSTOMER
. THAT PLUMBER WOULD NEED TO BE CONSULTED
. SR/DB
RDATE :. 02/23/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 913418
ACCOUNT# :. 006720007001
CUSTOMER NAME :. MARUSZAK,GEORGE
SERVICE ADDRESS:. 9431 BIG APPLE LN
PHONE :. 863/853-4893
EDATE :. 04/07/05
TYPE :. 47
FOPER :.
COMMENT :. LOW PRESSURE ALL THE TIME & 3 OTHER NEIGHBORS HAVE BAD PRESSURE ALSO
. PLEASE TAG WITH FINDINGS OR INFORM CUSTOMER*
RESOLUTION :. 4/8/05-READ 843930-SPOKE TO CUSTOMER -PRESSURE IS NORMAL @ METER
. ASKED CUSTOMER TO CHECK WATER FILTER. WATER FILTER IS DIRTY AND NEEDS
. TO BE REPLACED.
. SZ/DB
RDATE :. 04/08/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 937915
ACCOUNT# :. 006720008711
CUSTOMER NAME :. HOBBIE,EDWARD T
SERVICE ADDRESS:. 1758 BIG CYPRESS BLVD
PHONE :. 813/368-7931
EDATE :. 06/20/05
TYPE :. 47
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL TO ANSWERING SERVICE
. 6/18/05-1:11PM
. BLACK PARTICLES COMING THROUGH WATER
RESOLUTION :. 6/18/05-READ 175470-CUSTOMERS AERATORS WERE
. PLUGGED WITH DEBRIS. TOLD CUSTOMER HOW TO CLEAN THEM.
. SCOTT S/DB

Cypress Lakes

RDATE :. 06/18/05

483 records listed.

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 1
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 948115
ACCOUNT# :. 006720000331
CUSTOMER NAME :. THOMPSON,JOHN B
SERVICE ADDRESS:. 2165 FIRESTONE WAY
PHONE :. 863/603-0930
EDATE :. 07/18/05
TYPE :. 01
FOPER :.
COMMENT :. READ & CHECK FOR LEAKS
. 7/6/05 233180
. 6/6/05 231070
. NOTE FOR OFFICE;CUSTOMER GONE FROM 5/12/7/6/05-HOWEVER, IN MAY IT DIDN'T
. RAIN HAS MUCH, & HIS SPRINKLERS WERE GOING THEN & IN JUNE & JULY HADRAIN
RESOLUTION :. 7/19/05-236430-NO LEAKS-SPOKE TO CUSTOMER
. 7/6/05 233180-CORRECT READ BILLED
. 6/6/05 231070
. SR/DB
RDATE :. 07/19/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 948700
ACCOUNT# :. 006720007922
CUSTOMER NAME :. HIBBERT,MICHAEL
SERVICE ADDRESS:. 9452 MAX FLY DR
PHONE :. 941/816-8439
EDATE :. 07/19/05
TYPE :. 01
FOPER :.
COMMENT :. MR. CALLED DUE TO HIGH BILLING.
. HE IS AWAY AND DID NOT USE THE WATER.
. PLEASE REREAD AND ADJUST IF NECESSARY
.
. □/6/05 MR=475700
RESOLUTION :. 7/20/05-READ 568250-LEAK ON CUSTOMERS SIDE-TAGGED DOOR
. SHUTOFF @ HOUSE-SINCE HAS BAD LEAK**
. 7/8/05-READ 511540
. 7/6/05-READ 475700
. SR/DB
RDATE :. 07/20/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 948958
ACCOUNT# :. 006720007141

Cypress Lakes

```
CUSTOMER NAME  :. SMITH,HAROLD
SERVICE ADDRESS:. 9461  BIG APPLE LN
PHONE          :. 863/859-9509
EDATE          :. 07/19/05
TYPE           :. 01
FOPER          :.
COMMENT        :. MS. CALLED DUE TO HIGH BILLS.
                . PLEASE REREAD AND CHECK FOR LEAKS
                . 5/5/05  MR=386200
                . 6/6/05  MR=398010
                . 7/7/05  MR=400030
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 2
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RESOLUTION :. 7/20/05-READ 400820-NO LEAKS FOUND**
. 7/7/05- READ 400030
. 6/6/05 READ 398010
. 5/5/05 READ 386200
. SR/DB
RDATE :. 07/20/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 949437
ACCOUNT# :. 006720003002
CUSTOMER NAME :. HOLDERFIELD,BRENDA
SERVICE ADDRESS:. 9930 CYPRESS LAKES DR
PHONE :. 941/815-9627
EDATE :. 07/20/05
TYPE :. 01
FOPER :. CLU
COMMENT :. REREAD METER AND CHECK FOR LEAK
. 7/6/05 METER READ 199930 CONSUMPTION 23980
. PLEASE MAIL CUSTOMER A CRRECTED BILL IF ADJUSTMENT IS
REQUIRED.
RESOLUTION :. 7/21/05 183480-SPOKE TO CUSTOMER & READ 7/6/05- WAS MIS READ
TOO HIGH
. 7/6/05 178920-S/B READ WAS; 199930 MIS READ
.
. WATER CR; - 80.71 CONS CR; - 21,010 GALS
. SEWER CR; - 14.33 "
. TAX CR; - 6.46 "
. TL CR; - 101.46 "
. 7/29/05-NOTIFIED NORTHBROK TO ISSUE A CORRECTED BILL PER
CUSTOMER
. REQUEST
. SR/DB
RDATE :. 07/21/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 949646
ACCOUNT# :. 006720006531
CUSTOMER NAME :. NEOGRA,WILLIAM
SERVICE ADDRESS:. 9336 TOP FLIGHT DR
PHONE :. 863/853-2909
EDATE :. 07/20/05
TYPE :. 01
FOPER :.
COMMENT :. PLEASE OBTAIN AN ACCURATE RE-READ AND CHECK FOR LEAKS, CUST
SAID
. BILL WAS HIGH...
. PLEASE REPORT FINDINGS ASAP FOR ANY ADJUSTMENTS TO BE MADE.

Cypress Lakes

```
                . THE CUST WILL BE HOME WAITING FROM 1:00 PM TO 4:00PM FOR FIELD
TECH.
                . CUST READ FROM CUST WAS 689320/OUR LAST READ WAS 688610 ON
6/10/05
RESOLUTION      :. 7/21/05-689400-SPOKE TO CUSTOMER & DID DO ADJUSTMENT
                . 6/6/05  687470-S/B READ WAS MIS READ; 688610
                .
                . WATER CR; - 2.78 CONS CR; 1140
                . SEWER CR; - 3.24 "
                . TAX   CR; -  .22 "
                . TL    CR; - 6.24 "
                . SR SPOKE TO CUSTOMER
                . DB
RDATE           :. 07/21/05
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 950675
ACCOUNT# :. 006720002802
CUSTOMER NAME :. KOWALSKI,RICHARD J
SERVICE ADDRESS:. 9544 CYPRESS TREE LN
PHONE :. 941/859-4645
EDATE :. 07/22/05
TYPE :. 01
FOPER :.
COMMENT :. READ HIGH - CHECK FOR LEAKS & READ-TAG WITH RESULTS
. 7/6/05 725250
RESOLUTION :. R=737670
. POSSIBLE LEAK BETWEEN METER AND HOME AS INDICATED BY LEAK
DETECTOR
. ON METER.
. SHAN/KIM
RDATE :. 07/25/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 951412
ACCOUNT# :. 006720000042
CUSTOMER NAME :. HOWLAND,KENNETH W
SERVICE ADDRESS:. 2319 FIRESTONE CT
PHONE :. 863/816-7885
EDATE :. 07/25/05
TYPE :. 01
FOPER :.
COMMENT :. MR. CALLED DUE TO HIGH BILL.
. HAS AN IRRIGATION SYSTEM THAT RUNS ONCE A WEEK.
. HE IS UP NORTH AND DIDN'T USE THE WATER
. REREAD AND CHECK FOR LEAKS. HE WILL CALL LATER THIS WEEK TO
GET
. THE RESULTS.
RESOLUTION :. R=239960 NO LEAKD BEFORE METER OR AFTER
. SPOKE WITH NEIGHBOR.
. SHAN/KIM
RDATE :. 07/27/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 954094
ACCOUNT# :. 006720009201
CUSTOMER NAME :. BARNER,WAYNE
SERVICE ADDRESS:. 9225 SPATTERDOCK CT
PHONE :. 570/726-4622
EDATE :. 08/02/05
TYPE :. 01

Cypress Lakes

```
FOPER           :.
COMMENT         :. READ, CHECK FOR LEAKS AND TAG WITH FINDINGS
                 .
                 . NOTE FOR OFFICE; CUSTOMER LEFT 6/21/05-YET HAD HOUSE PRESSURE
WASHED
                 . DON'T NO DATE PRESSURE WASHED SO THIS MAY BE WHY BILL WAS HIGH
AFTER
                 . 6/6/05 ?
RESOLUTION      :. 8/3/05-READ 438100
                 . 7/7/05-READ 438100
                 . 6/6/05 READ 432220
                 . NO LEAKS INDICATED
                 . SR/DB
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RDATE :. 08/03/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 960897
ACCOUNT# :. 006720009671
CUSTOMER NAME :. MARTIN,CHARLES
SERVICE ADDRESS:. 9210 SPIKERUSH CT
PHONE :. 941/815-1274
EDATE :. 08/19/05
TYPE :. 01
FOPER :. CLU
COMMENT :. REREAD AND CHECK FOR LEAK
. 8/3/05 METER READ 634920 CONS 8940
. TAG HOME WITH FINDING
RESOLUTION :. 8/22/05-READ 635750-NO LEAKS
. 8/3/05 READ 634920
. **TAGGED HOME WITH FINDINGS 8/22/05
. SR/DB
RDATE :. 08/22/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 969642
ACCOUNT# :. 006720000871
CUSTOMER NAME :. WILLIAMS,J A
SERVICE ADDRESS:. 9571 CYPRESS LAKES DR
PHONE :. 941/859-6766
EDATE :. 09/19/05
TYPE :. 01
FOPER :. CLU
COMMENT :. REREAD AND CHECK FOR LEAK
. 9/20/05 METER READ 156590 CONSUMPTION 12310
. PLEASE SPEAK WITH CUSTOMER BEFORE LEAVING
RESOLUTION :. 9/20/05-READ 161120-LEAK ON CUSTOMERS SIDE DID SPEAK TO THEM
. @ WATER SOFTNER
. SR/DB
RDATE :. 09/20/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 972209
ACCOUNT# :. 006720007151
CUSTOMER NAME :. HELMAN,JOHN
SERVICE ADDRESS:. 9460 BIG APPLE LN
PHONE :. 941/853-0903
EDATE :. 09/26/05
TYPE :. 01
FOPER :. CLU

Cypress Lakes

```
COMMENT          :. PLEASE REREAD METER
                  . 9/7/05 METER READ 207570 CONSUMPTION 12230
RESOLUTION       :. 9/27/05-205400
                  . 9/7/05- 207570-MIS READ
                  . 9/7/05  200800-ADJUSTED CORRECT READ NOW; DID ADJUSTMENT
                  .
                  . WATER CR; - 5.26
                  . SEWER CR; -19.29
                  . TAX   CR; -  .42
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 5
 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05



                . TOTAL CR; -24.97-CR FOR COSUMPTION; - "6770"
                . BILLED; 84.53-CORRECT ADJ BILL AMT; **$59.56**
                . SR/DB
RDATE           :. 09/27/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 973066
ACCOUNT#        :. 006720008542
CUSTOMER NAME   :. MILLER,RICHARD
SERVICE ADDRESS:. 2897  PEAVINE TRL
PHONE           :. 863/859-2597
EDATE           :. 09/27/05
TYPE            :. 01
FOPER           :. CLU
COMMENT         :. REREAD AND CHECK FOR LEAK
                . 9/6/05 METER READ 394030 CONS 7880
                . TAG HOME WITH FINDINGS
RESOLUTION      :. 9/28/05-READ 400140
                . 9/6/05  READ 394030
                . SR/DB
RDATE           :. 09/28/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 973268
ACCOUNT#        :. 006720010791
CUSTOMER NAME   :. LARSEN,ROBERT A
SERVICE ADDRESS:. 2977  PEAVINE TRL
PHONE           :. 917/952-6920
EDATE           :. 09/28/05
TYPE            :. 01
FOPER           :.
COMMENT         :. MR. CALLED DUE TO HIGH BILL.
                . PLEASE REREAD AND CHECK FOR LEAK
                .
                . 8/1/05  MR=1280
                . 9/6/05  MR=32620
RESOLUTION      :. 9/8/05- 35090-WAS ALREADY RE-READ IS CORRECT*CUSTOMERS FIRST
BILL *
                . 9/29/05 45610-NO LEAKS READS ARE CORRECT***
                . SR/DB
RDATE           :. 09/29/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 976112
ACCOUNT#        :. 006720011030
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
```

Cypress Lakes

```
SERVICE ADDRESS:. 1844  BIG CYPRESS BLVD
PHONE          :. 800/627-2427
EDATE          :. 10/05/05
TYPE           :. 01
FOPER          :.
COMMENT        :. PER SHARON W/ASSOCIATION BILL EXTREME-WE DID RE-READ 9/9/05-
READ FOLLOWE
                . PAGED TO SHAN FOR ANOTHER RE-CHECK
                . 9/10/05 78490
                . 9/9/05  70780
                . 8/2/05  210
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 6
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
RESOLUTION      :. 10/5/05-96400--NO LEAKS & METER IS WORKING PROPERLY
                 . 9/10/05 78490
                 . 9/9/05  70780
                 . 8/2/05  210
                 . SHAN R/DB  *8DB PHONED SHARON & DID INFORM READS ARE CORRECT*
RDATE           :. 10/05/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 976115
ACCOUNT#        :. 006720011380
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 9137  SLY FOX LOOP
PHONE           :. 800/627-2427
EDATE           :. 10/05/05
TYPE            :. 01
FOPER           :.
COMMENT         :. PER SHARON W/ASSOCIATION EXTREME
                 . 9/9/05 101130
                 . 9/8/05 97700
                 . 8/2/05 320
                 . PAGED TO SHAN
RESOLUTION      :. 10/5/05-123480-NO  LEAKS & METER WORKING PROPERLY*PHONED
SHARON WITH
                 . ASSOCIATION AND DID INFORM
                 . SHAN R/DB
RDATE           :. 10/05/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 981224
ACCOUNT#        :. 006720048453
CUSTOMER NAME   :. KARTZ,JOHN D
SERVICE ADDRESS:. 9410  BIRDIE CIR
PHONE           :. 863/858-4913
EDATE           :. 10/19/05
TYPE            :. 01
FOPER           :.
COMMENT         :. MS. CALLED BECAUSE SHE WAS BILLED FOR 2,600 GALS. AND SHE HAS
BEEN AWAY
                 . SINCE JULY. PLEASE LOCATE AND REREAD THIS METER
                 .
                 . 9/6/05  MR=1394200
RESOLUTION      :. 10/20/05-PROBED ENTIRE YARD CAN NOT LOCATE METER ?
                 . SR/DB
RDATE           :. 10/20/05

CORPýý----. 072
ROUTE           :. 4
```

Cypress Lakes

SERVICE ORDER# :. 981323
ACCOUNT# :. 006720007721
CUSTOMER NAME :. CUMMINGS,ROBERT
SERVICE ADDRESS:. 1578 BIG CYPRESS BLVD
PHONE :. 941/859-3926
EDATE :. 10/19/05
TYPE :. 01
FOPER :.
COMMENT :. CUST CALLED ABOUT HIGH BILL,,,,,, PLEASE RE-READ MTR FOR ACCURATE READ
. 10/5/05 R=417570,,09/07/05 409690,,, CUST READ 10/19/5 R=413960 @3:58PM
. IF READ WAS MIS READ ADJ WILL BE MADE ALSO CHECK FOR LEAKS AND TAG HOME

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 7
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

. W/FINDINGS
RESOLUTION :. 10/5/05- READ 417570-MIS READ DOING ADJUSMENT
. 10/25/05 READ 414510
. 9/7/05 READ 409690
. SR/DB
RDATE :. 10/20/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 986035
ACCOUNT# :. 006720005942
CUSTOMER NAME :. CORRIGAN,THOMAS
SERVICE ADDRESS:. 2508 PUTTER CT
PHONE :. 863/853-9527
EDATE :. 11/02/05
TYPE :. 01
FOPER :.
COMMENT :. READ & CHECK FOR LEAKS-TAG WITH RESULTS
. 10/6 887300
. 9/6 883200
RESOLUTION :. 11/3/05-READ 887600-NO LEAKS
. SHAN R/DB
RDATE :. 11/03/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 002784
ACCOUNT# :. 006720006731
CUSTOMER NAME :. MARTIN,ROBERT
SERVICE ADDRESS:. 9370 TOP FLIGHT DR
PHONE :. 941/853-4541
EDATE :. 12/28/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER CONSUMPTION IS EXTREMELY HIGH! PLEASE REREAD METER
AND CHECK
. TO SEE IF LEAKS ARE VISABLE OR METER SPINNING. TAG DOOR W/ ALL
FINDINGS
RESOLUTION :. R=90390 SPOKE WITH CUSTOMER, VERY SATISFIED.
. SR/KIM
RDATE :. 12/29/06

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 002920
ACCOUNT# :. 006720008672
CUSTOMER NAME :. ROUSSEL,PERRY I
SERVICE ADDRESS:. 1750 BIG CYPRESS BLVD
PHONE :. 863/858-6613

Cypress Lakes

EDATE :. 12/28/05
TYPE :. 01
FOPER :.
COMMENT :. MS. CALLED DUE TO HIGH BILLING. PLEASE REREAD AND CHECK FOR LEAKS.
. ALSO, CHECK THE METER TO INSURE IT IS REGISTERING CORRECTLY.
.
. 12/5/05 MR=379050
RESOLUTION :. R=386410 NO LEAKS AT METER
. SR/KIM
RDATE :. 12/29/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 8
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 003419
ACCOUNT# :. 006720005387
CUSTOMER NAME :. FLYNN,JIM JAMES
SERVICE ADDRESS:. 2216 PAR CIR
PHONE :. 800/954-6400
EDATE :. 12/30/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER BELIEVES BILL IS MUCH TO HIGH AND THAT THERE HAS BEEN A MISREAD
. OR LEAK. HE NOTED THAT ON 09-21-05 HE HAD CARPETS CLEANED AND ON 10-16
. HE HAD HIS HOME PRESSURE CLEANED. YET, NOTHING HAS BEEN DONE SINCE. HE
. SAYS HE DOES NOT WATER, AND IS NOT HOME. PLEASE REREAD AND CHECK FOR
. LEAKS. TAG DOOR W/ READING AND CUSTOMER IS TO CALL BACK.
RESOLUTION :. R=161310 NO LEAKS AT OR AROUND THE METER.
. TAGGED WITH FINDINGS.
. SR/KIM
RDATE :. 01/03/06

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 971473
ACCOUNT# :. 006720001011
CUSTOMER NAME :. KELLY,HERBERT
SERVICE ADDRESS:. 2158 HORSESHOE DR
PHONE :. 941/853-2161
EDATE :. 09/22/05
TYPE :. 02
FOPER :.
COMMENT :. MS. CALLED BECAUSE SHE IS HOME AND USING WATER DAILY. SHE SAID HER
. METER MUST BE STUCK BECAUSE SHE IS BILLED ZERO CONSUMPTION. PLEASE
. CHECK METER AND REPLACE IT IF IT IS STUCK.
RESOLUTION :. 9/29/05-OLD READ 705880-OLD METER#96092256
. NO CONSUMPTION BILLED
.
. 9/29/05-NEW READ 10-NEW METER#29185714
. SHAN R/DB
RDATE :. 09/29/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 972672

Cypress Lakes

ACCOUNT# :. 006720000272
CUSTOMER NAME :. ROCKER,KAREN
SERVICE ADDRESS:. 2105 FIRESTONE WAY
PHONE :. 863/858-7808
EDATE :. 09/27/05
TYPE :. 02
FOPER :.
COMMENT :. MR. CALLED BECAUSE HE WANTS A NEW METER INSTALLED AT THIS ADDRESS. HE
. CONTINUES TO HAVE HIGH BILLS AND THEN VERY LOW. HE WANTS A NEW METER...
. HE ASKED THAT YOU CALL HIM AFTER 11:00 AM SO HE CAN MEET YOU THERE.
RESOLUTION :. 9/28/05-READ 280720-SHAN FIELD REP SAID HE WENT BY HERE AND SPOKE
. TO CUSTOMER FOR ABOUT A HALF HOUR. HE DID INFORM HIM ALSO THAT WE
. DO NOT REPLACE A METER IF WORKING PROPERLY, WHICH IT IS. PER METER
. TEST WAS 100% ACCURATE. COPY OF TEST IS IN FILE*
. SR & LN/DB

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 9
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RDATE :. 09/28/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 969469
ACCOUNT# :. 006720003692
CUSTOMER NAME :. PAINE,LESTER
SERVICE ADDRESS:. 2215 COMMON LOON DR
PHONE :. 863/858-8411
EDATE :. 09/16/05
TYPE :. 10
FOPER :. CLU
COMMENT :. PLEASE REREAD AND CHECK FOR LEAKS
. 9/7/05 MTER READ 276320 CONS 6920
. ALSO CHECK TO SEE IF THE VALVE NEEDSTO BE REPLACED
RESOLUTION :. 9/19/05-READ 278390
. 9/7/05- READ 276320
. NO LEAKS & VALVE HOLDS OK
. JF/DB
.
. 09/21/05 CUST CALLED @ 11:10 AM GAVE FINDINGS TO CUST OUR
REPORT SAID
. NO LEAKS ON OUR END CUST HAS THE LEAK ON HIS END OF PROPERTY.
RB
.
RDATE :. 09/19/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 945842
ACCOUNT# :. 006720007831
CUSTOMER NAME :. ESHELMAN,DONALD
SERVICE ADDRESS:. 9547 ANGLERS WAY
PHONE :. 941/859-5677
EDATE :. 07/12/05
TYPE :. 16
FOPER :.
COMMENT :. PLEASE REPLACE LID
. CUSTOMER SAW IT WAS LEFT OPEN AFTER LAST READ WAS OBTAINED AND
. RAN OVER IT W/ HIS LAWN MOWER.'
RESOLUTION :. 7/13/05-LID IS FINE, JUST KNOCKED OFF, PLACED LID BACK ON
. SR/DB
RDATE :. 07/13/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 952579
ACCOUNT# :. 006720005771
CUSTOMER NAME :. LOUGHRAN,ANNE

Cypress Lakes

```
SERVICE ADDRESS:. 2415  SAND WEDGE CT
PHONE           :. 863/858-6023
EDATE           :. 07/28/05
TYPE            :. 16
FOPER           :. CLU
COMMENT         :. PLEASE REPLACE MISSING COVER ON WATER METER BOX.
                 . PH. 863-858-6023
RESOLUTION      :. 7/28/05-READ 36380-METER LID REPLACED
                 . SR/DB
RDATE           :. 07/28/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 10
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 966710
ACCOUNT# :. 006720008081
CUSTOMER NAME :. OLDENKAMP,HARM J
SERVICE ADDRESS:. 9554 ANGLERS WAY
PHONE :. 507/235-9864
EDATE :. 09/08/05
TYPE :. 16
FOPER :. CLU
COMMENT :. PLEASE REPLACE BROKEN LID ON WATER METER BOX.
. PH. 863-816-1646
RESOLUTION :. 9/9/05-REPLACE COVER - READ 337330
. SR/DB
RDATE :. 09/09/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 966711
ACCOUNT# :. 006720008092
CUSTOMER NAME :. BENSINK,EVERETT
SERVICE ADDRESS:. 9550 ANGLERS WAY
PHONE :. 716/789-3645
EDATE :. 09/08/05
TYPE :. 16
FOPER :. CLU
COMMENT :. PLEASE REPLACE BROKEN COVER ON WATER METER BOX.
RESOLUTION :. 9/9/05-LID OK-READ 494870
. SHAN R/DB
RDATE :. 09/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 976587
ACCOUNT# :. 006720001401
CUSTOMER NAME :. TWYMAN,PAUL
SERVICE ADDRESS:. 2104 SABAL PALM DR
PHONE :. 941/858-4324
EDATE :. 10/06/05
TYPE :. 16
FOPER :. CLU
COMMENT :. PLEASE RAISE WATER METER BOX, SO METER CAN BE PROTECTED.
RESOLUTION :. 10/12/05 RE READ 597650
. RESOLVED ISSUE WITH METER/METER BOX
. SR/TERRI/TEMP
RDATE :. 10/12/05

CORPýý----. 072
ROUTE :. 1

Cypress Lakes

SERVICE ORDER# :. 986227
ACCOUNT# :. 006720002821
CUSTOMER NAME :. PASSARELLA,NICHOLAS
SERVICE ADDRESS:. 9522 CYPRESS TREE LN
PHONE :. 863/853-3128
EDATE :. 11/02/05
TYPE :. 16
FOPER :.
COMMENT :. REPLACE BROKEN METER COVER

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 11
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RESOLUTION :. 11/3/05-REPLACED LID
. READ 159350
. SR/DB
RDATE :. 11/03/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 987129
ACCOUNT# :. 006720015472
CUSTOMER NAME :. MICHUDA,FRANK
SERVICE ADDRESS:. 2325 LITTLE CYPRESS DR
PHONE :. 863/815-0253
EDATE :. 11/04/05
TYPE :. 16
FOPER :.
COMMENT :. MS. CALLED ASKING US TO REPLACE THE METER COVER. ALSO, CHECK OUT THE
. HOLE BESIDE THE METER. WHAT IS CAUSING HOLE AND FILL IT IN IF IT IS
. ON OUR SIDE.
RESOLUTION :. 11/18/05-METER BOX DUG UP AND REPOSITIONED. HOLE FILLED.
. CUSTOMER SATISFIED.
. SHAN R/DB
RDATE :. 11/18/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 993154
ACCOUNT# :. 006720007861
CUSTOMER NAME :. SUMNER,WILLIAM
SERVICE ADDRESS:. 9471 MAX FLY DR
PHONE :. 863/858-5337
EDATE :. 11/28/05
TYPE :. 16
FOPER :.
COMMENT :. METER COVER IS MISSING, PLEASE REPLACE
RESOLUTION :. 11/29/05-REPLACED COVER
. SR/DB
RDATE :. 11/29/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 996305
ACCOUNT# :. 006720008163
CUSTOMER NAME :. HOOD,HERBERT N
SERVICE ADDRESS:. 1626 BIG CYPRESS BLVD
PHONE :. 863/868-6102
EDATE :. 12/06/05
TYPE :. 16

Cypress Lakes

```
FOPER           :.
COMMENT         :. METER LID IS MISSING, PLEASE REPLACE
RESOLUTION      :. 12/13/05 REPLACED LID
                 . SHAN/KRIS TEMP
RDATE           :. 12/13/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 998876
ACCOUNT#        :. 006720013673
CUSTOMER NAME   :. PRICE,JAMES
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 12
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

SERVICE ADDRESS:. 2172 BIG CYPRESS BLVD
PHONE :. 863/816-7280
EDATE :. 12/14/05
TYPE :. 16
FOPER :.
COMMENT :. PLEASE MAKE NEEDED REPAIRS TO METER BOX/LID
. CUSTOMER SAYS IT IS A SAFTEY HAZARD*
RESOLUTION :. R=613970 METER LID HAS BEEN REPLACED
. SHAN/KIM
RDATE :. 12/15/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 948484
ACCOUNT# :. 006720009481
CUSTOMER NAME :. HILTON,WILLIAM
SERVICE ADDRESS:. 2802 PEAVINE TRL
PHONE :. 863/816-2553
EDATE :. 07/18/05
TYPE :. 17
FOPER :.
COMMENT :. JUST NEED THE RESOLUTION FOR THIS AFTER HRS CALL 7/17/05-4:56PM-SUNDAY
. WATER LEAKING FROM ACCESS AREA WHERE OUR WORKERS WERE DOING WORK ?
. READ & GIVE RESOLTUION :-)
RESOLUTION :. 7/17/05-READ 312400-LEAK @ CURBSTOP/SHUTOFF ON COMPANY SIDE - DID NOT
. REGISTER ON METER. REPAIRED LEAK & SPOKE TO CUSTOMER.
. SR./DB
RDATE :. 07/17/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 948863
ACCOUNT# :. 006720001353
CUSTOMER NAME :. PATTERSON,JOHN W
SERVICE ADDRESS:. 2119 SABAL PALM DR
PHONE :. 913/469-6653
EDATE :. 07/19/05
TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER'S BILL JUMPED. HE SAYS THERE'S WATER AROUND METER. HE'S NOT
. SURE IF IT'S RAIN WATER OR LEAK. PLEASE CHECK AND ADVISE.
RESOLUTION :. 7/20/05-READ 471550-NO LEAKS FOUND @ METER-TAGGED DOOR WIRH RESULTS.
. SR/DB
RDATE :. 07/20/05

Cypress Lakes

```
CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 950955
ACCOUNT#        :. 006720004801
CUSTOMER NAME   :. KEILEY,PETER
SERVICE ADDRESS:. 2329  PRESTWICK PASS
PHONE           :. 863/853-8686
EDATE           :. 07/25/05
TYPE            :. 17
FOPER           :.
COMMENT         :. LEAK AT METER-READ-TAG IF CUSTOMERS ISDE
                 . DO NECESARY REPAIRS IF COMPANY SIDE
                 . PAGED TO SHAN
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 13
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RESOLUTION :. 7/25/05-READ 901300-DUE TO HEAVY RAIN VOLUME YESTERDAY EVENING CAN NOT
. DETERMINE WHERE EXACT LEAK IS COMING FROM, OR IF ANY. WILL HAVE TO
. REVISIT 2329. WHEN GROUND IS NOT AS WET. SPOKE TO CUSTOMER.
. **POSSIBLE PLUGGED FRENCH DRAIN ?
. SR
. 8/3/05-NO WATER LEAK, POSSUBLE PLUGGED FRENCH DRAIN
. SR/DB
RDATE :. 07/25/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 956431
ACCOUNT# :. 006720009241
CUSTOMER NAME :. RAO,JOE
SERVICE ADDRESS:. 9241 SPATTERDOCK CT
PHONE :. 863/815-0511
EDATE :. 08/08/05
TYPE :. 17
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL-8/7/05-3:36PM TO
. ANSWERING SERVICE; WATER COMING OUT OF MAIN SHUT OFF
RESOLUTION :. 8/9/05-LEAK ON CUSTOMERS SIDE OF METER. CUSTOMERS PHONED PLUMBER
. SR/DB
RDATE :. 08/09/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 969827
ACCOUNT# :. 006720004231
CUSTOMER NAME :. LOVE,EDWARD
SERVICE ADDRESS:. 2437 BIG CYPRESS BLVD
PHONE :. 856/935-8449
EDATE :. 09/19/05
TYPE :. 17
FOPER :.
COMMENT :. JUST THE NEED THE RESOLUTION FOR THIS AFTER HRS CALL 9/17/05-12:32PM
. WATER LEAK AT THE METER
RESOLUTION :. 9/20/05-LEAK ON CUSTOMERS SIDE TOLD TO PHONE A PLUMBER
. SR/DB
RDATE :. 09/20/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 982228
ACCOUNT# :. 006720010820

Cypress Lakes

```
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2984  PEAVINE TRL
PHONE           :. 863/859-1431
EDATE           :. 10/21/05
TYPE            :. 17
FOPER           :.
COMMENT         :. JT FROM CYPRESS LAKES CALLED TO REPORT A LEAK AT
                 . 2984 PEAVINE.
                 .
                 .
                 . PLEASE CHECK IT OUT
RESOLUTION      :. 10/21/05-NO LEAK BECAUSE PLUMBING BETWEEN LOT AND METER NOT
THERE
                 . SR/DB
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 14
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RDATE :. 10/21/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 983871
ACCOUNT# :. 006720001053
CUSTOMER NAME :. CARR,TERESA N
SERVICE ADDRESS:. 2142 HORSESHOE DR
PHONE :. 863/853-8984
EDATE :. 10/27/05
TYPE :. 17
FOPER :.
COMMENT :. LEAK COMING FROM UTLITY LID IN LAWN-READ AND REPAIR
. PAGED TO SHAN; 12:08PM
RESOLUTION :. 10/27/05-SPOKE WITH CUSTOMER LID IS MISSING FROM METER &
REPLACED LID
. SR/DB
RDATE :. 10/27/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 988643
ACCOUNT# :. 006720010010
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2312 PEAVINE CIR
PHONE :. 863/859-1431
EDATE :. 11/09/05
TYPE :. 17
FOPER :.
COMMENT :. READ-WATER ALL OEVER WHEN METER IS
. PAGED TO SHAN;
. 863-859-1431-JT PHONED
RESOLUTION :. 11/9/05-READ 100-REPAIRED
. SR/DB
RDATE :. 11/09/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 988645
ACCOUNT# :. 006720010030
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2316 PEAVINE CIR
PHONE :. 863/859-1431
EDATE :. 11/09/05
TYPE :. 17
FOPER :.
COMMENT :. LEAK AT METER WATER ALL OVER SINCE PUT IN METER
. PER JT 863-859-1431
. PAGED SHAN R; 3:40PM

Cypress Lakes

```
RESOLUTION      :. 11/9/05-READ 70-REPAIRED
                 . SR/DB
RDATE           :. 11/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER# :. 988646
ACCOUNT#        :. 006720010410
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2406  PEAVINE CIR
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
PHONE           :. 863/859-1431
EDATE           :. 11/09/05
TYPE            :. 17
FOPER           :.
COMMENT         :. LEAK AT METER WATER ALL OVER SINCE METER INSTALLED
                 . JT PH 863-859-1431
                 . PAGED TO SHAN R; 3:40PM
RESOLUTION      :. 11/9/05-READ 210-REPAIRED
                 . SR/DB
RDATE           :. 11/09/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 988647
ACCOUNT#        :. 006720010820
CUSTOMER NAME   :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2984  PEAVINE TRL
PHONE           :. 863/859-1431
EDATE           :. 11/09/05
TYPE            :. 17
FOPER           :.
COMMENT         :. WATER ALL OVER AT METER SINCE INSTALLED
                 . JT 863-859-1431
                 . PAGED TO SHAN R; 3:42PM
RESOLUTION      :. 11/9/05-NO LEAKS -THERE IS NO PLUMBING BETWEEN METER AND
HOUSE.
                 . SR/DB
RDATE           :. 11/09/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 996844
ACCOUNT#        :. 006720014501
CUSTOMER NAME   :. CICCAGLIONE,EDWARD
SERVICE ADDRESS:. 2306  WARBLER CIR
PHONE           :. 863/868-8852
EDATE           :. 12/07/05
TYPE            :. 17
FOPER           :.
COMMENT         :. CUSTOMER WAS INFORMED BY METER READER THAT THERE IS A LEAK
HERE  ?-READ
                 . AND DO NECESSARY REPAIRS & INFORM CUSTOMER OF FINDINGS
RESOLUTION      :. 12/13/05 READ 28440 NO LEAKS ON CUSTOMER SIDE
                 . NO LEAKS ON UTILITIES SIDE
                 . SHAN/KRIS TEMP
RDATE           :. 12/13/05

CORPýý----. 072
ROUTE           :. 4
```

Cypress Lakes

SERVICE ORDER# :. 960976
ACCOUNT# :. 006720007922
CUSTOMER NAME :. HIBBERT,MICHAEL
SERVICE ADDRESS:. 9452 MAX FLY DR
PHONE :. 941/816-8439
EDATE :. 08/22/05
TYPE :. 19
FOPER :.
COMMENT :. THIS CUSTOMER SAYS THERE'S NO WAY THE TOILET COULD HAVE LEAKED THAT
. MUCH WATER. HE WOULD LIKE TO HAVE METER TESTED. HE SAID HE SHUT OFF
. WATER. NOT SURE IF LEAK HAS BEEN FIXED OR NOT. PLEASE SEE CUSTOMER

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 16
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
                . REGARDING THIS.
RESOLUTION      :. 9/12/05-METER TEST WITH NEIGHBOR-GARY 1-863-859-2696
                . RESULTS FULL /OPEN 10 GALS X 2
                . TEST METER-CUST METER-100%
                . RESULTS OF HALF/OPEN 10 GALS
                . TEST  METER-CUST METER-100%
                .
                . RESULTS OF SLOW/OPEN 10 GALS
                . TEST METER-CUST METER-NOT DONE ?
                . SHAN R/DB
                .
RDATE           :. 08/31/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 969621
ACCOUNT#        :. 006720002562
CUSTOMER NAME   :. REED,LARRY E
SERVICE ADDRESS:. 9512  ROBELLINI CT
PHONE           :. 540/309-7872
EDATE           :. 09/19/05
TYPE            :. 19
FOPER           :. CLU
COMMENT         :. PLEASE CALL CUSTOMER TO SCHEDULE METER FIELD TEST
                . 9/7/05 METER READ 432900 CONSUMPTION 7210
                . CAROL TILLETT 863-859-2653
RESOLUTION      :. 9/18/05-READ 432900
                . 9/7/05- READ 432900
                . HOME VALVE IS OFF. METER DOES NOT INDICATE  LEAK.  PROBLEM IS
MOST
                . NO METER TEST PERFORMED, LOCKED OUR VALVE**TO AOVID ANY
POSSIBLE
                . CONSUMPTION**
                .
                . ***NO ADJUSTMENT NEEDED**OR METER TEST, OUR FIELD OEPRATOR
TURNED THIS
                . OFF HAS A COURTESY TO CUSTOMER**
                . JEFF F/DB
RDATE           :. 09/18/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 969792
ACCOUNT#        :. 006720000272
CUSTOMER NAME   :. ROCKER,KAREN
SERVICE ADDRESS:. 2105  FIRESTONE WAY
PHONE           :. 863/858-7808
EDATE           :. 09/19/05
TYPE            :. 19
```

Cypress Lakes

FOPER :.
COMMENT :. PLEASE PHONE THIS CUSTOMER TO SCHEDULE METER TEST WHEN HE CAN BE
. PRESENT**1-863-858-7808-MR. ROCKER
. NOTE FOR OFFICE; HE READ METER BEFORE DOING LAUNDRY AND AFTER AND
. SAID THAT WAS 401 GALS ? HE THINKS THERE IS NO WAY THAT MUCH WATER ?
RESOLUTION :. 9/20/05-SHAN PHONE THIS CUSTOMER (4) TIMES TO SET UP FOR TEST-TAGGED
. DOOR FOR CUSTOMER TO PHONE OFFICE TO RESCHEDULE METER TEST
. SHAN R/DB
.
. 9/28/05-METER TEST REPORT-100% ACCURATE-COPY IN FILE
. 9/27/05-CUSTOMER PHONED OFFICE SAID WE DIDN'T DO THIS TEST, YET WE HAVE
. THE REPORT FROM FIELD, AND HE STILL THINKS METER IS BAD, SO I SUGGESTED

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

. A BENCH TEST AND DIDN'T WANT THIS, SINCE ITS ALSO NOT
ACCURATE.
. HE WANTS A NEW METER. DID INFORM HIM WE DO NOT CHNAGE OUT A
METER
. UNLESS IT IS FALUTY-HE SAID HE WOULD PHONE PSC-SR/DB
RDATE :. 09/27/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 985663
ACCOUNT# :. 006720010941
CUSTOMER NAME :. KENNEDY,KENNETH B
SERVICE ADDRESS:. 3018 PEAVINE TRL
PHONE :. 863/858-9738
EDATE :. 11/01/05
TYPE :. 19
FOPER :.
COMMENT :. PLEASE CALL CUSTOMER TO SCHEDULE FIELD TEST ON METER.
RESOLUTION :. 11/11/05 NO ANSWERS LEFT MESSAGE ON ANSWERING MACHINE. WILL
CALL AT
. A LATER TIME. *OFC EXTENDED DUE DATE TO 11/18/05 FROM 11/11/05
)
. SHANE 11/11/05/EC
.
.
. 11/14/05-MR CALLED THE OFC. (AS INSTRUCTED) PLEASE COME OUT
11/15/05
. TO DO TEST PER MR. LYN
. 11/14/05-METER TEST WAS 100% ACCURATE-SHAN R/DB
RDATE :. 11/14/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 989970
ACCOUNT# :. 006720011030
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 1844 BIG CYPRESS BLVD
PHONE :. 800/627-2427
EDATE :. 11/15/05
TYPE :. 19
FOPER :.
COMMENT :. METER TEST WAS WITH SHARON W/CYPRESS ASSOC. & MITCH K
RESOLUTION :. 11/14/05-TEST METER & CUSTOMERS METER TEST 100 % RESULTS*
. SHAN R/DB
.
. 11/23/05-PLEASE INFORM OFFICE ON WHAT IS STILL BEING DONE ON
THIS
. PER MITCH @ CYPRESS LAKES-NOT PAYING BILLS SINCE YOU ARE STILL
WORKING

Cypress Lakes

```
                . ON THIS ISSUE-PLEASE GIVE RESOLUTION ?-DB
                . 12/22/05  FULL OPEN
                . TEST METER    START READ  R= 0.0  STOP R= 10.0   10 GALLONS
                . CUST METER    START READ  R=99160 STOP R=99170   10 GALLONS
                . 100% ACCURACY.      SHAN/KIM  MITCH K. (CUSTOMER)
RDATE          :. 11/28/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 950837
ACCOUNT#       :. 006720011421
CUSTOMER NAME  :. LANDIS,ROBERT G
SERVICE ADDRESS:. 9149  SLY FOX LOOP
PHONE          :. 863/868-9266
EDATE          :. 07/25/05
TYPE           :. 20
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 18
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
FOPER           :.
COMMENT         :. CUSTOMER SAYS THAT THE MAN WHOM HE JUST PURCHESED A FILTERING
SYSTEM
                 . FROM ADVISED HIM THAT THERE IS NO CHLORINE IN HIS WATER. HE
WOULD LIKE
                 . TO HAVE WATER TESTED.
                 . ADVISE CUSTOMER OF FINDINGS.
                 .
RESOLUTION      :. SPOKE WITH CUSTOMER FLUSHED HYDRANT NEAR HOME.
                 . SHAN/KIM
RDATE           :. 07/26/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 954091
ACCOUNT#        :. 006720005934
CUSTOMER NAME   :. MERCIER,SUSAN
SERVICE ADDRESS:. 2504  PUTTER CT
PHONE           :. 863/853-4069
EDATE           :. 08/02/05
TYPE            :. 20
FOPER           :.
COMMENT         :. TAG TO PHONE OFFICE
                 .
                 . NOTE FOR OFFICE; CUSTOMER SENT A NOTE ADDING A NEW NAME,
                 . "ANNETTE LARNNH" ?-IS THIS CORRECT SPELLING & IS SUAN MERCIER
GONE ?
RESOLUTION      :. 8/3/05-TAGGED
                 . SR/DB
RDATE           :. 08/03/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 958881
ACCOUNT#        :. 006720008811
CUSTOMER NAME   :. CONRAD,CAMERON
SERVICE ADDRESS:. 1778  BIG CYPRESS BLVD
PHONE           :. 519/742-0126
EDATE           :. 08/15/05
TYPE            :. 20
FOPER           :.
COMMENT         :. TAG TO PHONE OFFICE & HAND DELIVER BILL 104.34
                 . NOTE FOR OFFICEL BILL RETURNED PER POST OFFICE
RESOLUTION      :. 8/16/05-TAGGED
                 . SR/DB
RDATE           :. 08/16/05

CORPýý----. 072
ROUTE           :. 5
```

Cypress Lakes

SERVICE ORDER# :. 959218
ACCOUNT# :. 006720010740
CUSTOMER NAME :. CYPRESS LAKES ASSOC,
SERVICE ADDRESS:. 2966 PEAVINE TRL
PHONE :. 800/627-2427
EDATE :. 08/16/05
TYPE :. 20
FOPER :.
COMMENT :. TAGGED DUE TO NOTE RECIEVED IN OFFICE-TO PHONE OFFICE REGARDING NOTE
. ON ADDRESS CHANGE TO; 2966 PEAVINE TRAIL
. NOTE FOR OFFICE; DID FAX COPY OF NOTE TO CYPRESS LAKES OFFICE TO SHARON
RESOLUTION :. 8/15/05-PER SHARON @CYPRESS LAKES THIS ADDRESS IS 2966, THE LOT #

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

. WAS STILL ON THE ADDRESS #1074-DID CORRECTION-DB
RDATE :. 08/15/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 970959
ACCOUNT# :. 006720014581
CUSTOMER NAME :. WORLEY,DONALD J
SERVICE ADDRESS:. 9859 MOORHEN DR
PHONE :. 863/816-9093
EDATE :. 09/21/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER'S WATER IN TOILET HAS A BLACK RESIDUE, CAN IT BE CHECKED OUT
. PAGED SHAN R
RESOLUTION :. 9/21/05-SPOKE WITH CUSTOMER, FLUSHED IN AREA, CUSTOMER SATISFIED WITH
. FINDINGS.
. JF/DB
RDATE :. 09/21/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 970966
ACCOUNT# :. 006720014581
CUSTOMER NAME :. WORLEY,DONALD J
SERVICE ADDRESS:. 9859 MOORHEN DR
PHONE :. 863/816-9093
EDATE :. 09/21/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER SAYS METER HAS SUNKEN AND NEEDS TO BE RAISED.
RESOLUTION :. 9/22/05-METER DOES NEED TO BE RAISED WILL FIX ASAP-SPOKE TO CUSTOMER
. JEFF F/DB
RDATE :. 09/22/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 975625
ACCOUNT# :. 006720000891
CUSTOMER NAME :. KETTREN,LADD
SERVICE ADDRESS:. 9579 CYPRESS LAKES DR
PHONE :. 863/859-7433
EDATE :. 10/04/05
TYPE :. 20
FOPER :.

Cypress Lakes

```
COMMENT          :. PLEASE SPEAK TO SHAN FIRST AND THEN PHONE THIS CUSTOMER-
REGARDING
                  . DAMAGES SHE WANTS US TO PAY-DUE TO BREAK
                  . 1-863-859-7433-MRS. KETTREN AFTER 2:00PM 10/5/05** :-)
                  . DB FAXED TO RIC; 1-813-626-1030
RESOLUTION       :. 11/2/05-SPOKE TO CUSTOMER, CUSTOMER REFERRED TO ALTAMONTE
OFFICE, THEN
                  . REFERRED TO RIC R.
                  . SR/DB
RDATE            :. 10/25/05

CORPýý----. 072
ROUTE            :. 1
SERVICE ORDER#   :. 986731
ACCOUNT#         :. 006720000791
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CUSTOMER NAME :. WENKE,ROY
SERVICE ADDRESS:. 9537 CYPRESS LAKES DR
PHONE :. 610/399-3324
EDATE :. 11/03/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO PHONE OFFICE FOR CORRECT BILLING ADDRESS-PER A NOTE SENT
RESOLUTION :. 11/4/05-TAGGED-READ 169380
. SR/DB
RDATE :. 11/04/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 986766
ACCOUNT# :. 006720007562
CUSTOMER NAME :. DANIELS,GEORGE
SERVICE ADDRESS:. 9367 HOOSIER CIR
PHONE :. 863/853-5921
EDATE :. 11/03/05
TYPE :. 20
FOPER :. CLU
COMMENT :. DAVE: WILL YOU PLEASE WORK UP THE COST FOR AN IRRIGATION METER FOR THIS
. CUSTOMER? CAN HIS LOT EVEN TAKE ANOTHER METER? WE HAVE NO IRRIGATION
. METERS IN THIS AREA. PLEASE ADVISE.
. PLEASE FAX THE RESOLUTION TO ME-IN OPERATIONS: 407-869-6961.
. THANK YOU SO VERY MUCH!!!! LORETTA
RESOLUTION :. I HAVE RE-SENT THIS S/O TO DAVE SHOFFSTALL.I AM ALSO CHANGING THE
. DUE DATE TO THE 16TH. LA
. 11/11/05 - DAVE SHOFFSTALL IS AWARE OF SERVICE ORDER AND WILL BEGIN
. WORKING ON THE COST FOR THIS IRRIGATION METER ON MONDAY, 11/14/05.SR:LA
. 11/21/05 - CALLED DAVE AGAIN - NOT KNOWING HE HAD SURGERY FRIDAY AND
. WILL BE ON MEDICAL LEAVE. SAID HE TALKED WITH ANN ON THURSDAY, 17TH,
. SAID SHE WAS GOING TO GET HIM FIGURES, ETC. BUT HE DID NOT HEAR FROM
. HER. I HAVE CHANGED THE DUE DATE TO 12/01/05.LA
. 11/22/05 - ANN SAYS SHE DID NOT TALK W/HIM AT ALL.LA
. RESENT 1/6/06.D.D 1/11,LA,RESPONSE RESENT 2/17.DD 2/25.LA
RDATE :. 11/11/05

CORPýý----. 072
ROUTE :. 5

Cypress Lakes

```
SERVICE ORDER# :. 986851
ACCOUNT#       :. 006720009842
CUSTOMER NAME  :. LYNN,HARRY A
SERVICE ADDRESS:. 2967  DOLLAR BONNET LN
PHONE          :. 863/858-0984
EDATE          :. 11/03/05
TYPE           :. 20
FOPER          :.
COMMENT        :. PLEASE TAG FOR HARDNESS OF WATER NEEDS FOR DISHWASHER
RESOLUTION     :. UNSURE WHAT HARDNESS IS. WILL HAVE TO RESEARCH.
                . **OFFICE CHANGED DUE DATER TO 11/18/05 FRM 11/7/05)
                . SHANE/EC
                .
                .
                . 11/18/05-STILL RESEARCHING-SHAN R/DB
RDATE          :. 11/11/05

CORPýý----. 072
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 21
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

ROUTE :. 1
SERVICE ORDER# :. 000320
ACCOUNT# :. 006720015062
CUSTOMER NAME :. GREBLICK,DELPHINE V
SERVICE ADDRESS:. 9656 TROON CT
PHONE :. 863/853-3043
EDATE :. 12/19/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED COMPLAINING THAT THE WATER SUPPLIED TO HIM IS NOT BEING
. CHL. PROPERLY IF AT ALL.
. GAVE CALL TO RICK R. TO GIVE CUSTOMER CALL BACK REGARDING ISSUE.
RESOLUTION :. RICK R SPOKE WITH THE CUSTOMER & ALL IS OKAY AT THIS TIME.
. LEE/KIM
RDATE :. 12/19/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 001832
ACCOUNT# :. 006720009493
CUSTOMER NAME :. HOEH,JAMES
SERVICE ADDRESS:. 2803 PEAVINE TRL
PHONE :. 863/853-8559
EDATE :. 12/23/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE OBTAIN FINAL READING AND TAG FOR NEW CUSTOMER TO APPLY FOR
. SERVICE WITHING 24 HOURS TO AVOID INTERRUPTION OF SERVICES.
RESOLUTION :. TAGGED WRONG HOME FOR SERVICE NEEDED TO TAG 2308 PEAVINE TRL.
. WILL TAG CORRECT HOME
. KIM
RDATE :. 12/27/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 957458
ACCOUNT# :. 006720002052
CUSTOMER NAME :. ANDERSON,KEN E
SERVICE ADDRESS:. 9602 CYPRESS LAKES DR
PHONE :. / -
EDATE :. 08/10/05
TYPE :. 21
FOPER :.
COMMENT :. MISSED ON MVR -READ-VACANT OR STUCK ?
. 7/6/05 313100
. 8/3/05-313100

Cypress Lakes

```
RESOLUTION      :. 8/11/05-READ 313930-BILLED
                 . 8/3/05  READ 313100
                 . 7/6/05  READ 313100-SAME
                 . SR/DB
RDATE           :. 08/11/05

CORPýý----. 072
ROUTE           :. 3
SERVICE ORDER#  :. 958291
ACCOUNT#        :. 006720005711
CUSTOMER NAME   :. LAMKIN,JIM
SERVICE ADDRESS:. 2402  MULLIGAN DR
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
PHONE           :. 941/853-4418
EDATE           :. 08/12/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ SAME HAS PRIOR READ ON MV REPORT/STUCK/AWAY
RESOLUTION      :. 8/10/05 708600-BILLED
                 . 7/5/05  707900
                 . SR/DB
RDATE           :. 08/10/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 969647
ACCOUNT#        :. 006720002392
CUSTOMER NAME   :. WILLIAMS,MARK P
SERVICE ADDRESS:. 9508  FOUNTAIN TER
PHONE           :. 203/934-9545
EDATE           :. 09/19/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE OBTAIN READING AND CHECK FOR LEAK. CUSTOMER IS AWAY AND
                 . USAGE IS REGISTERING. WATER WAS NOT TURNED OFF BY US ONLY
CUSTOMER.
                 .
                 . 9/7/05  R=104340
                 . 8/3/05  R=103070   CUSTOMER WILL CALLBACK ON 9/22/05 FOR
RESOLUTION
RESOLUTION      :. 9/20/05-READ 104340-NO LEAK DETECTED
                 . JF/DB
RDATE           :. 09/20/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 970593
ACCOUNT#        :. 006720001612
CUSTOMER NAME   :. ROSS,ANNA MARIE E
SERVICE ADDRESS:. 2031  RED CEDAR DR
PHONE           :. 863/816-8601
EDATE           :. 09/21/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE OBTAIN READING AND CHECK FOR LEAKS, THE CUSTOMER IS
COMPLAINING
                 . ABOUT HIGH CONS AND SHE HAS BEEN AWAY FOR SOME PART OF THIS
BILLING
                 . PERIOD.
                 . PLEASE INFORM CUSTOMER OF FINDINGS. OR HAVE THE CUSTOMER CHECK
READING
                 . WITH YOU.
```

Cypress Lakes

```
RESOLUTION      :. 9/22/05-READ 226970-NO LEAKS-TAGGED
                 . 9/7/05- READ 219850
                 . 8/2/05- READ 201560
                 . JF/DB
RDATE           :. 09/22/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 972250
ACCOUNT#        :. 006720010941
CUSTOMER NAME   :. KENNEDY,KENNETH B
SERVICE ADDRESS:. 3018  PEAVINE TRL
PHONE           :. 863/858-9738
EDATE           :. 09/26/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 23
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. 9/6/05  R=46560
                 . 8/2/05  R=41830    HIGH CONS   CUSTOMER CALLED PLEASE CHECK
FOR
                 . LEAK AND OBTAIN READING. CUSTOMER WILL CHECK BACK FOR
INFORMATION
                 . FOUND.
                 .
RESOLUTION      :. 9/27/05-READ 49660
                 . 9/6/05  READ 46560-IS CORRECT READ BILLED
                 . SR/DB
RDATE           :. 09/27/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 981599
ACCOUNT#        :. 006720007731
CUSTOMER NAME   :. AMENDT,GAYLE
SERVICE ADDRESS:. 1588  BIG CYPRESS BLVD
PHONE           :. 941/859-5660
EDATE           :. 10/20/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE OBTAIN READING AND CHECK FOR LEAK - INFORM CUSTOMER OF
FINDINGS
                 .
                 .
                 .
                 .
RESOLUTION      :. 10/21/05-READ 633220-NO LEAKS -SPOKE TO CUSTOMER
                 . 10/5/05  READ 632650
                 . SR/DB
RDATE           :. 10/21/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 950179
ACCOUNT#        :. 006720006531
CUSTOMER NAME   :. NEOGRA,WILLIAM
SERVICE ADDRESS:. 9336  TOP FLIGHT DR
PHONE           :. 863/853-2909
EDATE           :. 07/21/05
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTMENT DUE TO MIS READ 6/6/05 688610
                 . 6/6/05 S/B READ 687470
                 . 7/21/05 REREAD  689400
RESOLUTION      :. 1650-CONSUMPTION BILLED IN ERROR
```

Cypress Lakes

```
                  . 510  CONSUMPTION S/B BILLED
                  . 1140 CONSUMPTION ADJUSTED
                  .
                  . WATER CR; - 2.78 CONS CR; - 1140
                  . SEWER CR; - 3.24 CONS CR; - 1140
                  . TAX   CR' -  .22 CONS CR; - 1140
                  . TL    CR; - 6.24 CONS CR; - 1140
                  . SR/DB
                  .
RDATE            :. 07/21/05

CORPýý----. 072
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 24
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

ROUTE :. 1
SERVICE ORDER# :. 950197
ACCOUNT# :. 006720003002
CUSTOMER NAME :. HOLDERFIELD,BRENDA
SERVICE ADDRESS:. 9930 CYPRESS LAKES DR
PHONE :. 941/815-9627
EDATE :. 07/21/05
TYPE :. 24
FOPER :.
COMMENT :. ADJUSTMENT DUE TO MIS READ 7/6/05 199930
. 7/6/05-S/B READ 178920
. 7/21/05 RE READ 183480
RESOLUTION :. 23980-CONSUMPTION BILLED IN ERROR
. 21010 CONSUMPTION ADJUSTED
. 2970 CONSUMPTION S/B BILLED
.
. WATER CR; - 80.71 CONS CR; - 21,010 GALS
. SEWER CR; - 14.33 "
. TAX CR; - 6.46 "
. TL CR; -101.46 "
. SR/DB
RDATE :. 07/21/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 951542
ACCOUNT# :. 006720006531
CUSTOMER NAME :. NEOGRA,WILLIAM
SERVICE ADDRESS:. 9336 TOP FLIGHT DR
PHONE :. 863/853-2909
EDATE :. 07/26/05
TYPE :. 24
FOPER :.
COMMENT :. ADDITIONAL ADJUSTMENT WAS NEEDED ON THIS ACCOUNT PLEASE SEE
. S/O#950179 CUSTOMER SHOULD HAVE BEEN BILLED 1140 GALLONS NOT
ADJUSTED
.
.
.
RESOLUTION :. THIS ACCOUNT WAS MISREAD ON 7/7/05. THE ADJUSTED AMOUNT FOR
THIS ACCOUNT
. IS 4850 GALLONS SINCE THE ACCOUNT WAS ADJUSTED FOR 1140
GALLONS ALREADY
. WILL ADJUST AN ADDITIONAL 3710 FROM THIS ACCOUNT. GIVING THE
CUSTOMER
. USAGE OF 1140 GALLONS THAT SHOULD HAVE BEEN BILLED TO THE
CUSTOMER.
. MISREAD WAS ON 7/7/05 NOT 6/6/05 MADE CORRECTIONS TO THE
ACCOUNT.

Cypress Lakes

```
                . WATER ADJ    -$9.08  -(3710) GALLONS
                . SEWER ADJ    -$10.57 -(3710) GALLONS
                . TAX   ADJ    -$0.73
                . TOTAL ADJ    -$20.35 ADDITIONAL ADJUSTMENT THAT IS DONE
INCLUDING 7/22/05
                . ADJUSTMENT.   KIM
RDATE          :. 07/26/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 953492
ACCOUNT#       :. 006720000311
CUSTOMER NAME  :. EHRESMANN,RICHARD
SERVICE ADDRESS:. 2177  FIRESTONE WAY
PHONE          :. 863/858-6380
EDATE          :. 08/01/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTMENT DUE SINCE THE PAYMENT WAS PUT ON THIS ACCOUNT IN
ERROR PER EC
                 . TRANSFERED TO; 672-000107-1 & CORRECTED BIL WILL BE ISSUED
AFTER 8/2/05
                 .
                 . **LETTER RECIEVD FROM THIS CUSTOMER, REGARIDNG PAYMENT 7/29/05
RESOLUTION      :. 8/1/05-TRANSFERED PAYMENT TO; 672-000107-1
                 . DB
RDATE           :. 08/01/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 953498
ACCOUNT#        :. 006720001071
CUSTOMER NAME   :. COMELLA,JOHN
SERVICE ADDRESS:. 2134  HORSESHOE DR
PHONE           :. 863/859-7796
EDATE           :. 08/01/05
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTMENT ON PAYMENT WHICH WAS PUT ON THE WRONG ACCOUNT #672-
000031-1
                 . TRANSFERED BACK TO THIS ACCOUNT -PER LETTER RECIEVED
RESOLUTION      :. 45.45-WAS TRANSFERED OFF THIS ACT 672-000031-1-& PUT ON THIS
ACCOUNT
                 . WAS PUT ON THAT ACCOUNT IN ERROR
                 . DB
RDATE           :. 08/01/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 954263
ACCOUNT#        :. 006720013971
CUSTOMER NAME   :. MERRITT,ROBERT
SERVICE ADDRESS:. 2244  BIG CYPRESS BLVD
PHONE           :. 863/858-3825
EDATE           :. 08/02/05
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTMENT DUE TO APPROVAL FROM KAREN S-FOR A LEAK
                 . AT THE METER
RESOLUTION      :. 8320-CONSUMPTION BILLED FOR LEAK 6/7-7/7/05
                 . 6055 AVERG CONSUMPTION
                 . 1132 CONSUMPTION ADJUSTED     (WATER)
                 . 972  CONSUMPTION ADJUSTED FOR (SEWER)
                 .
                 . WATER CR; - 2.76  CONS CR; - 1132
```

Cypress Lakes

```
                . SEWER CR; - 2.77  CONS CR; - 1132
                . TAX   CR; -  .22  CONS CR; - 1132
                . TOTAL CR; - 5.75  "    "      "
                . SR/DB
RDATE          :. 08/02/05

CORPýý----. 072
ROUTE          :. 4
SERVICE ORDER# :. 973049
ACCOUNT#       :. 006720007151
CUSTOMER NAME  :. HELMAN,JOHN
SERVICE ADDRESS:. 9460  BIG APPLE LN
PHONE          :. 941/853-0903
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 26
 DETAIL SERVICE ORDER COMPLAINTS FOR  072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05



EDATE           :. 09/27/05
TYPE            :. 24
FOPER           :.
COMMENT         :. ADJUSTMENT DUE TO MIS READ 9/7/05-207570
                 . 9/27/05 READ 205400
                 . BILLED FOR; 84.53-NEW ADJUSTED BILL CORRECT AMT; "$59.56"**
                 . CREDIT TL; -24.97
RESOLUTION      :. 12230-CONSUMPTIO BILLED
                 . 5460  CONSUMPTION S/B BILLED (8/3-9/7/05)
                 . 6770  CONSUMPTION ADJUSTED
                 .
                 . WATER CR; - 5.26
                 . SEWER CR; -19.29
                 . TAX   CR; -  .42
                 . TOTAL  CR;-24.97-CONSUMPTION CR TOTAL; -6770
                 . SR/DB
RDATE           :. 09/27/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 989890
ACCOUNT#        :. 006720003602
CUSTOMER NAME   :. MACKINNON,FAITH L
SERVICE ADDRESS:. 2226  COMMON LOON DR
PHONE           :. 863/859-9869
EDATE           :. 11/15/05
TYPE            :. 24
FOPER           :.
COMMENT         :. 9/7/05   244770
                 . 10/5/05  244770
                 . CONSUMPTION BILLED IN ERROR "3,000" GALS-READS ARE CORRECT*
                 .
RESOLUTION      :. 11/3/05-REREAD 244770.  9/7-10/5/05-READS CORRECT; 244770,
BILLED
                 . CONSUMPTION IN ERROR, "3,000", GALS.  CUSTOMER OVER BILLED FOR
3,000
                 . GALS.  ADJUSTED WATER; - $7.41, 3,000 GALS AND FOR SEWER
ADJUSTED,
                 . -$8.76, 3,000 AGLS.  ADJUSTED AMOUNT OFF NOV 2005 BILL.
                 .
                 . SR/DB
RDATE           :. 11/15/05

CORPýý----. 072
ROUTE           :. 5
SERVICE ORDER#  :. 000456
ACCOUNT#        :. 006720011051
CUSTOMER NAME   :. WELSH,ALBERT
SERVICE ADDRESS:. 1848  BIG CYPRESS BLVD
```

Cypress Lakes

PHONE :. 863/858-7972
EDATE :. 12/19/05
TYPE :. 24
FOPER :.
COMMENT :. PER CUST HAS EXTREAMLY HIGH BILL,,,, PLEWAS RE-READ MTR AND CHECK FOR
. ALL TYPES OF LEAKS APPT FOR AM AND PLEASE ADVISE CUST WIL BE OUT THERE
. W/FIELD TECH FOR INSPECTION OF MTR
RESOLUTION :. THE METER AT THIS LOCATION HAS BEEN TESTED - OPEN FULL
. START READ R=0 STOP READ R=10 (10 GALLONS) TESTER
. START READ R=72830 STOP READ R=72840 (10 GALLONS) CUSTOMER MTR 100%
. ACCURACY 100%. CUSTOMER WAS PRESENT. MRS. WELSH/
. THIS ACCOUNT WAS ADJUSTED FOR WATER RATE, SEWER RATES, & TAX ONLY

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 27
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

. NO CONSUMPTION DUE TO USAGE WAS USED BY THE CUSOMER.
. WATER BILLED TO CUST $166.12 WATER ADJ $122.14 TAKE OFF $44.13
. SEWER BILLED TO CUST $87.45 SEWER ADJ $149.96 ADD $62.51
. TAX BILLED TO CUST $16.38 TAX ADJ $ 9.77 TAKE OFF $ 6.61
. TOTAL ADJ OWING ON ACCOUNT IS AN ADDITIONAL $11.78 + CURRENT $204.55.KM
RDATE :. 12/20/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 975371
ACCOUNT# :. 006720000891
CUSTOMER NAME :. KETTREN,LADD
SERVICE ADDRESS:. 9579 CYPRESS LAKES DR
PHONE :. 863/859-7433
EDATE :. 10/04/05
TYPE :. 26
FOPER :. CLU
COMMENT :. THE CUSTOMER AND SHAN SAID THAT WE HAD A LINE BREAK IN THE FRONT OF
. HER HOME WHICH CAUSED SAND TO GET INTO HER FILTERS INSIDE OF HER
. HOME.THE WASHER SEEMS TO BE OKAY, BUT ONE OF THE TOILETS CONTINUE TO
. RUN WHEN FLUSHED.SHE HAS TURN THE VALVE OFF AT THE TOILET.PLEASE CHECK
. AND ADVISE CUSTOMER. **PAGED TO SHAN**
RESOLUTION :. 10/4/05-SERVICE LINE LEAK IN ROAD IN FRONT OF CUSTOMERS HOME. REPAIRS
. WERE MADE TO CUSTOMERS SERVICE LINE. CUSTOMER PHONED OFFICE COMPLAINTING
. THAT TOILETS AND WASHER DID NOT WORK PROPERLY. CHECKED CUSTOMERS
. WASHER AND FOUND SAND AND SILT IN WASHER STRAINER. REMOVED METER FOUND
. PEBBLES AND SAND. CLEANED METER AND FLUSHED SERVICE LINE. WENT
. INSIDE OF CUSTOMERS HOMETO LOOK @TOILETS, DID NOT SEE ANY SETTLEMENT
. SUCH AS SAND OR SILT IN TOILET TANK. PLAYED WITH BOTH TOILETS GOT
. BOTH TOILETS TO WORK PROPERLY THEIR WAS NO LEAK IN TOILETS AND
. WASHER WAS FLUSHED AND NOW WORKS FINE. HOWEVER CUSTOMER CONTINUES TO
. HAVE PROBLEMS WITH TOILET.WE DID ALL WE COULD-SHAN R/DB
RDATE :. 10/04/05

```
CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER# :. 948084
ACCOUNT#        :. 006720002371
CUSTOMER NAME   :. HAMPTON,DAN
SERVICE ADDRESS:. 9516  FOUNTAIN TER
PHONE           :. 941/859-6014
EDATE           :. 07/18/05
TYPE            :. 28
FOPER           :.
COMMENT         :. CUST CALLED SAID HIS WTR PRESSURE IS LOW AND HIGH THE PAST FEW
DAYS.
                 . NEED TO CALL TCH TO SEE WHAT IS HAPPENING
RESOLUTION      :. 7/18/05-READ 37770-SPOKE TO CUSTOMER WELL #2- @WATER PLANT IS
O/S
                 . AND PRESSURE IS NOT AS HIGH AS USUAL
                 . SR/DB
RDATE           :. 07/18/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER# :. 948191
ACCOUNT#        :. 006720001322
CUSTOMER NAME   :. KATZOFF,ROBERT
SERVICE ADDRESS:. 2131  SABAL PALM DR
PHONE           :. 863/858-6014
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 28
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

EDATE :. 07/18/05
TYPE :. 28
FOPER :. CLU
COMMENT :. CUSTOMER CALLED DUE TO LOW PRESSURE OF WATER
. PAGED TO SHAN
RESOLUTION :. 7/18/05 WELL #2 WAS OUT OF SERVICE HAS BEEN REPAIRED
. SR/DB
RDATE :. 07/18/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 949086
ACCOUNT# :. 006720009181
CUSTOMER NAME :. ACKERMAN,JACK
SERVICE ADDRESS:. 9217 SPATTERDOCK CT
PHONE :. 941/853-9237
EDATE :. 07/19/05
TYPE :. 28
FOPER :.
COMMENT :. CUSTOMER IS COMPLAINING OF LOW PRESSUE ON A DAILY BASIS
THROUGHOUT
. HIS HOME. PLEASE CHECK PSI AT HOME AND TAG CUSTOMER W/
RESULTS.
. (PRESSURE IS FINE TODAY, BUT HE STILL WANTS IT CHECKED OUT)
RESOLUTION :. 7/20/05-READ 359330-BECAUSE WELL #2 IS O/S PSI IN CYPRESS LAKE
SYSTEM
. IT IS NOT AS STRONG AS NORMAL, SPOKE TO CUSTOMER
. SR/DB
RDATE :. 07/20/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 953487
ACCOUNT# :. 006720005563
CUSTOMER NAME :. SCHILLING,BETTY
SERVICE ADDRESS:. 2342 MULLIGAN DR
PHONE :. 863/816-9750
EDATE :. 08/01/05
TYPE :. 28
FOPER :.
COMMENT :. CUSTOMER IS EXPERIENCING LOW PRESSURE
. PAGED DAVE S.
RESOLUTION :. 8/1/05-LOW PSI DUE TO PROBLEM AT THE WATER TREATMENT PLANT.
. BROKEN CHECK VALVE ON WELL#2-DID REPAIRS.
. DS/DB
RDATE :. 08/01/05

CORPýý----. 072
ROUTE :. 3

Cypress Lakes

```
SERVICE ORDER# :. 999919
ACCOUNT#       :. 006720004991
CUSTOMER NAME  :. MEYER,BARNIE
SERVICE ADDRESS:. 2307  PUTT LN
PHONE          :. 941/858-1338
EDATE          :. 12/16/05
TYPE           :. 28
FOPER          :.
COMMENT        :. CUSTOMER CALLED DUE TO LOW WATER PRESSURE.
                .
                . PAGED TO SHAN
                .
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 29
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

```
                .
RESOLUTION      :. LOW WATER PRESSURE CAUSED BY FLUSHING
                . SR/KIM
RDATE           :. 12/16/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 970968
ACCOUNT#        :. 006720003472
CUSTOMER NAME   :. YOUNG,JOHN W
SERVICE ADDRESS:. 9905  CYPRESS LAKES DR
PHONE           :. 863/859-3133
EDATE           :. 09/21/05
TYPE            :. 29
FOPER           :.
COMMENT         :. CUSTOMER HAS A BLACK RESIDUE AROUND TOILET BOWL. CAN IT BE
CHECKED?
RESOLUTION      :. 9/22/05-NO ONE WAS HOME-TAGGED
                . RB/DB
                .
                .
                . 9/28/05-NOT HOME-FLUSHED LINE NEAR HOME
                . SR/LN/DB
RDATE           :. 09/22/05

CORPýý----. 072
ROUTE           :. 2
SERVICE ORDER#  :. 972312
ACCOUNT#        :. 006720004521
CUSTOMER NAME   :. STEEVES,GERALD
SERVICE ADDRESS:. 2126  CYPRESS CROSS DR
PHONE           :. 863/859-0075
EDATE           :. 09/26/05
TYPE            :. 29
FOPER           :.
COMMENT         :. PLEASE FLUSH AGAIN AND CUSTOMER SAID YOU GAVE HIM YOUR PHONE
#-BUT IT
                . IS INCORRECT ? DID INFORM HIM YOU WOULD HAVE TO GIVE THIS TOO
HIM**
                . I DID NOT GIVE OUT YOUR PH#
RESOLUTION      :. 9/27/05-FLUSHED HYDRANT NEAR CUSTOMERS HOME FOR 1 HOUR.
RECORDED CL2
                . RESIDUAL OF 0.5
                . SR/DB
RDATE           :. 09/27/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 945519
```

Cypress Lakes

ACCOUNT# :. 006720014741
CUSTOMER NAME :. BARBOZA,DENNIS
SERVICE ADDRESS:. 9822 MOORHEN DR
PHONE :. 941/816-2259
EDATE :. 07/11/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER SAYS THAT WATER HAS A HORRIBLE METALIC ODOR TO IT.
. CUSTOMER SAYS THEY HAVE GONE TO NEIGHBORS TO FIND ONLY THE SAME PROBLEMS
. AT THEIR HOMES TOO. PAGED TO SHAN. IF YOU NEED TO CONTACT CUSTOMER
. SHE CAN BE REACHED AT 863-529-3856
RESOLUTION :. 7/11/05-FLUSHED BLOW OFF-45 MINUTES-RECORDED RESIDUAL 0.80
. SR/DB

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 30
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RDATE :. 07/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 945588
ACCOUNT# :. 006720008911
CUSTOMER NAME :. HEINDORF,ALBERT
SERVICE ADDRESS:. 9504 MAIDENCANE CT
PHONE :. 863/853-2773
EDATE :. 07/11/05
TYPE :. 32
FOPER :. CLU
COMMENT :. PLEASE CHECK FOR ODOR IN WATER.
. CUSTOMER WANTS A CALL BACK REGARDING PLACING THE AREA ON A REGULAR
. FLUSHING SCHEDULE WITHOUT HIM HAVING TO CALL. PH. 813-765-8223
RESOLUTION :. 7/11/05-FLUSHED BLOW OFF-30 MINUTES
. SR/DB
. RECORED .50
.
.
RDATE :. 07/11/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 945867
ACCOUNT# :. 006720011651
CUSTOMER NAME :. WELD,RICHARD L
SERVICE ADDRESS:. 9256 WOODSTORK DR
PHONE :. 863/815-0933
EDATE :. 07/12/05
TYPE :. 32
FOPER :. CLU
COMMENT :. PLEASE CHECK FOR ODOR IN WATER.
. PH. 863-815-0933
RESOLUTION :. 7/12/05-FLUSHED HYDRANT-FOR 45 MINUTES
. DES/DB
RDATE :. 07/12/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 946489
ACCOUNT# :. 006720005451
CUSTOMER NAME :. BLAIR,WILLIAM
SERVICE ADDRESS:. 2309 MULLIGAN DR
PHONE :. 941/853-2856
EDATE :. 07/13/05
TYPE :. 32

Cypress Lakes

```
FOPER           :.
COMMENT         :. BAD ODOR PLEASE FLUSH AGAIN*
                 . PAGED TO SHAN 8:44AM
RESOLUTION      :. 7/13/05-FLUSHED BLOW OFF @ CULDESAC.  RECORDED CL2 RESIDUAL
1.0
                 . & SPOKE WITH CUSTOMER
                 . SR/DB
RDATE           :. 07/13/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 951391
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 31
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

ACCOUNT# :. 006720006821
CUSTOMER NAME :. PRESTIN,BETTY
SERVICE ADDRESS:. 9389 TOP FLIGHT DR
PHONE :. 863/853-4864
EDATE :. 07/25/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALL DUE TO ROTTEN EGG ODOR IN WATER.
. MOSTLY COLD WATER
.
. PAGED TO SHAN
. CUSTOMER HOME #1-863-853-4864
RESOLUTION :. SPOKE WITH CUSTOMER, FLUSHED HYDRANT NEAR HOME RECORDED CL2 RESIDUAL
. OF 0.9
. SHAN/KIM
RDATE :. 07/25/05

CORPýý----. 072
ROUTE :.
SERVICE ORDER# :. 954608
ACCOUNT# :. 006720000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 08/03/05
TYPE :. 32
FOPER :.
COMMENT :. PER CUST @ 2309 MULLIGAN DR. JUST CALLED AND SAID THAT HIS WTR HAS A
. BAD ODOR AND BAD TASTE TO IT PLEASE CHECK SUB-STATION TO SEE IF ANYTHING
. IS OUT OF PLACE AND PLEASE CORRECT IF ABLE TO.
RESOLUTION :. 8/3/05-FLUSHING, BLOW OFF, NEAR HOME FOR 45 MINUTES RECORDED CL2
. RESIDUAL OF 1.2
. SR/DB
RDATE :. 08/03/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 954817
ACCOUNT# :. 006720008911
CUSTOMER NAME :. HEINDORF,ALBERT
SERVICE ADDRESS:. 9504 MAIDENCANE CT
PHONE :. 863/853-2773
EDATE :. 08/03/05
TYPE :. 32
FOPER :.

Cypress Lakes

```
COMMENT          :. MR. CALLED ASKING US TO FLUSH THE LINES.
                  . MR. SAID OUR WATER SMELLS SO BAD THAT WHEN YOU TAKE A SHOWER
IN IT IT
                  . MAKES YOU STINK.
                  .
                  . PAGED TO SHAN
RESOLUTION       :. 8/3/05-FLUSHED BLOW OFF NEAR HOME FOR 30 MINUTES AND RECORDED
                  . CL2 RESIDUAL OF 0.7
                  . SR/DB
RDATE            :. 08/03/05

CORPýý----. 072
ROUTE            :. 3
SERVICE ORDER#   :. 955103
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 32
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

ACCOUNT# :. 006720005451
CUSTOMER NAME :. BLAIR,WILLIAM
SERVICE ADDRESS:. 2309 MULLIGAN DR
PHONE :. 941/853-2856
EDATE :. 08/03/05
TYPE :. 32
FOPER :.
COMMENT :. BAD ODOR & BAD TASTE CUSTOMER WAS INFORMED THAT WE WOULD FLUSH EVERY
. OTHER DAY
RESOLUTION :. 8/11/05-FLUSHED BLOW OFF AT CUL DE SAC
. SR/DB
RDATE :. 08/11/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 955234
ACCOUNT# :. 006720009481
CUSTOMER NAME :. HILTON,WILLIAM
SERVICE ADDRESS:. 2802 PEAVINE TRL
PHONE :. 863/816-2553
EDATE :. 08/04/05
TYPE :. 32
FOPER :.
COMMENT :. PLEASE FLUSH AREA SINCE BAD ORDOR
. PAGED TO SHAN 9:49AM
RESOLUTION :. 8/4/05-FLUSHED TEP. BLOW OFF NEAR H OME FOR 30 MINUTES
. RECORDED CL2 RESIDUAL OF 0.8
. SR/DB
RDATE :. 08/04/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 961151
ACCOUNT# :. 006720005451
CUSTOMER NAME :. BLAIR,WILLIAM
SERVICE ADDRESS:. 2309 MULLIGAN DR
PHONE :. 941/853-2856
EDATE :. 08/22/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALLED THE ANSWERING SERVICE DUE TO ODOR IN WATER AND TASTE.
. PAGED TO ONCALL
.
. PLEASE RESOLVE ASAP - THANKS (KIM)
.
RESOLUTION :. 8/20/05-FLUSHED BLOW OFF @ CUL DE SAC OFF MULLIGAN DR FOR 30 MINUTES

Cypress Lakes

```
                . RESIDUAL OF 1.1-RECORDED
                . SR/DB
RDATE          :. 08/20/05

CORPýý----. 072
ROUTE          :. 5
SERVICE ORDER# :. 964527
ACCOUNT#       :. 006720011041
CUSTOMER NAME  :. YACINO,JOANN R
SERVICE ADDRESS:. 1845  BIG CYPRESS BLVD
PHONE          :. 863/816-2770
EDATE          :. 08/31/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 33
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

TYPE :. 32
FOPER :.
COMMENT :. BAD ODOR-TAG HOUSE WITH FINDINGS*
. NOTE FOR OFFICE; THIS COMPLAINT WAS SENT WITH THIS CUSTOMERS PAYMENT
. THAT WAS MAILED*
RESOLUTION :. 9/9/05-FLUSHED HYDRANT NEAR CUSTOMERS HOME. RECORDED CL2 RESIDUAL
. SR/DB
RDATE :. 09/01/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 964629
ACCOUNT# :. 006720005451
CUSTOMER NAME :. BLAIR,WILLIAM
SERVICE ADDRESS:. 2309 MULLIGAN DR
PHONE :. 941/853-2856
EDATE :. 09/01/05
TYPE :. 32
FOPER :.
COMMENT :. PER CUST SAID HIS WTR HAS A BAD TASTE AND ORDER PLEASE CHECK AREA AND
. FLUSH AS NECESSARY.
. WILL PAGE IT OUT TO CYPRESS LAKES
.
RESOLUTION :. 9/2/05-FLUSHED
. DS/DB
RDATE :. 09/02/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 965326
ACCOUNT# :. 006720008911
CUSTOMER NAME :. HEINDORF,ALBERT
SERVICE ADDRESS:. 9504 MAIDENCANE CT
PHONE :. 863/853-2773
EDATE :. 09/06/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALLED TO REPORT THAT OVER THE COURSE OF THIS WEEKEND HE
. HAS BEEN EXPERIANCING BAD WATER DUE TO ODOR AND TASTE.
. PAGED TO SR
RESOLUTION :. 9/6/05-FLUSHED BLOW OFF NEAR HOME FOR 30 MINUTES
. JF/DB
RDATE :. 09/06/05

Cypress Lakes

```
CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 965371
ACCOUNT#        :. 006720006102
CUSTOMER NAME   :. STEWART,CAROL
SERVICE ADDRESS:. 2413  SANDCRANE TRL
PHONE           :. 813/763-0851
EDATE           :. 09/06/05
TYPE            :. 32
FOPER           :.
COMMENT         :. FOUL SMELL
                 . PAGED SHAN R; 9:12AM-WILL BE FLUSHING TODAY IN THIS AREA*
RESOLUTION      :. 9/6/05-FLUSHED HYDRANT REAR OF HOME FOR 2 HRS-RECORDED CL2
RESIDUAL
```

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

. OF 0.8
. SHAN R/DB
RDATE :. 09/06/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 965400
ACCOUNT# :. 006720009711
CUSTOMER NAME :. SCOTT,GERALD
SERVICE ADDRESS:. 2938 DOLLAR BONNET LN
PHONE :. 941/815-9526
EDATE :. 09/06/05
TYPE :. 32
FOPER :.
COMMENT :. PLEASE SEE CUSTOMER DUE TO BAD ODOR IN WATER
. THIS HAS BEEN OVER THE COURSE OF ENTIRE WEEKEND
. PAGED TO SR
RESOLUTION :. 9/6/05 FLUSHED HYDRANT NEAR HOME FOR 2 HRS
. RECORDED CL2 RESIDUAL OF 0.8
. JF/DB
RDATE :. 09/06/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 966037
ACCOUNT# :. 006720005451
CUSTOMER NAME :. BLAIR,WILLIAM
SERVICE ADDRESS:. 2309 MULLIGAN DR
PHONE :. 941/853-2856
EDATE :. 09/07/05
TYPE :. 32
FOPER :.
COMMENT :. PAGED TO SHAN R TO FLUSH WATER FOR CUSTOMER DUE TO REACCURING
ODOR AND
. TASTE.
RESOLUTION :. 9/7/05-FLUSHED BLOW OFF @ CULDESAC FOR 2 HOURS ON 9/6/05-
RECORDED
. CL2 RESIDUAL OF 1.1
. FLUSHED BLOW OFF @ CULDESAC FOR 2 HRS ON 9/7/05
. RECORDED CL2 RESIDUAL OF 1.2
. SHAN R/DB
RDATE :. 09/07/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 967721
ACCOUNT# :. 006720004521
CUSTOMER NAME :. STEEVES,GERALD
SERVICE ADDRESS:. 2126 CYPRESS CROSS DR

Cypress Lakes

PHONE :. 863/859-0075
EDATE :. 09/12/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER SAYS THERE'S AN AWFUL SMELL IN THE WATER. PLEASE CHECK
RESOLUTION :. 9/12/05-FLUSHED HYDRANT NEAR HOME FRO 30 MINUTES & HAD CL2 RESIDUAL
. OF 1.0-& SPOKE TO CUSTOMER
. SR/DB
RDATE :. 09/12/05

CORPýý----. 072

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 35
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

ROUTE :. 6
SERVICE ORDER# :. 967821
ACCOUNT# :. 006720014531
CUSTOMER NAME :. GOFORTH,WAYNE W
SERVICE ADDRESS:. 9864 MOORHEN DR
PHONE :. 863/858-8903
EDATE :. 09/13/05
TYPE :. 32
FOPER :.
COMMENT :. MR. CALLED BECAUSE HIS WATER SMELLS "PRETTY" BAD.
. PLEASE FLUSH LINES IN THE AREA
RESOLUTION :. 9/14/05-FLUSHED HYDRANT NEAR HOME. RECORDED CL2 RESIDUAL OF 0.30
. AFTER 60 MINUTES.
. 9/13/05-FLUSHED BLOW OFF
. SR/DB
RDATE :. 09/14/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 968365
ACCOUNT# :. 006720006801
CUSTOMER NAME :. GRIFFITH,EVELYN
SERVICE ADDRESS:. 9385 TOP FLIGHT DR
PHONE :. 863/815-2975
EDATE :. 09/14/05
TYPE :. 32
FOPER :.
COMMENT :. MS. CALLED DUE TO BAD ODOR IN HER WATER.
. PLEASE FLUSH THE LINES NEAR HER HOME
RESOLUTION :. 9/14/05-FLUSHED HYDRANT NEAR HOME FOR 30 MINUTES, RECORDED
. RESIDUAL OF 0.4
. SR/DB
RDATE :. 09/14/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 968984
ACCOUNT# :. 006720010541
CUSTOMER NAME :. KIEFER,KENNETH
SERVICE ADDRESS:. 2922 PEAVINE TRL
PHONE :. 941/858-7187
EDATE :. 09/15/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALLED SAYING FOR THE LAST 3 DAYS THE WATER HAS HAD SOMEKIND OF
. WHITE PARTICLES AND IT SMELLS LIKE SEWER.
. PLEASE CHECK AND ADVISE CUSTOMER.

Cypress Lakes

```
                 . PAGED SHAN R
RESOLUTION      :. 9/15/05 FLUSHED HYFRANT NEAR CUSTOMERS HOME FOR 30 MINUTES
                 . SR/DB
RDATE           :. 09/15/05

CORPýý----. 072
ROUTE           :. 6
SERVICE ORDER#  :. 969324
ACCOUNT#        :. 006720014541
CUSTOMER NAME   :. DEEVES,ALICIA
SERVICE ADDRESS:. 9867  MOORHEN DR
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

PHONE :. 863/397-6047
EDATE :. 09/16/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO SMELLY WATER.
. PAGED TO SHAN
.
.
.
RESOLUTION :. 9/16/05-SPOKE WITH CUSTOMER ON 9/16/05-EXPALINED REASON FOR SMELLY
. WATER AND ALSO TOLD CUSTOMER FLUSHING WILL OCCUR AT LEAST ONE DAY
. OF THE WEEK UNTIL PROBLEM IS RESOLVED. FLUSHED HYDRANT NEAR
. CUSTOMERS HOME. RECORDED CL2 RESIDUAL OF 1.0
. SR/DB
RDATE :. 09/16/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 969741
ACCOUNT# :. 006720006821
CUSTOMER NAME :. PRESTIN,BETTY
SERVICE ADDRESS:. 9389 TOP FLIGHT DR
PHONE :. 863/853-4864
EDATE :. 09/19/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO SMELLY WATER.
. PAGED TO SHAN
.
.
.
RESOLUTION :. 9/19/05-FLUSHING AREA
. SR/DB
RDATE :. 09/19/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 969886
ACCOUNT# :. 006720005451
CUSTOMER NAME :. BLAIR,WILLIAM
SERVICE ADDRESS:. 2309 MULLIGAN DR
PHONE :. 941/853-2856
EDATE :. 09/19/05
TYPE :. 32
FOPER :.
COMMENT :. PAGED TO DAVE S #47 CALLED DAVE ADVISED HIM THAT THIS CUST HAS A BAD

```
                . ORDER AND BAD TASTE.
RESOLUTION      :. 9/19/05-FLUSHED BLOWOFF NEAR HOME, RECORDED CL2 RESIDUAL OF
0.8
                . SR/DB
RDATE           :. 09/19/05

CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER#  :. 971149
ACCOUNT#        :. 006720007731
CUSTOMER NAME   :. AMENDT,GAYLE
SERVICE ADDRESS:. 1588  BIG CYPRESS BLVD
PHONE           :. 941/859-5660
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 37
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

EDATE :. 09/22/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER SAYS WATER SMELLS LIKE ROTTEN EGGS.
. PLEASE CHECK
RESOLUTION :. PER DAVE S. THEY ARE FLUSHING THERE TWICE A WEEK ON TUES. AND THURS.
.
. DS/IC
RDATE :. 09/22/05

CORPýý----. 072
ROUTE :. 4
SERVICE ORDER# :. 971224
ACCOUNT# :. 006720007501
CUSTOMER NAME :. JAHNSEN,CLIFFORD
SERVICE ADDRESS:. 9346 HOOSIER CIR
PHONE :. 863/853-1849
EDATE :. 09/22/05
TYPE :. 32
FOPER :.
COMMENT :. BAD ODOR IN BATH ROOMS-
. PAGED TO SHAN 10:32AM-HE IS FLUSHING AND HE SAID THIS MAY CAUSE A SMELL
RESOLUTION :. 9/22/05-FLUSHED HYDRANT NEAR CUSTOMERS HOME, FOR 60 MINUTES, RECORDED
. CL2 RESIDUAL OF 1.0
. SR/DB
RDATE :. 09/22/05

CORPýý----. 072
ROUTE :. 6
SERVICE ORDER# :. 971699
ACCOUNT# :. 006720014531
CUSTOMER NAME :. GOFORTH,WAYNE W
SERVICE ADDRESS:. 9864 MOORHEN DR
PHONE :. 863/858-8903
EDATE :. 09/23/05
TYPE :. 32
FOPER :.
COMMENT :. MR. CALLED DUE TO BAD SMELL AND TASTE OF HIS WATER. HE WANTS YOU TO COME
. BACK OUT AND FLUSH HIS LINES AND SPEAK WITH HIM REGARDING WHAT CAN BE
. DONE TO CORRECT THIS COMPLETELY...
RESOLUTION :. 9/22/05-FLUSHED NEAR CUSTOMERS HOME, SPOKE WITH CUSTOMER
. RECORDED CL2 RESIDUAL OF 0.8
. SHAN R/DB
RDATE :. 09/22/05

Cypress Lakes

```
CORPýý----. 072
ROUTE           :. 4
SERVICE ORDER# :. 972401
ACCOUNT#        :. 006720006102
CUSTOMER NAME   :. STEWART,CAROL
SERVICE ADDRESS:. 2413  SANDCRANE TRL
PHONE           :. 813/763-0851
EDATE           :. 09/26/05
TYPE            :. 32
FOPER           :.
COMMENT         :. PER CUST SAID HER WTR HAS VERY BAD TASTE AND ODER PLEASE SEE
WHAT CAN \
                 . BE DONE
                 . PAGED TO SHANE R #7
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 38
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RESOLUTION :. 9/26/05-FLUSHED BLOWOFF @CUL DE SAC-RECORDED CL2 RESIDUAL OF; 0.8
. SR/DB
RDATE :. 09/26/05

CORPýý----. 072
ROUTE :. 5
SERVICE ORDER# :. 976386
ACCOUNT# :. 006720011551
CUSTOMER NAME :. JAMES,ROBERT
SERVICE ADDRESS:. 9236 WOODSTORK DR
PHONE :. 863/815-9187
EDATE :. 10/06/05
TYPE :. 32
FOPER :.
COMMENT :. WATER SMELLS LIKE SEWER
. PAGED TO SHAN; 8:41AM
RESOLUTION :. 10/06/05 FLUSHED HYDRANT ON WOODSTOCK TO BRING FRESH WATER TO AREA
. RECORDED CLZ RES OF 1.8
. SR/TERRI TEMP
RDATE :. 10/06/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 976585
ACCOUNT# :. 006720001011
CUSTOMER NAME :. KELLY,HERBERT
SERVICE ADDRESS:. 2158 HORSESHOE DR
PHONE :. 941/853-2161
EDATE :. 10/06/05
TYPE :. 32
FOPER :. CLU
COMMENT :. PLEASE CHECK FOR ODOR IN THE WATER
. DISPATCHED TO SHAN
RESOLUTION :. 10/07/05 FLUSHED HYDRANT ON HORSESHOE DR. NEAR HOME
. RECORDED CLZ RES. OF 1.5
. SR/TERRI TEMP
.
RDATE :. 10/07/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 976881
ACCOUNT# :. 006720005861
CUSTOMER NAME :. FARR,RICHARD L
SERVICE ADDRESS:. 2438 BOGIE CIR
PHONE :. 941/858-6930
EDATE :. 10/07/05

Cypress Lakes

```
TYPE            :. 32
FOPER           :.
COMMENT         :. MR. CALLED BECAUSE HE JUST RETURNED FROM UP NORTH AND IS
HEARING RUMORS
                 . THAT THE WATER IS NOT SAFE TO DRINK. PLEASE TEST THE WATER TO
INSURE
                 . IT IS SAFE TO DRINK. TAG THEIR DOOR TO INSURE OUR WATER IS
SAFE.
RESOLUTION      :. 10/12/05 SPOKE WITH CUSTOMER - ADVISED CUSTOMER WATER IS SAFE
TO DRINK
                 . RE READ 1340600
                 . SR/TERRI TEMP
RDATE           :. 10/12/05

CORPýý----. 072
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 39
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

ROUTE :. 5
SERVICE ORDER# :. 976955
ACCOUNT# :. 006720011741
CUSTOMER NAME :. NEWMAN,HENRY
SERVICE ADDRESS:. 2910 FOX BRANCH CT
PHONE :. 352/895-8475
EDATE :. 10/07/05
TYPE :. 32
FOPER :.
COMMENT :. MR. CALLED DUE TO BAD TASTE AND ODOR OF HIS WATER. HE REQUESTS THAT YOU
. COME OUT TUESDAY (AM) BETWEEN 8 & NOON. TEST HIS WATER AND SPEAK WITH
. HIM REGARDING THE RESULTS.
RESOLUTION :. 10/11/05 CUST CALLED TO GIVE A VERY WONDERFULL COMPLIMENT TO THE FIELD
. TECH THAT WENT TO CUST TO ADVISE OF THE CUST CALL. *HIGH PRAISE* (RB)
. SPOKE WITH CUSTOMER FLUSHING NEAR CUATOMERS HOME.
. SR/TERRI TEMP
RDATE :. 10/11/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 984955
ACCOUNT# :. 006720001011
CUSTOMER NAME :. KELLY,HERBERT
SERVICE ADDRESS:. 2158 HORSESHOE DR
PHONE :. 941/853-2161
EDATE :. 10/31/05
TYPE :. 32
FOPER :.
COMMENT :. MS. CALLED DUE TO THE ODOR OF HER WATER.
. LAST CALLED 10/7/05 & YOU FLUSHED LINES.
. CAN YOU FLUSH THEM AGAIN.
. THE ODOR IS AWFUL
RESOLUTION :. 11/1/05-FLUSHED HYDRANT #14 FOR 30 MINUTES CL2 RESIDUAL 1.8
. SR/DB
RDATE :. 11/01/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 988096
ACCOUNT# :. 006720014951
CUSTOMER NAME :. LUKOWICH,PAUL
SERVICE ADDRESS:. 9684 TROON CT
PHONE :. 863/859-6178
EDATE :. 11/08/05
TYPE :. 32

Cypress Lakes

```
FOPER           :.
COMMENT         :. ODOR VERY BAD-PLEASE RESOLVE THIS ISSUE SINCE IT HAS BEEN
OCCURING
                 . FREQUENTLY-& TAG CUSTOMER WITH RESOLUTION **HE SENT A VERY
UPSETING
                 . NOTE IN MAIL
RESOLUTION      :. 11/9/05-CALLED AND SPOKE TO CUSTOMER ESTABLISHED DIRECT
CONTACT LINK
                 . TO GATHER DATA.  ASSESSING WATER PLANT WILL REDUCE ODOR
POSSSIBILITY.
                 . DAVE R/DB
RDATE           :. 11/09/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER#  :. 988104
ACCOUNT#        :. 006720014931
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CUSTOMER NAME :. DYKES,ROBERT M
SERVICE ADDRESS:. 9550 TROON LN
PHONE :. 863/859-0049
EDATE :. 11/08/05
TYPE :. 32
FOPER :.
COMMENT :. BAD CONTINUALL ODOR-PLEASE RESOLVE PER LETTER RECEIVED FROM 4
OTHER
. CUSTOMERS SAME ISSUE-TAG WITH RESOLUTION
. CUSTOMER SENT LETTER
RESOLUTION :. 11/9/05-ISSUE RESOLVED-CUSTOMER SATISFIED
. SHAN R/DB
RDATE :. 11/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 988106
ACCOUNT# :. 006720014901
CUSTOMER NAME :. RUSSELL,JOHN R
SERVICE ADDRESS:. 9532 TROON LN
PHONE :. / -
EDATE :. 11/08/05
TYPE :. 32
FOPER :.
COMMENT :. BAD ODOR-PER LETTER RECIEVED-TAG WITH RESULTS
RESOLUTION :. 11/9/05-ISSUE RESOLVED-CUSTOMER SATISFIED
. SHAN R/DB
RDATE :. 11/09/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 988107
ACCOUNT# :. 006720014851
CUSTOMER NAME :. BRAUCHER,JAN
SERVICE ADDRESS:. 9513 TROON LN
PHONE :. 614/279-1313
EDATE :. 11/08/05
TYPE :. 32
FOPER :.
COMMENT :. BAD ODOR CONTINUALLY-PER LETTER RECEIVED-TAG WITH RESOLUTION
RESOLUTION :. 11/9/05-CALLED AND SPOKE TO CUSTOMER ESTABLISHED DIRECT
CONTACT LINK TO
. DATA, ASSESSING WATER PLANT ODOR POSSIBILITY
. DAVE R/DB
RDATE :. 11/09/05

CORPýý----. 072
ROUTE :. 3
SERVICE ORDER# :. 990040

Cypress Lakes

ACCOUNT# :. 006720005471
CUSTOMER NAME :. RODAK,RICHARD
SERVICE ADDRESS:. 2304 MULLIGAN DR
PHONE :. 941/859-5775
EDATE :. 11/15/05
TYPE :. 32
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL TO ANSWERING SERVICE
. 11/12/05- 8:20AM-SAYING "WATER TASTE BAD".
RESOLUTION :. 11/12/05-FLUSHED BLOW OFF NEAR HOME AND SPOKE TO CUSTOMER.
. SHAN R/DB

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

RDATE :. 11/12/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990135
ACCOUNT# :. 006720014871
CUSTOMER NAME :. HIGGS,JOSEPH
SERVICE ADDRESS:. 9521 TROON LN
PHONE :. 863/815-2379
EDATE :. 11/15/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED BAD ODOR PLEASE ELIMINATE (11/2/050
RESOLUTION :. 11/16/05-ISSUE IS BEING WORKED ON
. SHAN R/DB
RDATE :. 11/16/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990138
ACCOUNT# :. 006720014821
CUSTOMER NAME :. TOSO,MARVIN E
SERVICE ADDRESS:. 9501 TROON LN
PHONE :. 702/525-2672
EDATE :. 11/15/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE-11/2/05
RESOLUTION :. 11/16/05-ISSUE IS BEING WORKED ON
. SHAN R/DB
.
RDATE :. 11/16/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990153
ACCOUNT# :. 006720015001
CUSTOMER NAME :. MATTER,HAROLD W
SERVICE ADDRESS:. 9671 TROON CT
PHONE :. 863/853-5665
EDATE :. 11/15/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECIEVD PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/16/05-ISSUE IS BEING WORKED ON
. SHAN R/DB
RDATE :. 11/16/05

CORPýý----. 072

Cypress Lakes

```
ROUTE           :. 1
SERVICE ORDER#  :. 990158
ACCOUNT#        :. 006720014991
CUSTOMER NAME   :. GOCHIN,M R
SERVICE ADDRESS:. 9676  TROON CT
PHONE           :. 863/858-5776
EDATE           :. 11/15/05
TYPE            :. 32
FOPER           :.
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/16/05-ISSUE IS BEING WORKED ON
. SHAN R/DB
RDATE :. 11/16/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990160
ACCOUNT# :. 006720015012
CUSTOMER NAME :. CARTER,LINDA M
SERVICE ADDRESS:. 9672 TROON CT
PHONE :. 863/816-0121
EDATE :. 11/15/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/16/05-ISSUE IS BEING WORKED ON
. SHAN R/DB
RDATE :. 11/16/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990162
ACCOUNT# :. 006720014881
CUSTOMER NAME :. VANDAM,RICHARD A
SERVICE ADDRESS:. 9525 TROON LN
PHONE :. 863/816-8366
EDATE :. 11/15/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECIEVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/16/05-ISSUE IS BEING WORKED ON
. SHAN R/DB
RDATE :. 11/16/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990737
ACCOUNT# :. 006720014961
CUSTOMER NAME :. MASON,DAVID E
SERVICE ADDRESS:. 9679 TROON CT
PHONE :. 863/858-6394
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE OODR ISSUE*
RESOLUTION :. 11/17/05-CALLED LEFT MESSAGE WITH CUSTOMER ON HIS ANSWERING MACHINE.

```
                . TOLD HIM WE ARE WORKING TODAY, AND WE ARE WORKING VERY HAD TO
ELIMINATE
                . ANY POSSIBILITY OF ODORS, FROM PLANT AT ANY TIME.
                . DAVE R/DB
RDATE          :. 11/17/05

CORPýý----. 072
ROUTE          :. 1
SERVICE ORDER# :. 990750
ACCOUNT#       :. 006720014912
CUSTOMER NAME  :. MOREAU,ROBERT G
SERVICE ADDRESS:. 9536  TROON LN
```

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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

PHONE :. 863/859-2114
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-ISSUE BEING WORKED ON
. SHAN R/DB
RDATE :. 11/17/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990753
ACCOUNT# :. 006720014971
CUSTOMER NAME :. REDZANIC,FREDERICK
SERVICE ADDRESS:. 9680 TROON CT
PHONE :. 863/815-5523
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-SPOKE TO CUSTOMER THIS IS ODOR DETECTED IN AIR NEAR PLANT,
. IN EARLY AM. CUSTOMER SAYS HE SMELLED THE DOOR OFTEN "WHEN BIG TRUCKS
. COME BACK THERE. ASSUME THEY ARE SLUDGE HAULERS.
. DAVE R/DB
RDATE :. 11/17/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990756
ACCOUNT# :. 006720014831
CUSTOMER NAME :. ROBINSON,JAMES A
SERVICE ADDRESS:. 9505 TROON LN
PHONE :. 863/858-6076
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECIEVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-SPOKE TO CUSTOMER AND ODOR IS DETECTED IN THE AIR NEAR
. PLANT IN EARLY AM. CUSTOMER SAYS HE IS PART-TIME RESIDENT HERE
. 5 YRS AND THIS IS 1ST YEAR HE NOTICED ANY ODOR, BUT THAT A APPEARS TO
. HAVE GOTTEN BETTER LATELY.
. DAVE R/DB
RDATE :. 11/17/05

Cypress Lakes

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990757
ACCOUNT# :. 006720014891
CUSTOMER NAME :. DINNERVILLE,ROBERT R
SERVICE ADDRESS:. 9528 TROON LN
PHONE :. 863/816-7214
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECIEVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-SPOKE TO CUSTOMER -HE SAID ODOR IS NEAR PLANT, AT DIFFERENT
. TIMES. CUSTOMER AGREED THAT THERE HAVE BEEN LESS OCCASIONS OF
. ODORS, "THIS WEEK".

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

. DAVE R/DB
RDATE :. 11/17/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990758
ACCOUNT# :. 006720015031
CUSTOMER NAME :. PIKE,FRED A
SERVICE ADDRESS:. 9668 TROON CT
PHONE :. 863/859-7159
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-SPOEK TO CUSTOMER THIS IS ODOR DETECTED IN AIR NEAR PLANT IN
. EARLY AM. CUSTOMER SAYS "HAVE NOT SMELLED ODOR IN LAST FEW DAYS."
. DAVE R/DB
RDATE :. 11/17/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990764
ACCOUNT# :. 006720015071
CUSTOMER NAME :. BUSH,PORTER R
SERVICE ADDRESS:. 9652 TROON CT
PHONE :. / -
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-ISSUE IS BEING WORKED ON
. SHAN R/DB
RDATE :. 11/17/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990765
ACCOUNT# :. 006720015021
CUSTOMER NAME :. SMITH,RUSSEL L
SERVICE ADDRESS:. 9667 TROON CT
PHONE :. 863/859-4250
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-CALLED LEFT MESSAGE ON ANSWERING MACHINE THAT "WE ARE

Cypress Lakes

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                 . WORKING DILIGENTLY TO RESOLVE THE POSSIBILITY OF ODOR
ORIGINATING FROM
                 . OUR WATER PLANT
                 . DAVE R/DB
RDATE           :. 11/17/05

CORPýý----. 072
ROUTE           :. 1
SERVICE ORDER# :. 990767
ACCOUNT#        :. 006720014841
CUSTOMER NAME   :. SHARK,DARRELL M
SERVICE ADDRESS:. 9509  TROON LN
PHONE           :. 863/859-5883
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DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-SPOKE TO CUSTOMER AND HE SAID THAT "THERE HAS NOT BEEN AN ODOR
. ISSUE THIS WEEK",
. DAVE R/DB
RDATE :. 11/17/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 990769
ACCOUNT# :. 006720014941
CUSTOMER NAME :. MOGELNICKI,FRANK M
SERVICE ADDRESS:. 9544 TROON LN
PHONE :. 863/816-7087
EDATE :. 11/16/05
TYPE :. 32
FOPER :.
COMMENT :. PER LETTER RECEIVED PLEASE RESOLVE ODOR ISSUE
RESOLUTION :. 11/17/05-SPOKE TO CUSTOMER, AGAIN HE SAID THAT "THERE HAS BEEN NO ODOR
. THIS WEEK".
. DAVE R/DB
RDATE :. 11/17/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 994231
ACCOUNT# :. 006720004521
CUSTOMER NAME :. STEEVES,GERALD
SERVICE ADDRESS:. 2126 CYPRESS CROSS DR
PHONE :. 863/859-0075
EDATE :. 11/30/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER HAS VERY SMELLY WATER. PLEASE RESOLVE
. PAGED TO SHAN
RESOLUTION :. 12/1/05-FLUSHED HYDRANT AT CUSTOMERS HOME FOR 30 MINUTES
. RECORDED CL2 RESIDUAL OF 1.2
. SHAN R/DB
RDATE :. 12/01/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 973122
ACCOUNT# :. 006720000891
CUSTOMER NAME :. KETTREN,LADD

Cypress Lakes

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SERVICE ADDRESS:. 9579  CYPRESS LAKES DR
PHONE           :. 863/859-7433
EDATE           :. 09/27/05
TYPE            :. 36
FOPER           :.
COMMENT         :. WATER STANDING IN STREET NOT SURE IF HERS, OR OURS-PLEASE
INFORM WITH
                 . RESULTS ***
                 . & DO NECESSARY REPAIRS
RESOLUTION      :. 9/28/05-READ 24230-LEAK IN THE ROAD-"KBh', WILL BE OUT TO
LOCATE LEAK.
                 . SHAN R/LN/DB
RDATE           :. 09/28/05
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 46
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 989234
ACCOUNT# :. 006720014862
CUSTOMER NAME :. EHNSTROM,PETER E
SERVICE ADDRESS:. 9517 TROON LN
PHONE :. 863/853-4480
EDATE :. 11/11/05
TYPE :. 37
FOPER :.
COMMENT :. SHAN FOLLOWING IS A LETTER THAT WAS WRITTEN BY THE CUSTOMER DUE TO
. THE ODOR SMELL COMING FROM THE SEWER PLANT, PLEASE CHECK TO SEE
. IF THERE IS A DEODORIZER THAT CAN BE PLACED TO ELIMINATE THE ODOR
. FOR THE COMMUNITY.
.
RESOLUTION :. LOOKING INTO ISSUE OF ODOR. WILL POSSIBLY USE LIME TO ELIMINATE ODOR.
.
. SHANE/EC
RDATE :. 11/11/05

CORPýý----. 072
ROUTE :.
SERVICE ORDER# :. 986561
ACCOUNT# :. 006720000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 11/03/05
TYPE :. 39
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL; 6:32PM
. CABLE DUG UP-LEAVE LIFT STATION LEAVE OFF ?
RESOLUTION :. 11/1/05-VERIZON, CONTRACTOR HIT MAIN
. ELECTRICAL LINE NEAR LIFT STATION HAD NO POWER. CONTRACTOR WANTED TO
. KNOW HOW LONG LIFT STATION COULD BE DOWN UNTIL MAN HOLES STARTED
. OVER FLOWING. CONTRACTOR FIXED LINE AND LIFT STATION HAS POWER.
. SHAN R/DB
RDATE :. 11/01/05

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CORPýý----. 072
ROUTE :.
SERVICE ORDER# :. 953749

Cypress Lakes

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ACCOUNT#         :. 006720000000
CUSTOMER NAME    :. ,
SERVICE ADDRESS  :.
PHONE            :.    /    -
EDATE            :. 08/01/05
TYPE             :. 43
FOPER            :.
COMMENT          :. NO WATER-PHONED TO ANSWERING SERVICE BEFORE WORKING HRS-6:49AM
                  . 9249 WOODSTORK, 9542 CEDAR TREE, 1840 BIG CYPRESS, 9548 CEDAR
TREE
                  . 2311 FORREST, 9513 TROON, 2413 SAND CRANE, 9774 CYPRESS LAKES,
                  . 2340 LITLE CYPRESS-
RESOLUTION       :. 2340 LITTLE CYPRESS, 9900 CYPRESS, 2242 CYPRESS CROSS
                  . 2211 CYPRESS CROSS, 2919 DOLLAR BONNET, 2149 FIRESTONE, 21725
CYPRESS
                  . 1766 BIG CYPRESS, 2307 PUTT, 2420 BIG CYPRESS,2802 PEAVINE,
2344 LITTLE
                  . CYPRESS, 9587 CYPRESS LAKES
                  .
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 47
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

. WELL#2-FLOW METER BLEW UP -IS RUNNING NOW BUT MAY EXPERIENCE
LOW
. PRESSURE
. DAVE S/DB
RDATE :. 08/01/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 993161
ACCOUNT# :. 006720000721
CUSTOMER NAME :. CLARK,THOMAS
SERVICE ADDRESS:. 9509 CYPRESS LAKES DR
PHONE :. 941/858-7411
EDATE :. 11/28/05
TYPE :. 43
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL 11/24/05-9:36AM
FOR
. NO WATER ?
RESOLUTION :. 11/24/05-CUSOTMER HAD JUST ARRIVED IN TOWN, SERVICES ARE ON AS
OF
. 11/24/05. AREA MANAGER DAVE ROD TURND CUSTOMERS ON. ANY
QUESTIONS
. SHOULD BE DIRECTED TO HIM.
. SR/DB
RDATE :. 11/24/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 947517
ACCOUNT# :. 006720001982
CUSTOMER NAME :. MCCAULEY,CAROL SUE
SERVICE ADDRESS:. 2052 RED CEDAR DR
PHONE :. 863/370-2457
EDATE :. 07/14/05
TYPE :. 47
FOPER :.
COMMENT :. PLEASE SEE CUSTOMER ABOUT HIS LOW PRESSURE
. PAGED TO SHAN R
RESOLUTION :. 7/15/05-READ 45340-LOW PRESSURE DUE TO CLOG WATER LINES IN
CUSTOMERS
. HOME. SPOKE TO CUSTOMER.
. SR/DB
RDATE :. 07/15/05

CORPýý----. 072
ROUTE :. 2
SERVICE ORDER# :. 967928
ACCOUNT# :. 006720004231

Cypress Lakes

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CUSTOMER NAME  :. LOVE,EDWARD
SERVICE ADDRESS:. 2437  BIG CYPRESS BLVD
PHONE          :. 856/935-8449
EDATE          :. 09/13/05
TYPE           :. 47
FOPER          :.
COMMENT        :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL 9/11/05-12:10PM
                . NO WATER INSIDE/OR OUTSIDE
RESOLUTION     :. 9/11/05-REASON SERVICES OFF ARE @ METER IS BECAUSE OF LEAK.
                . LEAK ON CUSTOMERS SIDE OF METER IN METER BOX.
                . LEFT MESSAGE WITH NEXT DOOR NEIGHBPOR TO HAVE CUSTOMER CONSULT
PLUMBER.
                . ALSO SPOKE WITH ANOTHER NEIGHBOR.
                . SR/DB
RDATE          :. 09/11/05
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 48
DETAIL SERVICE ORDER COMPLAINTS FOR 072

CUSTOMER REQUESTED ( Y )
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 978339
ACCOUNT# :. 006720000191
CUSTOMER NAME :. PALLANTE,LENORE E
SERVICE ADDRESS:. 2146 FIRESTONE WAY
PHONE :. / -
EDATE :. 10/12/05
TYPE :. 47
FOPER :.
COMMENT :. MS. CALLED DUE TO LOW PRESSURE
. SHE ASKS THAT WE COME OUT AND CHECK THE PRESSURE BETWEEN NOON & 4:00
. SPEAK WITH MS.
RESOLUTION :. 10/14/05 RE READ 200450
. SPOKE WITH CUSTOMER CHECKED CUSTOMERS OUTSIDE WATER FILTER AND OUTSIDE F
. FAUCETS. PRESSURE GOOD AT METER
. UPON FURTHER INVESTIGATION PROBLEM IS ON CUSTOMERS SIDE IN PLUMBBING.
. SR/TERRI TEMP
RDATE :. 10/14/05

CORPýý----. 072
ROUTE :. 1
SERVICE ORDER# :. 969359
ACCOUNT# :. 006720000131
CUSTOMER NAME :. HUURMAN SR,WILLIAM
SERVICE ADDRESS:. 2124 FIRESTONE WAY
PHONE :. 863/859-5752
EDATE :. 09/16/05
TYPE :. 48
FOPER :.
COMMENT :. METHANE GAS ODOR IN TOILET & OUTSIDE MAY BE SEWER
. PAGED TO SHAN; 11:40AM
RESOLUTION :. 9/16/05-SPOKE TO CUSTOMER, PROBLEM IS ON HIS SIDE, HE IS SATISFIED
. WITH THE FINDINGS
. JF/DB
RDATE :. 09/16/05

149 records listed.