

ORIGINAL

CLASS A
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE AND ENGINEERING
MINIMUM FILING REQUIREMENTS
OF
FLORIDA PUBLIC UTILITIES COMPANY
FERNANDINA BEACH WATER DIVISION**

DOCKET NO. 990535-WU

**VOLUME 2
(Additional Engineering Information)**

FOR THE PROJECTED TEST YEAR ENDING DECEMBER 31, 2000
THE INTERMEDIATE YEAR ENDING DECEMBER 31, 1999
AND THE HISTORICAL BASE YEAR ENDED DECEMBER 31, 1998

DOCUMENT NUMBER-DATE
08537 JUL 19 98
FPSC-RECORDS/REPORTING

FLORIDA PUBLIC UTILITIES COMPANY

DOCKET NO.

APPLICATION TO INCREASE RATES AND CHARGES

IN

NASSAU COUNTY, FLORIDA

ADDITIONAL ENGINEERING INFORMATION

25-30.440

ADDITIONAL ENGINEERING INFORMATION

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SECTION 1

Detailed Map

STATE OF FLORIDA



OFFICE OF COMMISSION CLERK
ANN COLE
COMMISSION CLERK

Public Service Commission

Maps

Docket No.: 990535-WU

Docket Title: Request for approval of increase in water rates in Nassau County by Florida Public Utilities Company (Fernandina Beach System).

08537-99: FPUC (Horton) - Volume 2 of MFRs (Additional Engineering Information). [CLK Note: Map Exhibits 1-3 can be found in maps microfilm.]

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

An Affirmative Action / Equal Opportunity Employer

PSC Website: <http://www.floridapsc.com>

Internet E-mail: contact@psc.state.fl.us

SECTION 2

List of Chemicals Used for Water Treatment

FLORIDA PUBLIC UTILITIES COMPANY
TREATMENT CHEMICALS
January 1998 - April 1999

<u>Date</u>	<u>Company</u>	<u>Description</u>	<u>Amount</u>
01/07/98	Jones Chemicals	2 Ton Liquid Chlorine	\$ 909.50
03/27/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,364.25
03/27/98	Jones Chemicals	2 Ton Liquid Chlorine	\$ 909.50
05/15/98	Jones Chemicals	2 Ton Liquid Chlorine	\$ 901.00
05/15/98	Jones Chemicals	2 Ton Liquid Chlorine	\$ 901.00
06/09/98	Jones Chemicals	2 Ton Liquid Chlorine	\$ 901.00
06/09/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,351.50
06/25/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,351.50
07/14/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,351.50
07/14/98	Jones Chemicals	1 Ton Liquid Chlorine	\$ 450.50
08/19/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,351.50
08/19/98	Jones Chemicals	1 Ton Liquid Chlorine	\$ 450.50
10/06/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,351.50
10/08/98	Jones Chemicals	1 Ton Liquid Chlorine	\$ 450.50
11/04/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,351.50
11/23/98	Jones Chemicals	3 Ton Liquid Chlorine	\$1,351.50
11/23/98	Jones Chemicals	2 Ton Liquid Chlorine	\$ 901.00
		Total	\$18,508.75



Your Account Number Appears below
Please refer to this Number when Ordering
THANK YOU!

- BARBERTON, OH
- BEECH GROVE, IN
- CALEDONIA, NY
- CHARLOTTE, NC
- FESTUS, MO
- FORT LAUDERDALE, FL
- HENDERSON, KY

- JASTON, TX
- KANSASVILLE, FL
- LEBANON, OH
- MILFORD, VA
- MILPITAS, CA
- MOBILE, AL

- RESERVE, LA
- TACOMA, WA
- TARRANT, CA
- WARWICK, NY
- WYANDOTTE, MI

Jones Chemicals, Inc.
Le Roy, New York 14482-8933 800
315-716-7681

INVOICE NO.

JAX98-00103

ACCOUNT NUMBER 317805

LOCATION NUMBER 03

SHIP TO Florida Public Utility Co.
Post Office Box 418
Fernandina Beach, Fl. 32034

S
H
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T
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Water Plant
Sadler Road

DATE 01/07/98

SEND ALL REMITTANCES TO
JONES CHEMICALS, INC.
80 MUNSON STREET
LE ROY, NEW YORK 14482-8933-800

WATER AND SEWAGE TREATMENT CHEMICALS—INDUSTRIAL CHEMICALS

PURCHASE ORDER CONTRACT NO	SALES MAN'S CODE	SHIP DATE	SHIP VIA	FREIGHT	SHIPPED FROM	C.O.D.	TAX EXEMPT	THIRD PARTY
	269	01/02/98	Strickland		Jax, FL			

PLEASE PAY BY THIS INVOICE NUMBER
STATEMENT RENDERED UPON REQUEST
TERMS-NET 30 DAYS

BACK ORDERED	ORDERED	SHIPPED	KIND OF PACKAGE	HM	DESCRIPTION OF ARTICLES PROPER DOT SHIPPING NAME	PRODUCT NUMBER	PACKAGE NO.	SALES TYPE	UNIT PRICE	UNIT	AMOUNT
	2	2	2000# Cont.	RQ	Chlorine Net: 4,000#	1001	004		425.00	ton	\$ 850.00
					6% Florida State Sales Tax						51.00
					1% Nassau Cnty Sales Tax						8.50
											\$ 909.50
					Ton No.						
					66016522						
					66016828						

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED
POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID
TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS
INCLUDED IN THIS SHIPMENT.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE. CONTRACT ACCOUNTS SUBJECT TO TERMS OF CONTRACT.

YOUR CONFIDENCE AND YOUR BUSINESS IS APPRECIATED - THANK YOU!

ACCEPTANCE OF PRODUCT COVERED BY THIS DOCUMENT CONSTITUTES ACCEPTANCE BY PURCHASER OF INDEMNIFICATION AGREEMENT PRINTED ON REVERSE SIDE.

DELIVERY TICKET NO. 40JX 12726

These goods were produced in compliance with all applicable requirements of Sections 6, 7, and 12 of the Fair Labor Standards Act as amended and of regulations and orders of the United States Department of Labor issued under Section 14 thereof.

TITLE TO STEEL CONTAINERS IS AT ALL TIMES VESTED IN JONES CHEMICALS, INC. CUSTOMER AGREES TO PROTECT JONES CHEMICALS,

CONTAINERS, 2000# SIZE, \$2000 EACH; 150# SIZE, \$200 EACH. FOR SAFETY AND ECONOMY, USE CONTAINERS PROMPTLY IN ORDER OF RECEIPT, AND IN ACCORDANCE WITH INSTRUCTIONS FROM YOUR SUPPLIERS. DEMURRAGE CHARGES ON ALL STEEL CONTAINERS NOT RETURNED ARE APPLICABLE AS FOLLOWS: 2000# SIZE, \$3.00 PER DAY AFTER THREE MONTHS FROM DATE OF DELIVERY; ALL OTHER SIZES, \$0.20 PER DAY AFTER SIX MONTHS FROM DATE OF DELIVERY. ALL DEMURRAGE CHARGES ARE DUE AND PAYABLE WITHIN 30

JONES CHEMICALS

Jones Chemicals, Inc.
 Le Roy, New York 14482-8933-800
 TEL. (716) 768-6281

Your Account Number Appears below
 Please refer to this Number when Ordering
THANK YOU!

FORT LAUDERDALE, FL
 HENDERSON, NY

MILFORD, CA
 MOBILE, AL

WYANDOTTE, MI

INVOICE NO.

JAX98-00105

ACCOUNT NUMBER 317805

LOCATION NUMBER 02

ORDER TO Florida Public Utility Co.
 Post Office Box 418
 Fernandina Beach, FL 32034

S
H
I
P

T
O

11th Street & Atlantic Ave.

DATE 01/07/98

**SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 LE ROY, NEW YORK 14482-8933-800**

WATER AND SEWAGE TREATMENT CHEMICALS—INDUSTRIAL CHEMICALS

PURCHASE ORDER CONTRACT NO.	SALESMAN'S CODE	SHIP DATE	SHIP VIA	FREIGHT	SHIPPED FROM	C.O.D.	TAX EXEMPT	THRD PARTY
	269	01/02/98	Strickland		Jax, FL			

**PLEASE PAY BY THIS INVOICE NUMBER
 STATEMENT RENDERED UPON REQUEST
 TERMS-NET 30 DAYS**

ORDERED	SHIPPED	KIND OF PACKAGE	HM	DESCRIPTION OF ARTICLES PROPER DOT SHIPPING NAME	PRODUCT NUMBER	PACKAGE NO.	SALES TYPE	UNIT PRICE	UNIT	AMOUNT
2	2	2000# Cont.	RQ	Chlorine Net: 4,000#	1001	004		425.00	ton	\$ 850.00
				6% Florida State Sales Tax						51.00
				1% Nassau Cnty Sales Tax						8.50
										<u>\$ 909.50</u>
				Ton No. 66016530 66016829						

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANT'S TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE. CONTRACT ACCOUNTS SUBJECT TO TERMS OF CONTRACT

YOUR CONFIDENCE AND YOUR BUSINESS IS APPRECIATED - THANK YOU!

ACCEPTANCE OF PRODUCT COVERED BY THIS DOCUMENT CONSTITUTES ACCEPTANCE BY PURCHASER OF INDEMNIFICATION AGREEMENT PRINTED ON REVERSE SIDE.

DELIVERY TICKET NO. **40JX12727**

We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7, and 12 of the Fair Labor Standards Act as amended and of regulations and orders of the United States Department of Labor Issued under Section 14 thereof.

TITLE TO STEEL CONTAINERS IS AT ALL TIMES VESTED IN JONES CHEMICALS, INC. CUSTOMER AGREES TO PROTECT JONES CHEMICALS, INC. AGAINST LOSS OF OR DAMAGE TO STEEL CONTAINERS TO THE EXTENT OF: CHLORINE CONTAINERS, 2000# SIZE, \$2000 EACH; 150# AND 100# SIZES, \$200 EACH; AMMONIA CONTAINERS, 150# AND 100# SIZES, \$200 EACH; SULPHUR DIOXIDE CONTAINERS, 2000# SIZE, \$2000 EACH; 150# SIZE, \$200 EACH. FOR SAFETY AND ECONOMY, USE CONTAINERS PROMPTLY IN ORDER OF RECEIPT, AND IN ACCORDANCE WITH INSTRUCTIONS FROM YOUR SUPPLIERS. DEMURRAGE CHARGES ON ALL STEEL CONTAINERS NOT RETURNED ARE APPLICABLE AS FOLLOWS: 2000# SIZE, \$3.00 PER DAY AFTER THREE MONTHS FROM DATE OF DELIVERY; ALL OTHER SIZES, \$0.20 PER DAY AFTER SIX MONTHS FROM DATE OF DELIVERY. ALL DEMURRAGE CHARGES ARE DUE AND PAYABLE WITHIN 30 DAYS FROM THE DATE BILLED. NO COURSE OF PERFORMANCE OR ANY COURSE OF DEALING OR CUSTOM OR USAGE OF TRADE SHALL VARY THE EXPRESSED TERMS OF THIS AGREEMENT.



Jones Chemicals, Inc.
 Le Roy, New York 14482-8933 800
 TEL. (716) 768-6281

... OF
 - BEECH GROVE, IN
 - CALEDONIA, NY
 - CHARLOTTE, NC
 - FESTUS, MO
 - FORT LAUDERDALE, FL

JACKSONVILLE, FL
 MERRIMACK, NH
 MILFORD, VA
 MILPITAS, CA
 MOBILE, AL

MESERVE, LA
 - RIVERVIEW, MI
 - TACOMA, WA
 - TORRANCE, CA
 - WARWICK, NY

Your Account Number Appears below
 Please refer to this Number when Ordering
THANK YOU!

INVOICE NO.

JAX98-00923

ACCOUNT NUMBER 317805

LOCATION NUMBER 03

SOLD TO Florida Public Utility Co.
 Post Office Box 418
 Fernandina Beach, FL 32034

S
H
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Water Plant
 Ryan & Sadler Road

DATE 03/27/98

SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 LE ROY, NEW YORK 14482-8933-800

WATER AND SEWAGE TREATMENT CHEMICALS--INDUSTRIAL CHEMICALS

PURCHASE ORDER CONTRACT NO.	SALESMAN'S CODE	SHIP DATE	SHIP VIA	FREIGHT	SHIPPED FROM	C.O.D.	TAX EXEMPT	THIRD PARTY
	269	03/26/98	Blackman		Jax Fl			

PLEASE PAY BY THIS INVOICE NUMBER
 STATEMENT RENDERED UPON REQUEST
 15 DAYS

BACK ORDERED	ORDERED	SHIPPED	KIND OF PACKAGE	HM	DESCRIPTION OF ARTICLES PROPER DOT SHIPPING NAME	PRODUCT NUMBER	PACKAGE NO.	SALES TYPE	UNIT PRICE	UNIT	AMOUNT
	3	3	2000# Cont.	RQ	Chlorine Net: 6,000#	1001	004		425.00	ton.	\$ 1,275.00
					6% Florida State Sales Tax						76.50
					1% Nassau Cnty Sales Tax						12.75
											<u>\$ 1,364.25</u>

JONES CHEMICALS, INC. CERTIFIES THAT THE FEDERAL POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.

~~NO CHANGES WITHOUT NOTICE CONTRACT ACCOUNTS SUBJECT TO TERMS OF CONTRACT~~

YOUR CONFIDENCE AND YOUR BUSINESS IS APPRECIATED - THANK YOU!

ACCEPTANCE OF PRODUCT COVERED BY THIS DOCUMENT CONSTITUTES ACCEPTANCE BY PURCHASER OF INDEMNIFICATION AGREEMENT PRINTED ON REVERSE SIDE.

DELIVERY TICKET NO. **40JX 13370**

We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7, and 12 of the Fair Labor Standards Act as amended and of regulations and orders of the United States Department of Labor issued under Section 14 thereof.

CONTAINERS, 2000# SIZE, \$2000 EACH; 150# SIZE, \$200 EACH. FOR SAFETY AND ECONOMY, USE CONTAINERS PROMPTLY IN ORDER OF RECEIPT, AND IN ACCORDANCE WITH INSTRUCTIONS FROM YOUR SUPPLIERS. DEMURRAGE CHARGES ON ALL STEEL CONTAINERS NOT RETURNED ARE APPLICABLE AS FOLLOWS: 2000# SIZE, \$3.00 PER DAY AFTER THREE MONTHS FROM DATE OF DELIVERY; ALL OTHER SIZES, \$0.20 PER DAY AFTER SIX MONTHS FROM DATE OF DELIVERY. ALL DEMURRAGE CHARGES ARE DUE AND PAYABLE WITHIN 30 DAYS FROM THE DATE BILLED. NO COURSE OF PERFORMANCE OR ANY COURSE OF DEALING OR CUSTOM OR USAGE OF TRADE SHALL

TITLE TO STEEL CONTAINERS IS AT ALL TIMES VESTED IN JONES CHEMICALS, INC. CUSTOMER AGREES TO PROTECT JONES CHEMICALS,

JONES CHEMICALS
 Jones Chemicals, Inc.
 Le Roy, New York 14482-8933 800
 TEL: (716) 768-6281

Your Account Number Appears below
 Please refer to this Number when Ordering
 THANK YOU!

FORT LAUDERDALE, FL

MOBILE, AL

WARREN, NY

INVOICE NO.

JAX98-00921

ACCOUNT NUMBER 317805

LOCATION NUMBER ~~XXX XX~~ 02

SOLD TO Florida Public Utility Co.
 Post Office Box 418
 Fernandina Beach, FL 32034

S
H
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T
O
 11th & Atlantic Ave.
~~Water Plant~~
~~600 Dixie Street~~

DATE 03/27/98

SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 LE ROY, NEW YORK 14482-8933-800

WATER AND SEWAGE TREATMENT CHEMICALS—INDUSTRIAL CHEMICALS

PURCHASE ORDER CONTRACT NO.		SALESMAN'S CODE	SHIP DATE	SHIP VIA	FREIGHT	SHIPPED FROM	C.O.D.	TAX EXEMPT	THIRD PARTY		
		269	03/26/98	Blackman		Jax, FL					
BACK ORDERED	ORDERED	SHIPPED	KIND OF PACKAGE	HM	DESCRIPTION OF ARTICLES PROPER DOT SHIPPING NAME	PRODUCT NUMBER	PACKAGE NO.	SALES TYPE	UNIT PRICE	UNIT	AMOUNT
	2	2	2000# Cont.	RQ	Chlorine Net: 4,000# 6% Florida State Sales Tax 1% Nassau Cnty Sales Tax	1001	001		425.00	ton	\$ 850.00 51.00 8.50 \$ 909.50

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED
 POLLUTION TAX OF \$0.07 PER BARREL HAS BEEN PAID
 TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS
 INCLUDED IN THIS SHIPMENT.

PRICE SUBJECT TO CHANGE WITHOUT NOTICE CONTRACT IS SUBJECT TO THE US GOVERNMENT'S POLICY

YOUR CONFIDENCE AND YOUR BUSINESS IS APPRECIATED - THANK YOU!

ACCEPTANCE OF PRODUCT COVERED BY THIS DOCUMENT CONSTITUTES ACCEPTANCE BY PURCHASER OF INDEMNIFICATION AGREEMENT PRINTED ON REVERSE SIDE.

DELIVERY TICKET NO. 40JX 13369

We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7, and 12 of the Fair Labor Standards Act as amended and of regulations and orders of the United States Department of Labor issued under Section 14 thereof.

TITLE TO STEEL CONTAINERS IS AT ALL TIMES VESTED IN JONES CHEMICALS, INC. CUSTOMER AGREES TO PROTECT JONES CHEMICALS, INC. AGAINST LOSS OF OR DAMAGE TO STEEL CONTAINERS TO THE EXTENT OF: CHLORINE CONTAINERS, 2000# SIZE, \$2000 EACH; AMMONIA CONTAINERS, 150# AND 100# SIZES, \$200 EACH; AMMONIA CONTAINERS, 150#, 100# AND 50# SIZES, \$200 EACH; SULPHUR DIOXIDE

CONTAINERS, 2000# SIZE, \$2000 EACH; 150# SIZE, \$200 EACH. FOR SAFETY AND ECONOMY, USE CONTAINERS PROMPTLY IN ORDER OF RECEIPT, AND IN ACCORDANCE WITH INSTRUCTIONS FROM YOUR SUPPLIERS. DEMURRAGE CHARGES ON ALL STEEL CONTAINERS NOT RETURNED ARE APPLICABLE AS FOLLOWS: 2000# SIZE, \$3.00 PER DAY AFTER THREE MONTHS FROM DATE OF DELIVERY; ALL OTHER SIZES, \$0.20 PER DAY AFTER SIX MONTHS FROM DATE OF DELIVERY. ALL DEMURRAGE CHARGES ARE DUE AND PAYABLE WITHIN 30 DAYS FROM THE DATE BILLED. NO COURSE OF PERFORMANCE OR ANY COURSE OF DEALING OR CUSTOM OR USAGE OF TRADE SHALL VARY THE EXPRESSED TERMS OF THIS AGREEMENT.



Page 1 of 1

BRANCH OFFICE:

4811 Beach Blvd.
 Suite 405
 Jacksonville, FL 32207
 900-388-0662

INVOICE

DATE	NUMBER
5/15/98	1594
DATE SHIPPED	BILL OF LADING NUMBER
5/15/98	1447

CUSTOMER NO.

40-317805

FLORIDA PUBLIC UTILITY CO
 P O BOX 418
 FERNANDINA BEACH, FL 32034

Location # 3
 FLORIDA PUBLIC UTILITY CO
 WATER PLANT
 SADLER RD
 FERNANDINA BEACH, FL 32034

S
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CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
		Jacksonville		Jones	269		Net 30 Days

JANTITY SHIPPED	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	850.00
						Merchandise Total
						Sales Tax: FL-NASSA - 6%
						FL State Tax - 6%
						350.00
						51.00

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.

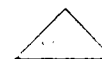
PLEASE SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 30 MUNSON STREET
 LE ROY, NEW YORK 11482



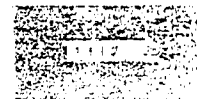
THE CHLORINE
 INDUSTRY



Responsible Care
 A World of Possibilities



CHLORINE
 CHEMISTRY



301.00

PLEASE PAY
 THIS AMOUNT FIRST



Page 1 of 1

BRANCH OFFICE:

4811 Beach Blvd.
Suite 405
Jacksonville, FL 32207
800-388-0662

INVOICE

DATE	NUMBER
5/15/98	1593
DATE SHIPPED	BILL OF LADING NUMBER
5/14/98	1446

ORDER NO. 40-317805

FLORIDA PUBLIC UTILITY CO
P O BOX 418
FERNANDINA BEACH, FL 32034

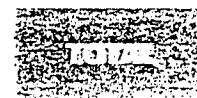
Location #: 2
FLORIDA PUBLIC UTILITY CO
WATER PLANT
N 11TH ST & ATLANTIC AVE
FERNANDINA BEACH, FL 32034

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ORDER NUMBER	RELEASE NO.	SHIPPED FROM Jacksonville	FREIGHT	SHIPPED VIA Jones	SALES AGENT 269	THIRD PARTY	TERMS Net 30 Days
--------------	-------------	------------------------------	---------	----------------------	--------------------	-------------	----------------------

ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
CHLORINE 2000 POUND CYLINDER	1001	304	425.0000	E	850.00
Merchandise Total					850.00
Sales Tax: FL-NASSA - 6%					
FL State Tax - 6%					51.00
<p>JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.</p>					

SEND ALL REMITTANCES TO
JONES CHEMICALS, INC.
80 MUNSON STREET
BOY, NEW YORK 14482



901.00

PLEASE PAY THIS AMOUNT



DUPLICATE 7



Page 1 of 1

BRANCH OFFICE:

4811 Beach Blvd.
 Suite 405
 Jacksonville, FL 32207
 800-888-0662

INVOICE

DATE	NUMBER
8/9/98	2194
DATE SHIPPED	BILL OF LADING NUMBER
8/8/98	1020

CUSTOMER NO. 40-317805

3 FLORIDA PUBLIC UTILITY CO
 0 P O BOX 418
 5 FERNANDINA BEACH, FL 32034

Location #: 2
 S FLORIDA PUBLIC UTILITY CO
 H WATER PLANT
 P N 11TH ST & ATLANTIC AVE
 T FERNANDINA BEACH, FL 32034
 O

CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM Jacksonville	FREIGHT	SHIPPED VIA Jones	SALES AGENT 269	THIRD PARTY	TERMS Net 30 Days
-----------------------	-------------	------------------------------	---------	----------------------	--------------------	-------------	----------------------

QUANTITY SHIPPED	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	850.00
	Merchandise Total					850.00
	Sales Tax: FL-NASSA - 6%					
	FL State Tax - 6%					51.00

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.

PLEASE SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 LE ROY, NEW YORK 11162



901.00

PLEASE PAY THIS AMOUNT



BRANCH OFFICE:
 4811 Beach Blvd.
 Suite 405
 Jacksonville, FL 32207
 800-388-0662

DATE	NUMBER
6/9/98	2193
DATE SHIPPED	BILL OF LADING NUMBER
6/8/98	1919

ORDER NO. 40-317805

FLORIDA PUBLIC UTILITY CO
 P O BOX 413
 FERNANDINA BEACH, FL 32034

Location # 0
 FLORIDA PUBLIC UTILITY CO
 WATER PLANT
 SADLER RD
 FERNANDINA BEACH, FL 32034

ORDER NUMBER	RELEASE NO.	SHIPPED FROM Jacksonville	FREIGHT	SHIPPED VIA Jones	SALES AGENT 289	THIRD PARTY	TERMS Net 30 Days
--------------	-------------	------------------------------	---------	----------------------	--------------------	-------------	----------------------

ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	1,275.00
Merchandise Total Sales Tax: FL-NASSA - 6% FL State Tax - 6%					1,275.00 76.50

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.

SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 ELI ROY, NEW YORK 11432



1,351.50

PLEASE PAY THIS AMOUNT



Page 1 of 1

BRANCH OFFICE:
4811 Beach Blvd.
Suite 405
Jacksonville, FL 32207
800-838-0662

DATE	NUMBER
6/25/98	2634
DATE SHIPPED	BILL OF LADING NUMBER
6/25/98	2205

CUSTOMER NO.

40-317805

S
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FLORIDA PUBLIC UTILITY CO
P O BOX 418
FERNANDINA BEACH FL 32034

S
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Location #13
FLORIDA PUBLIC UTILITY CO
WATER PLANT
SADLER RD
FERNANDINA BEACH FL 32034

CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
		Jacksonville		Jones	JCS		Net 30 Days

QUANTITY SHIPPED	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	1,275.00
						1,275.00
						76.50
						Merchandise Total
						Sales Tax: FL-NASSA - 6%
						FL State Tax - 6%

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.

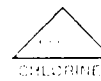
PLEASE SEND ALL REMITTANCES TO
JONES CHEMICALS, INC.
80 MUNSON STREET
LE ROY, NEW YORK 14480



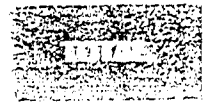
THE CHLORINE
INDUSTRY



Responsible Care
SAFETY AND HEALTH



CHLORINE
INDUSTRY



135120

PLEASE PAY
THE AMOUNT PER



BRANCH OFFICE:

4811 Beach Blvd.
Suite 405
Jacksonville, FL 32207
904-368-1662

INVOICE

DATE	NUMBER
7/14/98	3091
DATE SHIPPED	BILL OF LADING NUMBER
7/13/98	2520

ORDER NO. 40-317805

FLORIDA PUBLIC UTILITY CO
P O BOX 418
FERNANDINA BEACH, FL 32034

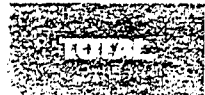
Location #13
FLORIDA PUBLIC UTILITY CO
WATER PLANT
SADLER RD
FERNANDINA BEACH, FL 32034

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ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
		Jacksonville		Jones	259		Net 30 Days

ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	1,275.00
Merchandise Total					1,275.00
Sales Tax: FL-NASSA - 6%					
FL State Tax - 6%					76.50
<p>JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.</p>					

PLEASE SEND ALL REMITTANCES TO
JONES CHEMICALS, INC.
80 MUNSON STREET
ALBANY, NEW YORK 12202



1,351.50

PLEASE PAY THIS AMOUNT



BRANCH OFFICE:

4811 Beach Blvd.
 Suite 405
 Jacksonville, FL 32207
 904-388-0662

INVOICE

DATE	NUMBER
7/14/98	3093
DATE SHIPPED	BILL OF LADING NUMBER
7/13/98	0589

CUSTOMER NO. 40-317805

S O L D TO
 FLORIDA PUBLIC UTILITY CO
 P O BOX 418
 FERNANDINA BEACH, FL 32034

Location #: 2
 FLORIDA PUBLIC UTILITY CO
 WATER PLANT
 N 11TH ST & ATLANTIC AVE
 FERNANDINA BEACH, FL 32034

S H I P T O

CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
		Jacksonville		Jones	259		Net 30 Days

QUANTITY SHIPPED	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	425.00
	Merchandise Total					425.00
	Sales Tax: FL-NASSA - 6%					
	FL State Tax - 6%					25.50

JONES CHEMICALS, INC. CERTIFIES THAT THE REQUIRED POLLUTANTS TAX OF \$0.07 PER BARREL HAS BEEN PAID TO THE STATE OF FLORIDA FOR ELIGIBLE PRODUCTS INCLUDED IN THIS SHIPMENT.

PLEASE SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 30 MUNSON STREET
 ELI ROY, NEW YORK 11482



THE CHLORINE CHEMISTRY



Responsible Care
 A World of Commitment



CHLORINE CHEMISTRY



450.50

PLEASE PAY THE AMOUNT SHOWN



BRANCH OFFICE:

8720 Red Oak Blvd.
 Suite 501
 Charlotte, NC 28217
 704-523-5154

INVOICE	
DATE	NUMBER
8/19/98	8124
DATE SHIPPED	BILL OF LADING NUMBER
8/18/98	7145

ORDER NO. 40-317805

FLORIDA PUBLIC UTILITY CO
 P O BOX 418
 FERNANDINA BEACH, FL 32034

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Location # 3
 FLORIDA PUBLIC UTILITY CO
 WATER PLANT
 SADLER RD
 FERNANDINA BEACH, FL 32034

ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
		Jacksonville		JONES	289		Net 30 Days

ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
CHLORINE 2000 POUND CYLINDER	1001	004	425.00000	E	1,275.00
3-2000# Chlorine Empty					
Merchandise Total					1,275.00
Sales Tax: FL-NASSA - 6%					
FL State Tax - 5%					75.50

SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 EL ROY, NEW YORK 11482



1,350.50

PLEASE PAY THIS AMOUNT



Page 1 of 1

BRANCH OFFICE:

3720 Red Oak Blvd.
Suite 501
Charlotte, NC 28217
704-523-5154

INVOICE	
DATE	NUMBER
8/19/98	3123
DATE SHIPPED	BILL OF LADING NUMBER
8/18/98	7141

CUSTOMER NO. 40-317805

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FLORIDA PUBLIC UTILITY CO
P O BOX 418
FERNANDINA BEACH, FL 32034

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Location #: 2
FLORIDA PUBLIC UTILITY CO
WATER PLANT
N 11TH ST & ATLANTIC AVE
FERNANDINA BEACH, FL 32034

CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
		Jacksonville			289		Net 30 Days

QUANTITY SHIPPED	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	CHLORINE 2000 POUND CYLINDER	1001	004	425.00000	2	425.00
	1-2000# Chlorine Empty					
	Merchandise Total					425.00
	Sales Tax: FL-NASSA - 6%					
	FL State Tax - 6%					25.50

PLEASE SEND ALL REMITTANCES TO
JONES CHEMICALS, INC.
80 MUNSON STREET
LE ROY, NEW YORK 14482



450.50

PLEASE PAY THIS AMOUNT



ORIGINAL

BRANCH OFFICE:

**JONES
CHEMICALS**

8720 Red Oak Blvd.
Suite 501
Charlotte, NC 28217
704-523-5154

INVOICE	
DATE	NUMBER
10/6/98	11201
DATE SHIPPED	BILL OF LADING NUMBER
10/2/98	9589

Page 1 of 1

CUSTOMER NO. -40-317805

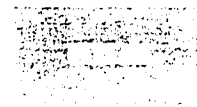
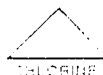
FLORIDA PUBLIC UTILITY CO
P O BOX 418
FERNANDINA BEACH FL 32034

S Location # 3
H FLORIDA PUBLIC UTILITY CO
I WATER PLANT
P SADLER RD
T FERNANDINA BEACH, FL 32034
O

CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
VERBAL		Jacksonville		JONES	259		Net 30 Days

QTY	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	1,275.00
	4 - 2000# Chlorine Empty					
	Merchandise Total					1,275.00
	Sales Tax: FL-NASSA - 6%					
	FL State Tax - 5%					75.50

PLEASE SEND ALL REMITTANCES TO
JONES CHEMICALS, INC.
80 MUNSON STREET
ROCKY HILL, NEW YORK 14880



PLEASE PAY THIS AMOUNT 



BRANCH OFFICE:

3720 Red Oak Blvd.
 Suite 501
 Charlotte, NC 28217
 704-523-5154

INVOICE

DATE	NUMBER
10/8/98	11357
DATE SHIPPED	BILL OF LADING NUMBER
10/2/98	0586

Page 1 of 1

CUSTOMER NO. 40-317805

FLORIDA PUBLIC UTILITY CO
 P O BOX 418
 FERNANDINA BEACH FL 32034

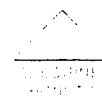
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Location # 2
 FLORIDA PUBLIC UTILITY CO
 WATER PLANT
 N 11TH ST & ATLANTIC AVE
 FERNANDINA BEACH FL 32034

CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
VERBAL		Jacksonville		JONES	259		Net 30 Days

QUANTITY SHIPPED	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	137, 1410, 148 2500 CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	425.00
Merchandise Total						425.00
Sales Tax: FL-NASSA - 6%						
FL State Tax - 6%						25.50

PLEASE SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 30 MUNSON STREET
 LE ROY, NEW YORK 14480



PLEASE PAY THIS AMOUNT



BRANCH OFFICE:

8720 Red Oak Blvd.
 Suite 501
 Charlotte, NC 28217
 704-523-5154

INVOICE	
DATE	NUMBER
11/4/98	12928
DATE SHIPPED	BILL OF LADING NUMBER
11/2/98	11238

Page 1 of 1

ORDER NO. 40-317805

FLORIDA PUBLIC UTILITY CO
 P O BOX 413
 FERNANDINA BEACH, FL 32034

S Location #: 3
 H FLORIDA PUBLIC UTILITY CO
 I WATER PLANT
 P SADLER RD
 T FERNANDINA BEACH, FL 32034
 O

ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
VERBAL		Jacksonville		JONES	269		Net 30 Days

ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
CHLORINE 2000 POUND CYLINDER	1001	004	425.0000	E	1,275.00
3 - 2000# Chlorine Empty From Atlantic Avenue Location: 3 - 2000# Chlorine Empty					
Merchandise Total					1,275.00
Sales Tax: FL-NASSA - 6%					76.50
FL State Tax - 6%					

PLEASE SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 ALBANY, NEW YORK 14482



TOTAL

1,351.50

PLEASE PAY THIS AMOUNT

DUPLICATE 17

BRANCH OFFICE:
3720 Red Oak Blvd.
Suite 501
Charlotte, NC 28217
704-523-5154

INVOICE	
DATE	NUMBER
11/23/98	13991
DATE SHIPPED	BILL OF LADING NUMBER
11/20/98	11967

CUSTOMER NO. 40-317305

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FLORIDA PUBLIC UTILITY CO
P O BOX 413
FERNANDINA BEACH, FL 32034

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Location #: 3
FLORIDA PUBLIC UTILITY CO
WATER PLANT
SADLER RD
FERNANDINA BEACH, FL 32034

CUSTOMER ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
50F98L903		Jacksonville		JONES	269		Net 30 Days

QUANTITY SHIPPED	ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
	CHLORINE 2000 POUND CYLINDER	1001	504	425.00000	E	1,275.00
	3-2000# Chlorine Empty					
	Merchandise Total					1,275.00
	Sales Tax: FL-NASSA - 6%					
	FL State Tax - 6%					76.50

PLEASE SEND ALL REMITTANCES TO
JONES CHEMICALS, INC.
80 MUNSON STREET
LE ROY, NEW YORK 14482



1,351.50

PLEASE PAY
THIS AMOUNT





Page 1 of 1

BRANCH OFFICE:
 8720 Red Oak Blvd.
 Suite 501
 Charlotte, NC 28217
 704-523-5154

INVOICE

DATE	NUMBER
11/23/98	13992
DATE SHIPPED	BILL OF LADING NUMBER
11/20/98	11968

ORDER NO. 40-317805

FLORIDA PUBLIC UTILITY CO
 P O BOX 418
 FERNANDINA BEACH, FL 32034

S Location #: 2
 H FLORIDA PUBLIC UTILITY CO
 I WATER PLANT
 P N 11TH ST & ATLANTIC AVE
 T FERNANDINA BEACH, FL 32034
 O

ORDER NUMBER	RELEASE NO.	SHIPPED FROM	FREIGHT	SHIPPED VIA	SALES AGENT	THIRD PARTY	TERMS
098L903		Jacksonville		JONES	269		Net 30 Days

ITEM DESCRIPTION	PRODUCT NUMBER	PACKAGE NUMBER	UNIT PRICE	UNIT	AMOUNT
CHLORINE 2000 POUND CYLINDER	1001	004	212.50000	E	850.00
Merchandise Total					850.00
Sales Tax: FL-NASSA - 6%					
FL State Tax - 6%					51.00

SEND ALL REMITTANCES TO
 JONES CHEMICALS, INC.
 80 MUNSON STREET
 ROY, NEW YORK 14482



301.00

PLEASE PAY THIS AMOUNT

QUARTERLT TRIHALOMETHANE ANALYSIS

DATE OF SAMPLE	LOCATION	RESULTS TTHM MG/L	CL2	QUARTERLY AVERAGE	ANNUAL RUNNING AVERAGE
Feb-95					0.0485
Jun-97	2nd AND ASH	0.0570	0.3000		
Jun-97	JOHN ROBAS RD.	0.0410	0.4000		
Jun-97	OLD TOWN	0.0570	0.3000		
Jun-97	GROVE PARK	0.0500	0.2000	0.0513	0.0499
Sep-97	2nd AND ASH	0.0620			
Sep-97	JOHN ROBAS RD.	0.0410			
Sep-97	OLD TOWN	0.0600			
Sep-97	GROVE PARK	0.0480		0.0528	0.0513
Dec-97	2nd AND ASH	0.0110			
Dec-97	JOHN ROBAS RD.	0.0140			
Dec-97	OLD TOWN	0.0150			
Dec-97	GROVE PARK	0.0160		0.0140	0.0327
Mar-98	2nd AND ASH	0.0460	0.200		
Mar-98	JOHN ROBAS RD.	0.0560	0.200		
Mar-98	OLD TOWN	0.0480	0.400		
Mar-98	GROVE PARK	0.0540	0.200	0.0510	0.0418
Jun-98	2nd AND ASH	0.1289	0.200		
Jun-98	JOHN ROBAS RD.	0.0012	0.200		
Jun-98	OLD TOWN	0.0513	0.200		
Jun-98	GROVE PARK	0.0322	0.200	0.0534	0.0476
Sep-98	2nd AND ASH	0.0413	0.300		
Sep-98	JOHN ROBAS RD.	0.0351	0.100		
Sep-98	OLD TOWN	0.0401	0.300		
Sep-98	GROVE PARK	0.0414	0.400	0.0395	0.0435
Dec-98	2nd AND ASH	0.0300	0.400		
Dec-98	JOHN ROBAS RD.	0.0340	0.600		
Dec-98	OLD TOWN	0.0610	0.300		
Dec-98	GROVE PARK	0.0270	0.100	0.0380	0.0408
	2nd AND ASH				
	JOHN ROBAS RD.				
	OLD TOWN				
	GROVE PARK			0.0000	0.0004

SECTION 3

Recent Chemical Analysis

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION:

Public Water System Name: Florida Public Utilities
Public Water System I.D. Number: 2450364
Address: 911 South 8th St., Fern. Bch., Fl 32034 Phone: 904-261-3663
Public Water System Type: Community

SAMPLE INFORMATION:

Sample Date & Time: 12/23/96 @ 1135
Laboratory Sample Number: 96120457
Sample Location (be specific): Number 1 Water Works/Grab
Sample Type: Distribution entry point

OWNER INFORMATION:

Owner's Name: John J. Graves
Owner's Company: Florida Public Utilities Co.
Owner's Phone Number: 904-261-3663

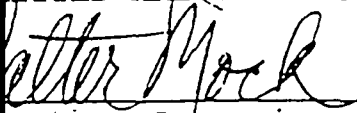
CERTIFICATION INFORMATION:

Name: Technical Services, Inc, 2901 Danese St, Jacksonville, FL 32206
Phone: (904) 353-5761
Certification Number: FDHRS #82145 Expiration Date: June 30, 1997
Contracted Lab HRS #: PBS&J-83170, KNL-84252

ANALYSIS INFORMATION:

Sample Received: 12/23/96 @ 14:11
Analyses Submitted:
Organics-16, Group II Unregulateds-All 23, secondaries-All 14,
Pesticides and PCB's-29, Radiochemicals-Quarterly Composite. Volatile
Organics (all 21)

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA
REPORTED ARE CORRECT.


Laboratory Supervisor
Technical Services, Inc.

01/24/97
Date

Results mailed to appropriate DEP/ACPHU Office by: Customer

LIANCE INFORMATION: (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Sample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
ACPHU Reviewing Official: _____

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company/Charles H. Shelton
 Public Water System I.D. Number: 2450364
 Public Water System Name: Florida Public Utilities Company
 Address: 911 South 8th Street, Fernandina Beach, FL 32034
 Phone No.: 904/261-3663
 Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-23-1996 Sample Time: 11:35 AM
 Laboratory Sample Number(s): 91020467
 Sample Location (be specific): Number 1 Water Works
 Sampler Name and Phone No.: John Graves, Water Superintendent
 Sampler's Signature: [Signature] Title: _____

Check Type(s): Distribution Recheck of MCL Resample of L&D investigated Sample
 Clearance THM Max. Res. Time Rent Top
 Distrib. entry pt Raw Composite of Multiple Sites—Attach a form for each

ANALYSIS REQUESTED

Date Sample Received: [Signature] 12/23/96 14/11
 Nitrate Only Nitrite Only Arsenic Only Trihalomethanes
 Inorganics— Volatile Organics— Secondarys— Pesticides and PCBs
 All 17 () Partial All 21 () Partial All 14 () Partial All 30 () Partial
 Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
 All 13 () Partial All 23 () Partial All 11 () Partial Single Sample
 Dirty Composite

* Provide radiochemical sample dates & locations for each quarter.

Technical Services, Inc.
 2901 Danese Street
 Jacksonville, Florida 32206
 (904) 353-5761

RADIOCHEMICAL ANALYSIS
 62-550.310(5)
 (PWS033)

Parameter ID	Name	MCL	Sample Number	Analysis Result	Analysis Method	Analysis Date	MCL	Lab ID
4000	Gross Alpha		96120457	0.0 +/- 1.0	pCi/L EPA900.0	01/09/97	0.1000	84252

UNREGULATED GROUP II ANALYSIS
 62-550.410
 (PWS034)

Parameter ID	Name	MCL	Sample Number	Analysis Result	Analysis Method	Analysis Date	MCL	Lab ID
2210	Chloromethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2212	Dichlorodifluoromethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2214	Bromomethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2216	Chloroethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2218	Trichlorofluoromethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2410	1,1-dichloropropene		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2251	Methyl-tert-butyl-ether		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2408	Dibromomethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2412	1,3-dichloropropane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2413	1,3-dichloropropene		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2414	1,2,3-trichloropropane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2416	2,2-dichloropropane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2941	Chloroform		96120457	2.5	ug/L EPA502.2	12/26/96	0.5000	82145
2942	Bromoform		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2943	Bromodichloromethane		96120457	0.7	ug/L EPA502.2	12/26/96	0.5000	82145
2944	Dibromochloromethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2965	o-chlorotoluene		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2966	p-chlorotoluene		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2967	m-dichlorobenzene		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2978	1,1-dichloroethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2986	1,1,1,2-tetrachloroethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2988	1,1,2,2-tetrachloroethane		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2993	Bromobenzene		96120457	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company/Charles H. Shelton
 Public Water System I.D. Number: 2450364
 Public Water System Name: Florida Public Utilities Company
 Address: 911 South 8th Street, Fernandina Beach, FL 32034
 Phone No.: 904/261-3663
 Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-23-1996 Sample Time: 11:35 AM
 Laboratory Sample Number(s): 910120457
 Sample Location (be specific): Number 1 Water Works
 Sampler Name and Phone No.: John Graves, Water Superintendent
 Sampler's Signature: [Signature] Title _____
 Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance THM Max. Res. Time First Tap
 Distrib. entry pt Raw Composite of Multiple Sites—attach a form for each

ANALYSIS REQUESTED

Date Sample Received: [Signature] 12/23/96 1411
 Nitrate Only Nitrite Only Arsenic Only Trihalomethanes
 Inorganics— Volatile Organics— Selenides— Pesticides and PCBs—
 All 17 () Partial All 21 () Partial All 14 () Partial All 30 () Partial
 Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
 All 13 () Partial All 23 () Partial All 11 () Partial Single Sample
 City Composite*

* Provide radiochemical sample dates & locations for each quarter.

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION:

Public Water System Name: Florida Public Utilities
Public Water System I.D. Number: 2450364
Address: 911 South 8th St., Fern. Bch., Fl 32034 Phone: 904-261-3663
Public Water System Type: Community

SAMPLE INFORMATION:

Sample Date & Time: 12/23/96 @ 1015
Laboratory Sample Number: 96120458
Sample Location (be specific): Number 2 Water Works/Grab
Sample Type: Distribution entry point

SAMPLER INFORMATION:

Sampler's Name: John J. Graves
Sampler's Company: Florida Public Utilities Co.
Sampler's Phone Number: 904-261-3663


PUBLIC CERTIFICATION INFORMATION:

Name: Technical Services, Inc, 2901 Danese St, Jacksonville, FL 32206
Phone: (904) 353-5761
Certification Number: FDHRS #82145 Expiration Date: June 30, 1997
Contracted Lab HRS #: PBS&J-83170, KNL-84252

ANALYSIS INFORMATION:

Sample Received: 12/23/96 @ 14:11
Analyses Submitted:
Organics-16, Group II Unregulateds-All 23, Secondaries-All 14,
Pesticides and PCB's-29, Radiochemicals-Quarterly Composite. Volatile
Organics (all 21)

I DO HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA
SUBMITTED ARE CORRECT.



Laboratory Supervisor
Technical Services, Inc.

01/24/97
Date

Results mailed to appropriate DEP/ACPHU Office by: Customer

COMPLIANCE INFORMATION: (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Sample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
ACPHU Reviewing Official: _____

Technical Services, Inc.
 2901 Danese Street
 Jacksonville, Florida 32206
 (904) 353-5761

RADIOCHEMICAL ANALYSIS
 62-550.310(5)
 (PWS033)

ID	Parameter Name	MCL	Sample Number	Analysis Result	Analysis Method	Analysis Date	MDL	Lab ID
4000	Gross Alpha		96120458	1.1 +/- 1.0	pCI/L EPA900.0	01/09/97	0.1000	84252

UNREGULATED GROUP II ANALYSIS
 62-550.410
 (PWS034)

ID	Parameter Name	MCL	Sample Number	Analysis Result	Analysis Method	Analysis Date	MDL	Lab ID
2412	1,3-dichloropropane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2413	1,3-dichloropropene		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2414	1,2,3-trichloropropane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2416	2,2-dichloropropane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2941	Chloroform		96120458	1.8	ug/L EPA502.2	12/26/96	0.5000	82145
2942	Bromoform		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2943	Bromodichloromethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2944	Dibromochloromethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2965	o-chlorotoluene		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2966	p-chlorotoluene		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2967	m-dichlorobenzene		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2978	1,1-dichloroethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2986	1,1,1,2-tetrachloroethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2988	1,1,2,2-tetrachloroethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2993	Bromobenzene		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2410	1,1-dichloropropene		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2408	Dibromomethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2251	Methyl-tert-butyl-ether		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2218	Trichlorofluoromethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2216	Chloroethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2214	Bromomethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2212	Dichlorodifluoromethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145
2210	Chloromethane		96120458	<0.5	ug/L EPA502.2	12/26/96	0.5000	82145

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company/Charles H. Shelton
 Public Water System I.D. Number: 2450364
 Public Water System Name: Florida Public Utilities Company
 Address: 911 South 8th Street, Fernandina Beach, FL 32034
 Phone No.: 904/261-3663
 Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-23-1996 Sample Time: 10:15 AM
 Laboratory Sample Number(s): 46120458
 Sample Location (be specific): Number 2 Water Works
 Sampler Name and Phone No.: John Graves, Water Superintendent, 904/277-1971
 Sampler's Signature: [Signature] Title: _____
 Check Type(s): Distribution Recheck of MCL Resample of ~~Lab~~ Invalidated Sample
 Clearance TDM Max. Res. Time Rent Top
 Distrib. entry pt. Raw Composite of Multiple Sites—attach a form for each site

ANALYSIS REQUESTED

Date Sample Received: [Signature] 12/27/96 1411
 Nitrate Only Nitrite Only Asbestos Only Transitional Metals
 Inorganics— Volatile Organics— Secondary— Pesticides and PCBs—
 All 17 Partial All 21 Partial All 14 Partial All 30 Partial
 Group I Unregulateds— Group II Unregulateds— Group III Unregulateds— Radiochemicals—
 All 13 Partial All 23 Partial All 11 Partial Single Sample
 City Composite

* Provide radiochemical sample dates & locations for each quarter.

Technical Services, Inc.
 2901 Danese Street
 Jacksonville, Florida 32206

VOLATILE ORGANIC ANALYSIS
 62-550.310(2)(b)
 (PWS028)

ID	Parameter Name MCL	Sample Number	Analysis Result	Analysis Method	Analysis Date	HDL	Lab ID
2378	1,2,4-trichlorobenzene (70)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2380	Cis-1,2-dichloroethylene (70)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2955	Xylenes (total) (10,000)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2964	Dichloromethane (5)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2968	O-dichlorobenzene (600)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2969	Para-dichlorobenzene (75)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2976	Vinyl chloride (1)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2977	1,1-dichloroethylene (7)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2979	Trans-1,2-dichloroethylene (100)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2980	1,2-dichloroethane (3)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2981	1,1,1-trichloroethane (200)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2982	Carbon tetrachloride (3)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2983	1,2-dichloropropane (5)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2984	Trichloroethylene (3)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2985	1,1,2-Trichloroethane (5)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2987	Tetrachloroethylene (3)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2989	Monochlorobenzene (100)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2990	Benzene (1)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2991	Toluene (1,000)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2992	Ethylbenzene (700)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145
2996	Styrene (100)	96120457	<0.5	ug/L	EPA502.2	12/26/96 0.5000	82145

FLUORIDE	96120457	0.73	ug/L	EPA 300.0	12/24/96 0.0100
CHLORIDE	96120457	110	ug/L	EPA 300.0	12/24/96 0.0200
NITRATE	96120457	<0.002	ug/L	EPA 300.0	12/24/96 0.0020

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INORGANIC ANALYSIS
 62-550.310(1)
 (PWS030)

ID	Parameter Name MCL	Sample Number	Analysis Result		Analysis Method	Analysis Date	MDL	Lab ID
1052	Sodium (160)	96120457	39		mg/L	EPA 200.7	01/02/97 0.0200	82145
1010	Barium (2)	96120457	0.031		mg/L	EPA 200.7	01/02/97 0.0010	82145
1005	Arsenic (.05)	96120457	<0.002	U	mg/L	SH 3113B	01/13/97 0.0020	82145
1024	Cyanide (0.2)	96120457	<0.003	U	mg/L	EPA335.2	01/08/97 0.0030	82145
1074	Antimony (0.006)	96120457	<0.003	U	mg/L	SH 3113B	01/20/97 0.0030	82145
1075	Beryllium (0.004)	96120457	<0.0001	U	mg/L	SH 3113B	01/13/97 0.0001	82145
1036	Nickel (0.1)	96120457	<0.001	U	mg/L	SH 3113B	12/29/96 0.0010	82145
1085	Thallium (0.002)	96120457	<0.001	U	mg/L	EPA279.2	01/15/97 0.0010	82145
1041	Nitrite (1)	96120457	<0.01	U	mg/L	EPA353.2	12/24/96 0.0100	82145
1015	Cadmium (.005)	96120457	0.0002		mg/L	SH 3113B	01/13/97 0.0001	82145
1020	Chromium (0.1)	96120457	<0.001	U	mg/L	SH 3113B	12/28/96 0.0010	82145
1035	Mercury (0.002)	96120457	<0.0002	U	mg/L	EPA245.1	01/10/97 0.0002	82145
1030	Lead (0.015)	96120457	<0.001	U	mg/L	SH 3113B	12/28/96 0.0010	82145
1045	Selenium (0.05)	96120457	0.009		mg/L	SH 3113B	01/14/97 0.0050	82145

Technical Services, Inc.
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SECONDARY CHEMICAL ANALYSIS
 62-550.320
 (PWS031)

ID	Parameter Name	HCL	Sample Number	Analysis Result		Analysis Method	Analysis Date	HDL	Lab ID	
1095	Zinc	(5)	96120457	<0.01	U	mg/L	EPA 200.7	12/31/96	0.0100	82145
1050	Silver	(0.1)	96120457	<0.01	U	mg/L	EPA 200.7	12/31/96	0.0050	82145
1028	Iron	(0.3)	96120457	<0.02	U	mg/L	EPA 200.7	01/02/97	0.0200	82145
1022	Copper	(1)	96120457	<0.01	U	mg/L	EPA 200.7	12/31/96	0.0100	82145
1920	Odor	(3 TON)	96120457	2		TON	EPA140.1	12/23/96	0.0000	82145
1002	Aluminum	(0.2)	96120457	0.1		mg/L	SM 3113B	01/16/97	0.0010	82145
1905	Color	(15 CU)	96120457	<1	U	CU	SM2120B	12/23/96	1.0000	82145
2905	Foaming Agents	(0.5)	96120457	<0.02	U	mg/L	EPA425.1	12/24/96	0.0200	82145
1930	Total Dissolved Solids	(500)	96120457	560		mg/L	EPA160.1	12/23/96	1.0000	82145
1055	Sulfate	(250)	96120457	180		mg/L	EPA375.4	12/24/96	1.0000	82145
1925	pH	(6.5-8.5)	96120457	7.04		SU	EPA150.1	12/23/96	0.0500	82145
1032	Manganese	(0.05)	96120457	<0.001	U	mg/L	SM 3113B	10/28/96	0.0010	82145
1025	Fluoride	(2.0)	96120457	0.7		mg/L	EPA340.2	12/24/96	0.1000	82145

PESTICIDE/PCB CHEMICAL ANALYSIS
62-550.310(2)(c)
(PWSO29)

ID	Parameter Name MCL	Sample Number	Analysis Result		Analysis Method	Analysis Date	MDL	Lab ID
2042	Hexachlorocyclopentadiene (50)	96120457	<0.3	ug/L	EPA505	01/08/97	0.3000	83170
2306	Benzo(a)pyrene (.2)	96120457	<0.1	ug/L	EPA550.1	01/13/97	0.1000	83170
2065	Heptachlor (.4)	96120457	<0.05	ug/L	EPA505	01/08/97	0.0500	83170
2020	Toxaphene (3)	96120457	<1.0	ug/L	EPA505	01/08/97	1.0000	83170
2015	Methoxychlor (40)	96120457	<2.0	ug/L	EPA505	01/08/97	2.0000	83170
2005	Endrin (2)	96120457	<0.3	ug/L	EPA505	01/08/97	0.3000	83170
2010	Lindane (.2)	96120457	<0.05	ug/L	EPA505	01/08/97	0.0500	83170
2039	Di(2-ethylhexyl)phthalate (6)	96120457	<5.0	ug/L	EPA506	12/31/97	5.0000	83170
2035	Di(2-ethylhexyl)adipate (400)	96120457	<16.0	ug/L	EPA506	12/31/97	16.0000	83170
2274	Hexachlorobenzene (1)	96120457	<0.05	ug/L	EPA505	01/08/97	0.0500	83170
2959	Chlordane (2)	96120457	<0.2	ug/L	EPA505	01/08/97	0.2000	83170
2067	Heptachlor epoxide (.2)	96120457	<0.05	ug/L	EPA505	01/08/97	0.0500	83170
2383	PCB (.5)	96120457	<0.4	ug/L	EPA505	01/08/97	0.4000	83170
2946	Ethylene dibromide (.02)	96120457	<0.02	ug/L	EPA504	01/02/97	0.0200	83170
2931	Dibromochloropropane (.2)	96120457	<0.02	ug/L	EPA504	01/02/97	0.0200	83170
2037	Simazine (4)	96120457	<0.5	ug/L	EPA507	01/05/97	0.5000	83170
2050	Atrazine (3)	96120457	<0.5	ug/L	EPA507	01/05/97	0.5000	83170
2051	Alachlor (2)	96120457	<1.0	ug/L	EPA507	01/05/97	1.0000	83170
2034	Glyphosate (700)	96120457	<21	ug/L	EPA547	01/02/97	21.0000	83170
2033	Endothall (100)	96120457	<25	ug/L	EPA548.1	01/10/97	25.0000	83170
2326	Pentachlorophenol (1)	96120457	<1.0	ug/L	EPA515.1	01/12/97	1.0000	83170
2110	2,4,5-TP (Silvex) (50)	96120457	<0.2	ug/L	EPA515.1	01/12/97	0.2000	83170
2031	Dalapon (200)	96120457	<6.0	ug/L	EPA515.1	01/12/97	6.0000	83170
2040	Picloram (500)	96120457	<1.0	ug/L	EPA515.1	01/12/97	1.0000	83170
2041	Dinoseb (7)	96120457	<1.0	ug/L	EPA515.1	01/12/97	1.0000	83170
2105	2,4-D (70)	96120457	<1.0	ug/L	EPA515.1	01/12/97	1.0000	83170
2036	Oxamyl (Vydate) (200)	96120457	<3.0	ug/L	EPA531.1	12/30/96	3.0000	83170
2046	Carbofuran (40)	96120457	<3.0	ug/L	EPA531.1	12/30/96	3.0000	83170

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SECONDARY CHEMICAL ANALYSIS
 62-550.320
 (PWS031)

ID	Parameter Name	MCL	Sample Number	Analysis Result		Analysis Method	Analysis Date	Analysis HDL	Lab ID	
1022	Copper (1)		96120458	<0.01	U	mg/L	EPA 200.7	12/31/96	0.0100	82145
1028	Iron (0.3)		96120458	<0.02	U	mg/L	EPA 200.7	01/02/97	0.0200	82145
1050	Silver (0.1)		96120458	<0.01	U	mg/L	EPA 200.7	12/31/96	0.0050	82145
1095	Zinc (5)		96120458	<0.01	U	mg/L	EPA 200.7	12/31/96	0.0100	82145
1920	Odor (3 TON)		96120458	3		TON	EPA140.1	12/23/96	0.0000	82145
1002	Aluminum (0.2)		96120458	0.1	A	mg/L	SH 3113B	01/16/97	0.0010	82145
1905	Color (15 CU)		96120458	<1	U	CU	SH2120B	12/23/96	1.0000	82145
2905	Foaming Agents (0.5)		96120458	<0.02	U	mg/L	EPA425.1	12/24/96	0.0200	82145
1930	Total Dissolved Solids (500)		96120458	524	A	mg/L	EPA160.1	12/23/96	1.0000	82145
1055	Sulfate (250)		96120458	160		mg/L	EPA375.4	12/24/96	1.0000	82145
1925	pH (6.5-8.5)		96120458	7.19	A	SU	EPA150.1	12/23/96	0.0500	82145
1032	Manganese (0.05)		96120458	<0.001	U	mg/L	SH 3113B	10/28/96	0.0010	82145
1025	Fluoride (2.0)		96120458	0.7		mg/L	EPA340.2	12/24/96	0.1000	82145

	Parameter Name	MCL	Sample Number	Analysis Result		Analysis Method	Analysis Date	Analysis HDL	
Inol	FLUORIDE		96120458	0.73		mg/L	EPA 300.0	12/24/96	0.0100
sc	CHLORIDE		96120458	120		mg/L	EPA 300.0	12/24/96	0.0200
Inol	NITRATE		96120458	<0.002	U	mg/L	EPA 300.0	12/24/96	0.0020

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VOLATILE ORGANIC ANALYSIS
 62-550.310(2)(b)
 (PWS028)

ID	Parameter Name	MCL	Sample Number	Analysis Result		Analysis Method	Analysis Date	MDL	Lab ID
2378	1,2,4-trichlorobenzene	(70)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2380	Cis-1,2-dichloroethylene		96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
	(70)								
2955	Xylenes (total)	(10,000)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2964	Dichloromethane	(5)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2968	O-dichlorobenzene	(600)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2969	Para-dichlorobenzene	(75)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2976	Vinyl chloride	(1)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2977	1,1-dichloroethylene	(7)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2979	Trans-1,2-dichloroethylene		96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
	(100)								
2980	1,2-dichloroethane	(3)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2981	1,1,1-trichloroethane	(200)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2982	Carbon tetrachloride	(3)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2983	1,2-dichloropropane	(5)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2984	Trichloroethylene	(3)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2985	1,1,2-Trichloroethane	(5)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2987	Tetrachloroethylene	(3)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2989	Monochlorobenzene	(100)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2990	Benzene	(1)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2991	Toluene	(1,000)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2992	Ethylbenzene	(700)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145
2996	Styrene	(100)	96120458	<0.5	ug/L	EPA502.2	12/26/96	0.5000	82145

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PESTICIDE/PCB CHEMICAL ANALYSIS
 62-550.310(2)(c)
 (PWS029)

ID	Parameter Name	MCL	Sample Number	Analysis Result	Analysis Method	Analysis Date	MDL	Lab ID
2046	Carbofuran	(40)	96120458	<3.0	ug/L	EPA531.1	12/30/96 3.0000	83170
2036	Oxamyl (Vydate)	(200)	96120458	<3.0	ug/L	EPA531.1	12/30/96 3.0000	83170
2105	2,4-D	(70)	96120458	<1.0	ug/L	EPA515.1	01/12/97 1.0000	83170
2041	Dinoseb	(7)	96120458	<1.0	ug/L	EPA515.1	01/12/97 1.0000	83170
2040	Picloram	(500)	96120458	<1.0	ug/L	EPA515.1	01/12/97 1.0000	83170
2031	Dalapon	(200)	96120458	<6.0	ug/L	EPA515.1	01/12/97 6.0000	83170
2110	2,4,5-TP (Silver)	(50)	96120458	<0.2	ug/L	EPA515.1	01/12/97 0.2000	83170
2326	Pentachlorophenol	(1)	96120458	<1.0	ug/L	EPA515.1	01/12/97 1.0000	83170
2033	Endothall	(100)	96120458	<25	ug/L	EPA548.1	01/10/97 25.0000	83170
2034	Glyphosate	(700)	96120458	<21	ug/L	EPA547	01/02/97 21.0000	83170
2051	Alachlor	(2)	96120458	<1.0	ug/L	EPA507	01/05/97 1.0000	83170
2050	Atrazine	(3)	96120458	<0.5	ug/L	EPA507	01/05/97 0.5000	83170
2037	Simazine	(4)	96120458	<0.5	ug/L	EPA507	01/05/97 0.5000	83170
2931	Dibromochloropropane	(.2)	96120458	<0.02	ug/L	EPA504	01/02/97 0.0200	83170
2946	Ethylene dibromide	(.02)	96120458	<0.02	ug/L	EPA504	01/02/97 0.0200	83170
2035	Di(2-ethylhexyl)adipate	(400)	96120458	<16.0	ug/L	EPA506	12/31/97 16.0000	83170
2039	Di(2-ethylhexyl)phthalate	(6)	96120458	<5.0	ug/L	EPA506	12/31/97 5.0000	83170
2010	Lindane	(.2)	96120458	<0.05	ug/L	EPA505	01/08/97 0.0500	83170
2005	Endrin	(2)	96120458	<0.3	ug/L	EPA505	01/08/97 0.3000	83170
2015	Methoxychlor	(40)	96120458	<2.0	ug/L	EPA505	01/08/97 2.0000	83170
2020	Toxaphene	(3)	96120458	<1.0	ug/L	EPA505	01/08/97 1.0000	83170
2065	Heptachlor	(.4)	96120458	<0.05	ug/L	EPA505	01/08/97 0.0500	83170
2067	Heptachlor epoxide	(.2)	96120458	<0.05	ug/L	EPA505	01/08/97 0.0500	83170
2274	Hexachlorobenzene	(1)	96120458	<0.05	ug/L	EPA505	01/08/97 0.0500	83170
2959	Chlordane	(2)	96120458	<0.2	ug/L	EPA505	01/08/97 0.2000	83170
2383	PCB	(.5)	96120458	<0.4	ug/L	EPA505	01/08/97 0.4000	83170
2042	Hexachlorocyclopentadiene	(50)	96120458	<0.3	ug/L	EPA505	01/08/97 0.3000	83170
2306	Benzo(a)pyrene	(.2)	96120458	<0.1	ug/L	EPA550.1	01/13/97 0.1000	83170

Technical Services, Inc.
 2901 Danese Street
 Jacksonville, Florida 32206
 (904) 353-5761

INORGANIC ANALYSIS
 62-550.310(1)
 (PWS030)

ID	Parameter		Sample Number	Analysis Result	Analysis Method	Analysis		Lab ID
	Name	MCL				Date	MDL	
1005	Arsenic	(.05)	96120458	<0.002	U mg/L SH 3113B	01/13/97	0.0020	82145
1024	Cyanide	(0.2)	96120458	<0.003	U mg/L EPA335.2	01/08/97	0.0030	82145
1074	Antimony	(0.006)	96120458	<0.003	U mg/L SH 3113B	01/20/97	0.0030	82145
1075	Beryllium	(0.004)	96120458	<0.0001	U mg/L SH 3113B	01/13/97	0.0001	82145
1036	Nickel	(0.1)	96120458	<0.001	U mg/L SH 3113B	12/29/96	0.0010	82145
1085	Thallium	(0.002)	96120458	<0.001	U mg/L EPA279.2	01/15/97	0.0010	82145
1041	Nitrite	(1)	96120458	<0.01	U mg/L EPA353.2	12/24/96	0.0100	82145
1015	Cadmium	(.005)	96120458	<0.0001	U mg/L SH 3113B	01/13/97	0.0001	82145
1020	Chromium	(0.1)	96120458	<0.001	U mg/L SH 3113B	12/28/96	0.0010	82145
1035	Mercury	(0.002)	96120458	<0.0002	U mg/L EPA245.1	01/10/97	0.0002	82145
1030	Lead	(0.015)	96120458	<0.001	U mg/L SH 3113B	12/28/96	0.0010	82145
1045	Selenium	(0.05)	96120458	<0.005	U mg/L SH 3113B	01/14/97	0.0050	82145
1052	Sodium	(160)	96120458	41	A mg/L EPA 200.7	01/02/97	0.0200	82145
1010	Barium	(2)	96120458	0.032	A mg/L EPA 200.7	01/02/97	0.0010	82145

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION:

Public Water System Name: Florida Public Utilities

Public Water System I.D. Number: 2450364

Address: 911 South 8th St., Fern. Bch., Fl 32034 Phone: 904-261-3663

Public Water System Type: Community

SAMPLE INFORMATION:

Sample Date & Time: 12/30/96 @ 1120

Laboratory Sample Number: 96120524

Sample Location (be specific): #1 Water plant (resample)

Sample Type: Distribution entry point

SAMPLER INFORMATION:

Sampler's Name: J.G.

Sampler's Company: Florida Public Utilities Co.

Sampler's Phone Number: 904-261-3663

PUBLIC CERTIFICATION INFORMATION:

Lab Name: Technical Services, Inc, 2901 Danese St, Jacksonville, FL 32206

Phone: (904) 353-5761

Lab Certification Number: FDHRS #82145 Expiration Date: June 30, 1997

Subcontracted Lab HRS #: PBS&J-83170.

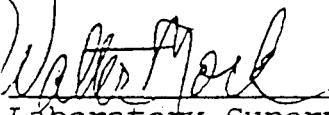
ANALYSIS INFORMATION:

Date Sample Received: 12/30/96 @ 13:25

Analyses Submitted:

Pesticides and PCB's-Partial (Diquat only).

I DO HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA SUBMITTED ARE CORRECT.



Laboratory Supervisor
Technical Services, Inc.

01/17/97
Date

Results mailed to appropriate DEP/ACPHU Office by: Customer

COMPLIANCE INFORMATION: (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested for: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DEP/ACPHU Reviewing Official: _____

Technical Services, Inc.
2901 Danese Street
Jacksonville, Florida 32206
(904) 353-5761

PESTICIDE/PCB CHEMICAL ANALYSIS
62-550.310(2)(c)
(PWSO29)

ID	Parameter		Sample Number	Analysis Result	Analysis Method	Analysis		Lab ID
	Name	HCL				Date	MDL	
2032	Diquat	(20)	96120524	<6	ug/L EPA549	01/05/97	6.0000	83170

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION:

Public Water System Name: Florida Public Utilities

Public Water System I.D. Number: 2450364

Address: 911 South 8th St., Fern. Bch., Fl 32034 Phone: 904-261-3663

Public Water System Type: Community

SAMPLE INFORMATION:

Sample Date & Time: 12/30/96 @ 1105

Laboratory Sample Number: 96120525

Sample Location (be specific): #2 Water plant (resample)

Sample Type: Distribution entry point

SAMPLER INFORMATION:

Sampler's Name: J.G.

Sampler's Company: Florida Public Utilities Co.

Sampler's Phone Number: 904-261-3663

PUBLIC CERTIFICATION INFORMATION:

Lab Name: Technical Services, Inc, 2901 Danese St, Jacksonville, FL 32206

Phone: (904) 353-5761

Lab Certification Number: FDHRS #82145 Expiration Date: June 30, 1997

Subcontracted Lab HRS #: PBS&J-83170.

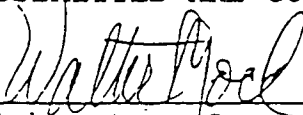
ANALYSIS INFORMATION:

Date Sample Received: 12/30/96 @ 13:25

Analyses Submitted:

Pesticides and PCB's-Partial, (Diquat only)

I DO HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA
SUBMITTED ARE CORRECT.



Laboratory Supervisor
Technical Services, Inc.

01/17/97
Date

Results mailed to appropriate DEP/ACPHU Office by: Customer

COMPLIANCE INFORMATION: (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____
Resample Requested for: _____ Reason: _____
Person notified to resample: _____ Date Notified: _____
DEP/ACPHU Reviewing Official: _____

Technical Services, Inc.
2901 Danese Street
Jacksonville, Florida 32206
(904) 353-5761

PESTICIDE/PCB CHEMICAL ANALYSIS
62-550.310(2)(c)
(PWSO29)

ID	Parameter Name	MCL	Sample Number	Analysis Result	Analysis Method	Analysis Date	MDL	Lab ID
2032	Diquat	(20)	96120525	<6	ug/L EPA549	01/05/97	6.0000	83170

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company / Charles H. Shelton
 Public Water System I.D. Number: 2450364
 Public Water System Name: FL Public Utilities Company
 Address: 911 South 8th Street, Fernandina Beach, FL 32034
 Phone No.: (904) 261-3663
 Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-30-92 Sample Time: 1120
 Laboratory Sample Number(s): 96120524
 Sample Location (be specific): Number 1 Water Works (Resample for Digest)
 Sampler Name and Phone No.: John Graves, Water Superintendent
 Sampler's Signature: _____ Title: _____
 Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance THM Max. Res. Time First Tap
 Distnb. entry pt Raw Composite of Multiple Sites—Attach a form for each

ANALYSIS REQUESTED

Date Sample Received: _____

<input type="checkbox"/> Nitrate Only	<input type="checkbox"/> Nitrite Only	<input type="checkbox"/> Asbestos Only	Trihalomethanes
Inorganics— <input type="checkbox"/> All 17 <input type="checkbox"/> Partial	Volatile Organics— <input type="checkbox"/> All 21 <input type="checkbox"/> Partial	Secondaries— <input type="checkbox"/> All 14 <input type="checkbox"/> Partial	Pesticides and PCBs <input type="checkbox"/> All 30 <input checked="" type="checkbox"/> Partial
Group I Unregulateds— <input type="checkbox"/> All 13 <input type="checkbox"/> Partial	Group II Unregulateds— <input type="checkbox"/> All 23 <input type="checkbox"/> Partial	Group III Unregulateds— <input type="checkbox"/> All 11 <input type="checkbox"/> Partial	<i>Digest only</i> Radiochemicals— <input type="checkbox"/> Single Sample <input type="checkbox"/> Qtrly. Composite*

* Provide radiochemical sample dates & locations for each quarter.

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company / Charles H. Shelton
 Public Water System I.D. Number: 2450364
 Public Water System Name: FL Public Utilities Company
 Address: 711 South 8th Street, Fernandina, Fla., FL 32034
 Phone No.: (904) 261-3663
 Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-30-96 Sample Time: 1105
 Laboratory Sample Number(s): 96120525
 Sample Location (be specific): Number 2 Water Works (Resample for Diquat)
 Sampler Name and Phone No.: John Graves, Water Superintendent
 Sampler's Signature: _____ Title: _____

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance THM Max. Res. Time Plant Tap
 Distro. entry pt Raw Composite of Multiple Sites—Attach a form for each s

ANALYSIS REQUESTED

Date Sample Received: _____

<input type="checkbox"/> Nitrate Only	<input type="checkbox"/> Nitrite Only	<input type="checkbox"/> Asbestos Only	Trihalomethanes
Inorganics—	Volatile Organics—	Secondaries—	Pesticides and PCBs—
<input type="checkbox"/> All 17 <input type="checkbox"/> Partial	<input type="checkbox"/> All 21 <input type="checkbox"/> Partial	<input type="checkbox"/> All 14 <input type="checkbox"/> Partial	<input type="checkbox"/> All 30 <input checked="" type="checkbox"/> Partial
Group I Unregulateds—	Group II Unregulateds—	Group III Unregulateds—	<u>Diquat only</u> Radiochemicals—
<input type="checkbox"/> All 13 <input type="checkbox"/> Partial	<input type="checkbox"/> All 23 <input type="checkbox"/> Partial	<input type="checkbox"/> All 11 <input type="checkbox"/> Partial	<input type="checkbox"/> Single Sample <input type="checkbox"/> Qty. Composite*

* Provide radiochemical sample dates & locations for each quarter.

Technical Services, Inc.
 2901 Danese St., Jacksonville, FL 32206
 (904) 353-5761 / fax (904) 358-2908

CHAIN of CUSTODY RECORD

96120524-05

CLIENT NAME & ADDRESS (REPORT TO BE SENT TO.)				REMARKS:			
Florida Public Utilities Company							
911 South 8th Street							
Fernandina Beach, FL 32034							
PROJ. NO.	PROJECT NAME/ ADDRESS:			TOTAL NO. of Containers	BOTTLE MAKEUP		
SAMPLERS: (SIGNATURE)							
<i>John Hauer</i>							
Sample Location ID	DATE	TIME	COMP/GRAB	2	PARAMETERS		
#1 Water Plant	12/30/96	11:20 A.M.			Dw/Resample		
#2 Water Plant	12/30/96	11:05 A.M.			Diquat (549)		
RELINQUISHED BY:		DATE/TIME	RECEIVED BY:		DATE/TIME		
<i>Louis Pearce</i>		12:30:96					
RELINQUISHED BY:		DATE/TIME	RECEIVED BY:		DATE/TIME		
RELINQUISHED BY:		DATE/TIME	RECEIVED BY:		DATE/TIME		
				RECEIVED FOR LABORATORY BY:	DATE/TIME		
				<i>CP</i>	12/30/96 1325		

Technical Services, Inc.
 2901 Danese St., Jacksonville, FL 32206
 (904) 353-5761 / fax (904) 358-2908

CHAIN of CUSTODY RECORD

CLIENT NAME & ADDRESS (REPORT TO BE SENT TO:) <i>Technical Services, Inc.</i> <i>2901 Danese St.</i> <i>Jacksonville, FL 32206</i>				REMARKS: <i>Drinking Water</i> <i>Resamples for Diquat</i> <i>of Sample IDs 96120457</i> <i>& 96120458</i>			
PROJ. NO.		PROJECT NAME/ ADDRESS:		BOTTLE MAKEUP TOTAL NO. of Containers			
COLLECTORS: (SIGNATURE) 							
Sample Location ID	DATE	TIME	COMP/GRAB	PARAMETERS			
<i>96120524</i>	<i>12/30/96</i>	<i>1120</i>	<i>1</i>	<i>Diquat (549)</i>			
<i>96120525</i>	<i>12/30/96</i>	<i>1105</i>	<i>1</i>	<i>Diquat (549)</i>			
<i>Subcontracted to PRS+J Laboratories</i>							
ACQUIRED BY:			DATE/TIME	RECEIVED BY:			
<i>Joseph G. Lam</i>			<i>12/30/96 1500</i>				
ACQUIRED BY:			DATE/TIME	RECEIVED BY:			
ACQUIRED BY:			DATE/TIME	RECEIVED BY:			
				RECEIVED FOR LABORATORY BY:	DATE/TIME		

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company/Charles H. Shelton
 Public Water System I.D. Number: 2450364
 Public Water System Name: Florida Public Utilities Company
 Address: 911 South 8th Street, Fernandina Beach, FL 32034
 Phone No.: 904/261-3663
 Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-23-1996 Sample Time: 10:15 AM
 Laboratory Sample Number(s): 910120458
 Sample Location (be specific): Number 2 Water Works
 Sampler Name and Phone No.: John Graves, Water Superintendent, 904/277-1971
 Sampler's Signature: [Signature] Title: _____

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance THM Max. Res. Time First Tap
 Distrib. entry pt Raw Composite of Multiple Sites—attach a form for each

ANALYSIS REQUESTED

Date Sample Received: [Signature] 12/23/96 1411

<input type="checkbox"/> Nitrate Only	<input type="checkbox"/> Nitrite Only	<input type="checkbox"/> Arsenic Only	<input type="checkbox"/> Trihalomethanes
Inorganics— All 17 <input type="checkbox"/> Partial	Volatile Organics— (X) All 21 <input type="checkbox"/> Partial	Secondary— All 14 <input type="checkbox"/> Partial	Pesticides and PCB All 20 <input type="checkbox"/> Partial
Group I Unregulateds— <input type="checkbox"/> All 13 <input type="checkbox"/> Partial	Group II Unregulateds— All 23 <input type="checkbox"/> Partial	Group III Unregulateds— <input type="checkbox"/> All 11 <input type="checkbox"/> Partial	Radionuclides— <input type="checkbox"/> Single Sample <input checked="" type="checkbox"/> City Composite

* Provide radiochemical sample dates & locations for each quarter.

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company/Charles H. Shelton
 Public Water System I.D. Number: 2450364
 Public Water System Name: Florida Public Utilities Company
 Address: 911 South 8th Street, Fernandina Beach, FL 32034
 Phone No.: 904/261-3663
 Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-23-1996 Sample Time: 11:35 AM
 Laboratory Sample Number(s): 90120457
 Sample Location (be specific): Number 1 Water Works
 Sampler Name and Phone No.: John Graves, Water Superintendent
 Sampler's Signature: [Signature] Title: _____
 Check Type(s): Distribution Recheck of MCL Resample of ~~Lead~~ Inactivated Sample
 Clearance THM Max. Res. Time Aest. Tap
 Distrib. entry pt Raw Composite of Multiple Sites—Attach a form for each site.

ANALYSIS REQUESTED

Date Sample Received: [Signature] 12/23/96 1411
 Nitrate Only Nitrite Only Asbestos Only Trivalent Arsenic
 Inorganics— Volatile Organics— Secondary— Pesticides and PCBs—
 All 17 () Partial All 21 () Partial All 14 () Partial All 30 () Partial
 Group I Unregulated— Group II Unregulated— Group III Unregulated— Radionuclides—
 All 13 () Partial All 23 () Partial All 11 () Partial Single Sample
 Dirty Composite*

* Provide radiochemical sample dates & locations for each quarter.

TECHNICAL SERVICES, INC.
PUBLIC DRINKING WATER ANALYSIS REPORTING

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

Customer's Name: Florida Public Utilities Company/Charles H. Shelton

Public Water System I.D. Number: 2450364

Public Water System Name: Florida Public Utilities Company

Address: 911 South 8th Street, Fernandina Beach, FL 32034

Phone No.: 904/261-3663

Public Water System Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION:

Sample Date (MM/DD/YY): 12-23-1996

Sample Time: 10:15 AM

Laboratory Sample Number(s): 96020458

Sample Location (be specific): Number 2 Water Works

Sampler Name and Phone No.: John Graves, Water Superintendent, 904/277-1971

Sampler's Signature: John T. Graves

Time: _____

Check Type(s): Distribution Recheck of MCL Resample of Lab Investigated Sample
 Clearance THM Max. Res. Time First Tap
 Distrib. entry pt Raw Composite of Multiple Sites—Attach a form for

ANALYSIS REQUESTED

Date Sample Received: Walter F. Salta 12/23/96 1411

Nitrate Only Nitrite Only Arsenic Only Transition Metals

Inorganics— All 17 Partial Volatile Organics— All 21 Partial Secondaries— All 14 Partial Pesticides and PC All 20 PC

Group I Unregulateds— All 13 Partial Group II Unregulateds— All 23 Partial Group III Unregulateds— All 11 Partial Radiochemicals— Single Sample City Compos

* Provide radiochemical sample dates & locations for each quarter.

January 7, 1997

07:20

CERTIFICATE OF ANALYSIS

WORKORDER:

SAMPLE SUMMARY

9612394

SENT **TECHNICAL SERVICES, INC.**
TO: **2901 DANESE STREET**
P.O. BOX 52329
JACKSONVILLE, FL. 32201
SONYA SAPP
904-353-5761 FAX 358-2908

ANALYZED **PBS&J Environmental Laboratories**
BY: **6635 East Colonial Drive**
Orlando, Florida 32807

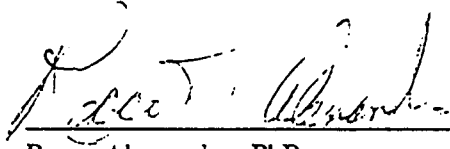
Phone: (407) 277-4443
Fax: (407)382-8794

PROJECT: 21 000 49
PBS&J CONTACT: DUNCAN *Duncan*
RECEIVED DATE: 12/31/96
REPORTED DATE: 01/07/97

WORK DESCRIPTION: WATER PLANT 1&2
TAKEN BY:
TRANSPORTED:
SAMPLE TYPES:
PO#: 6160 08988PP

State of Florida Certifications: E83011-Environmental, 83170-Drinking Water and Radiochemistry
CompQAP 860044G

SAMPLE DESCRIPTION	LAB ID	COLLECTED DATE/TIME
96120524 #1 WATER PLANT	01	12/30/96 11:20:00
96120525 #2 WATER PLANT	02	12/30/96 11:05:00



Rocco Alessandro, PhD
Laboratory Director

EL RFP 2 - 10

January 7, 1997

07:20

CERTIFICATE OF ANALYSIS RESULTS BY SAMPLE

Page

SENT *TECHNICAL SERVICES, INC.*
TO: *2901 DANESE STREET*
P. O. BOX 52329
JACKSONVILLE, FL. 32201
SONYA SAPP
904-353-5761 FAX 358-2908

ANALYZED BY: *PBS&J Environmental Laboratories*
6635 East Colonial Drive
Orlando, FL 32807
Phone: (407) 277-4443
Fax: (407) 382-8794

This is to certify that the following samples were analyzed using good laboratory practices to show the following results.

Sample ID: 96120524 #1 WATER PLANT **Lab ID:** 9612394-01 **Collected:** 12/30/96 11:20:0

TEST	RESULT	UNITS	METHOD	EXTRACTED	ANALYZED	
DIQUAT	<6 U	ug/L	EPA 549	01/03/97	01/05/97	cc

Sample ID: 96120525 #2 WATER PLANT **Lab ID:** 9612394-02 **Collected:** 12/30/96 11:05:0

TEST	RESULT	UNITS	METHOD	EXTRACTED	ANALYZED	
DIQUAT	<6 U	ug/L	EPA 549	01/03/97	01/05/97	cd

Orlando, FL 32807

Phone: (407)277-4143 FAX: (407)382-8794

CLIENT NAME
Technical Services
CLIENT ADDRESS
7701 Danese St.
CITY, STATE, ZIP
Jacksonville, FL 32208
CLIENT NAME(S)
J. Graves

PO NUMBER
CLIENT PROJECT MANAGER
PROJECT NUMBER
PROJECT NAME

MATRIX
GRAB (G) / COMPOSITE (C)
AQUEOUS
SOLID
AIR
OIL

GENERALS
METAL
NUTRIENTS
VOA
SEMIVOLATILE
CYANIDE
PHENOL
BACTERIA
GREASE AND OIL
OTHER
OTHER

STANDARD TAT
 EXPEDITED TAT*

* SUBJECT TO RUSH FEES

REPORT DUE DATE: _____

REMARKS

Digest

SAMPLING		STATION/SITE IDENTIFICATION	GRAB (G) / COMPOSITE (C)	AQUEOUS	SOLID	AIR	OIL	NUMBER OF SAMPLE CONTAINERS SUBMITTED											LAB SAMPLE I.D.
DATE	TIME							GENERALS	METAL	NUTRIENTS	VOA	SEMIVOLATILE	CYANIDE	PHENOL	BACTERIA	GREASE AND OIL	OTHER	OTHER	
12/30/96	11:20	#1 Water Plant 98120524		<input checked="" type="checkbox"/>															9612.3940
12/30/96	11:05	#2 Water Plant 98120525		<input checked="" type="checkbox"/>															0.

1. RECEIVED BY (SIGNATURE) DATE TIME 3. RELINQUISHED BY (SIGNATURE) DATE TIME 5. RELINQUISHED BY (SIGNATURE) DATE TIME
2. RECEIVED BY (SIGNATURE) DATE TIME 4. RECEIVED BY (SIGNATURE) DATE TIME 6. RECEIVED BY (SIGNATURE) DATE TIME

FOR LABORATORY USE ONLY
7. RECEIVED IN LABORATORY BY (SIGNATURE) DATE TIME
8. CONTAINERS INTACT? YES NO
9. CUSTODY SEALS INTACT? YES NO
10. SAMPLE CONTAINERS PREPARED BY: DATE TIME
11. SAMPLE CONTAINERS CHECKED BY: DATE TIME

REMARKS: No COC sent, COC filled at lab JH

49

January 21, 1997

10:34

CERTIFICATE OF ANALYSIS

WORKORDER

SAMPLE SUMMARY

9612374

SENT **TECHNICAL SERVICES, INC.**
TO: **2901 DANESE STREET**
P.O. BOX 52329
JACKSONVILLE, FL. 32201
SONYA SAPP
904-353-5761 FAX 358-2908

ANALYZED **PBS&J Environmental Laboratories**
BY: **6635 East Colonial Drive**
Orlando, Florida 32807

Phone: (407) 277-4443
Fax: (407)382-8794

PROJECT: 21 000 49
PBS&J CONTACT: DUNCAN
RECEIVED DATE: 12/24/96
REPORTED DATE: 01/21/97

WORK DESCRIPTION: 96120457,96120458
TAKEN BY:
TRANSPORTED:
SAMPLE TYPES:
PO#: 6160 008659

State of Florida Certifications: E83011-Environmental, 83170-Drinking Water and Radiochemistry
CompQAP 860044G

SAMPLE DESCRIPTION	LAB ID	COLLECTED DATE/TIME
--------------------	--------	---------------------

96120457
96120458

01
02

12/23/96
12/23/96

Rocco Alessandro, PhD
Laboratory Director

CERTIFICATE OF ANALYSIS
RESULTS BY SAMPLE

SENT *TECHNICAL SERVICES, INC.*
TO: *2901 DANESE STREET*
P.O. BOX 52329
JACKSONVILLE, FL. 32201
SONYA SAPP
904-353-5761 FAX 358-2908

ANALYZED BY: *PBS&J Environmental Laboratories*
6635 East Colonial Drive
Orlando, FL 32807

Phone: (407) 277-4443
Fax: (407) 382-8794

This is to certify that the following samples were analyzed using good laboratory practices to show the following results.

Sample ID: 96120457

Lab ID: 9612374-01

Collected: 12/23/96

TEST	RESULT	UNITS	METHOD	EXTRACTED	ANALYZED	BY
Regulated carbamates			EPA 531.1			
carbofuran	<3.0 U	ug/L			12/30/96	cd
oxamyl (vydate)	<3.0 U	ug/L			12/30/96	cd
DIBROMOCHLOROPROPANE	<0.02 U	ug/L	EPA 504	01/02/97	01/02/97	lkp
ETHYLENE DIBROMIDE	<0.02 U	ug/L	EPA 504	01/02/97	01/02/97	lkp
Regulated pesticides 505			EPA 505	12/26/96		
chlordane	<0.20 U	ug/L			01/08/97	cd
endrin	<0.30 U	ug/L			01/08/97	cd
heptachlor	<0.05 U	ug/L			01/08/97	cd
heptachlor epoxide	<0.05 U	ug/L			01/08/97	cd
lindane	<0.05 U	ug/L			01/08/97	cd
methoxychlor	<2.0 U	ug/L			01/08/97	cd
polychlorinated biphenyl	<0.4 U	ug/L			01/08/97	cd
toxaphene	<1.0 U	ug/L			01/08/97	cd
hexachlorobenzene	<0.05 U	ug/L			01/08/97	cd
hexachlorocyclopentadiene	<0.30 U	ug/L			01/08/97	cd
BENZO(A)PYRENE	<0.1 U	ug/L	EPA 550.1	12/30/96	01/13/97	cd
DI(2-ETHYLHEXYL)ADIPATE	<16.0 U	ug/L	EPA 506	12/30/96	12/31/96	lkp
DI(2-ETHYLHEXYL)PHTHALATE	<5.0 U	ug/L	EPA 506	12/30/96	12/31/96	lkp
ENDOTHALL	<25 U	ug/L	EPA 548.1	12/30/96	01/10/97	lkp
GLYPHOSATE (ROUNDUP)	<21 U	ug/L	EPA 547		01/02/97	cd
Regulated herbicides			EPA 515.1	12/30/96		
2,4-d	<1.0 U	ug/L			01/12/97	lkp
2,4,5-tp (silvex)	<0.2 U	ug/L			01/12/97	lkp
dalapon	<6.0 U	ug/L			01/12/97	lkp
dinoseb	<1.0 U	ug/L			01/12/97	lkp
pentachlorophenol	<1.0 U	ug/L			01/12/97	lkp
picloram	<1.0 U	ug/L			01/12/97	lkp
Regulated pesticides 507			EPA 507	12/30/96		
alachlor	<1.0 U	ug/L			01/05/97	lkp
atrazine	<0.5 U	ug/L			01/05/97	lkp
simazine	<0.5 U	ug/L			01/05/97	lkp

DRINKING WATER PESTICIDES AND PCB'S

CERTIFICATE OF ANALYSIS
RESULTS BY SAMPLE

Sample ID: 96120458

Lab ID: 9612374-02

Collected: 12/23/96

TEST	RESULT	UNITS	METHOD	EXTRACTED	ANALYZED	
Regulated carbamates			EPA 531.1			
carbofuran	<3.0 U	ug/L			12/30/96	c
oxamyl (vydate)	<3.0 U	ug/L			12/30/96	c
DIBROMOCHLOROPROPANE	<0.02 U	ug/L	EPA 504	01/02/97	01/02/97	ll
ETHYLENE DIBROMIDE	<0.02 U	ug/L	EPA 504	01/02/97	01/02/97	ll
Regulated pesticides 505			EPA 505	12/26/96		
chlordane	<0.20 U	ug/L			01/08/97	c
endrin	<0.30 U	ug/L			01/08/97	c
heptachlor	<0.05 U	ug/L			01/08/97	c
heptachlor epoxide	<0.05 U	ug/L			01/08/97	c
lindane	<0.05 U	ug/L			01/08/97	c
methoxychlor	<2.0 U	ug/L			01/08/97	c
polychlorinated biphenyl	<0.4 U	ug/L			01/08/97	c
toxaphene	<1.0 U	ug/L			01/08/97	c
hexachlorobenzene	<0.05 U	ug/L			01/08/97	c
hexachlorocyclopentadiene	<0.30 U	ug/L			01/08/97	c
BENZO(A)PYRENE	<0.1 U	ug/L	EPA 550.1	12/30/96	01/13/97	c
DI(2-ETHYLHEXYL)ADIPATE	<16.0 U	ug/L	EPA 506	12/30/96	12/31/96	ll
DI(2-ETHYLHEXYL)PHTHALATE	<5.0 U	ug/L	EPA 506	12/30/96	12/31/96	ll
ENDOTHALL	<25 U	ug/L	EPA 548.1	12/30/96	01/10/97	ll
GLYPHOSATE (ROUNDUP)	<21 U	ug/L	EPA 547		01/02/97	c
Regulated herbicides			EPA 515.1	12/30/96		
2,4-d	<1.0 U	ug/L			01/12/97	lk
2,4,5-tp (silvex)	<0.2 U	ug/L			01/12/97	lk
dalapon	<6.0 U	ug/L			01/12/97	lk
dinoseb	<1.0 U	ug/L			01/12/97	lk
pentachlorophenol	<1.0 U	ug/L			01/12/97	lk
picloram	<1.0 U	ug/L			01/12/97	lk
Regulated pesticides 507			EPA 507	12/30/96		
alachlor	<1.0 U	ug/L			01/05/97	lk
atrazine	<0.5 U	ug/L			01/05/97	lk
simazine	<0.5 U	ug/L			01/05/97	lk

DRINKING WATER PESTICIDES AND PCB'S



LABORATORY SERVICES

P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

client: Technical Services

PUBLIC DRINKING WATER ANALYSIS REPORT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or sampler)

System Name: Florida Public Utilities I.D. #: 24503104
Address: 911 S. 8th St. Fernandina Beach, FL Phone #: 904-261-3663
Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 12/23/96 Sample Time: 1015
Sample Location (be specific): Number 2 water works 96120458
Sampler Name and Phone: _____
Sampler's Signature: _____ Title: _____

Check Type(s): Distribution Recheck of MCL Raw
 Resample Clearance Thm Max Res Time
 Plant Tap Distrib entry pt
 Composite of Multiple Sites--Attach a format for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- Attach Analyte Sheet

Lab Name: KNL Laboratory Services HRS#: 84252 Expiration Date: June Renewal
Address: PO Box 1833, Tampa, FL 33601 Phone #: 813-229-2879

Subcontracted Lab HRS #: _____ Groups Analyzed: _____

Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) -- KNL Sample No. 991698

Date Sample(s) Received: 1-16-97 Group(s) Analyzed: _____

Nitrate/Nitrite Only Asbestos Only Trihalomethanes (field Cl, _____)
Inorganics-- Volatile Organics-- Secondaries-- Pesticides & PCB's--
 All 17 All 21 All 14 All 30
 All except asbestos Partial Partial All except dioxin
 Partial [field pH _____] Partial
Group I Unregulateds-- Group II Unregulateds-- Group III Unregulateds-- Radiochemicals--
 All 13 All 23 All 11 Single Sample
 Partial Partial Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Garrett McGibbon, do HEREBY CERTIFY that all attached analytical data are correct.

Signature Garrett M. McGibbon Title: Laboratory Mgr. Date: 1/16/97

COMPLIANCE INFORMATION (to be completed by State)
Sample Collection Satisfactory _____ Sample Analysis Satisfactory _____
Resample Requested for _____ Reason: _____
Person notified to resample: _____ Date Notified _____
DEP/HRS Reviewing Official _____

Effective 8/94



P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

DEP COMPQAP #870251
Lab ID: 84252

RADIOCHEMICAL ANALYSIS

62-550.310(4)

(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Analytical Method	Analysis Error	Analysis Date
4000	Gross Alpha	99698	1.1	EPA 900.0	± 1.0	1-09-97

Alpha Standard: Th-230



LABORATORY SERVICES

P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

Client: Technical Services

PUBLIC DRINKING WATER ANALYSIS REPORT

FL
PUB
u
NOT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or sampler)

System Name: Florida Public Utilities I.D. #: 2450364

Address: 911 S. 8th St. Fernandina Beach, FL Phone #: 904-261-3663

Type (check one): Community Noncommunity Nontransient Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 12/23/96 Sample Time: 1135

Sample Location (be specific): Number 1 Waterworks 96120457

Sampler Name and Phone: _____

Sampler's Signature: _____ Title: _____

- Check Type(s):
- Distribution
 - Resample
 - Plant Tap
 - Composite of Multiple Sites--Attach a format for each site
 - Recheck of MCL
 - Clearance
 - Distrib entry pt
 - Raw
 - Thn Max Res Time

LABORATORY CERTIFICATION INFORMATION (to be completed by lab) -- Attach Analyte Sheet

Lab Name: KNL Laboratory Services HRS#: 84252 Expiration Date: June Renewal
Address: PO Box 1833, Tampa, FL 33601 Phone #: 813-229-2879

Subcontracted Lab HRS #: _____ Groups Analyzed: _____

Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) -- KNL Sample No. 991697

Date Sample(s) Received: 1-6-97 Group(s) Analyzed:

- Nitrate/Nitrite Only
- Asbestos Only
- Trihalomethanes [field Cl, _____]
- Inorganics--
- All 17
- All except asbestos
- Partial
- Volatile Organics--
- All 21
- Partial
- Secondaries--
- All 14
- Partial [field pH _____]
- Pesticides & PCB's--
- All 30
- All except dioxin
- Partial
- Group I Unregulateds--
- All 13
- Partial
- Group II Unregulateds--
- All 23
- Partial
- Group III Unregulateds--
- All 11
- Partial
- Radiochemicals--
- Single Sample
- Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Garrett McGibbon, do HEREBY CERTIFY that all attached analytical data are correct.

Signature Danette M. Gibbon Title: Laboratory Mgr. Date: 1/10/97

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory _____ Sample Analysis Satisfactory _____
Resample Requested for _____ Reason: _____
Person notified to resample: _____ Date Notified _____
DEP/HRS Reviewing Official _____



P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

DEP COMPQAP #870251
Lab ID: 84252

RADIOCHEMICAL ANALYSIS

62-550.310(4)

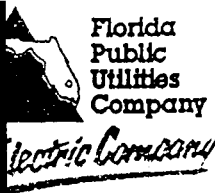
(PWS033)

Parameter ID	Name	Sample Number	Analysis Result (pCi/l)	Analytical Method	Analysis Error	Analysis Date
4000	Gross Alpha	99697	0.0	EPA 900.0	± 1.0	1-09-97

Alpha Standard: Th-230

SECTION 4

Water Plant Operating Reports



FLORIDA PUBLIC UTILITIES COMPANY
 911 SOUTH 8TH ST, FERNANDINA BEACH FL 32034 3706

STATEMENT
 Date : 4/27/99
 Number: 3603084

MAKE CHECK PAYABLE TO: FPUC

AMOUNT ENCLOSED
 \$

LOUIS L MCKEE
 P O BOX 75
 FERNANDINA BCH FL 32034

FLORIDA PUBLIC UTILITIES COMPANY
 PO BOX 418
 FERNANDINA BEACH FL 32035 0418

IF ACCOUNT CHANGES ARE REQUESTED ON REVERSE SIDE

ACCOUNT NUMBER	Balance Before CURRENT Charges	* CURRENT Charges	TOTAL AMOUNT DUE	CURRENT Charges Past Due On
62368 056580	.00	58.04	58.04	5/18/99

E: 1451 TO INSURE PROPER CREDIT. PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT

FLORIDA PUBLIC UTILITIES COMPANY
 911 SOUTH 8TH ST, FERNANDINA BEACH FL 32034 3706
 (904) 261 3663

Customer Name : LOUIS L MCKEE Account Number : 01 062368 056580
 Phone Number : () 261 4348 Statement Number: 3603084
 Service Address : 1619 CLINCH DR Statement Date : 4/27/99

ACCOUNT ACTIVITY: ROUTE: 1451

Previous Statement Balance	Total Payments (-)	Adjustments to Prev. Statement (+ or -)	Balance Forward (-)	* CURRENT Charges (+)	TOTAL AMOUNT DUE
123.95	123.95CR	.00	.00	58.04	58.04

ANALYSIS OF CURRENT CHARGES: CURRENT CHARGES BECOME PAST DUE ON: 5/18/99

Service Period From	Service Period To	Meter Readings Previous/Current	Use	Constant Factor	KWH Used	Rate	** Amount
3/22	4/21	8576 8742	166	1.0000	166	RS 2	15.29 EL
3/22	4/21	72 72	72	1.0000	72	OL	5.60 EL
3/22	4/21	4387 4409	22	1.0000	22	1 FW	36.93 WA

GROSS RCPTS TAX INCR .22
 TOTAL CURRENT CHARGES 58.04

0134

ENERGY USAGE & BILL CALCULATION DATA:

** EL = Electric / WA = Water / SW = Sewer / SS = Sanitation

Energy Usage Information:			Electric Service Amount Includes the Following:			
KWH Used this Month	# of Days	KWH Per Day	Customer Charge	Base Energy Charge	Purch. Power Adjustment	Demand Charge
166	30	5	7.00	1.2310	3.7620	
1,088	29	37	\$ Per Month	Cents per KWH	Cents per KWH	\$ Per KWH

REMARKS:



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 6070; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 1 Water Works Telephone No.: 904/277-1971
Address: North 11th Street & Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1998: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257

Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Supplemental DEP Form 62-555.910(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,993,400	1.6				
2	24	1,293,900	2.0				
3	24	1,472,600	2.2				
4	24	1,623,550	2.2				
5	24	1,623,550	2.2				
6	24	1,541,200	2.2				
7	24	1,685,600	2.2				
8	24	1,638,500	2.2				
9	24	1,677,000	2.4				
10	24	1,415,500	2.2				
11	24	1,659,700	2.0				
12	24	1,659,700	2.0				
13	24	1,545,800	2.5		6	0.4	
14	24	1,617,300	2.3				
15	24	1,590,400	2.2				
16	24	1,539,800	2.1				
17	24	1,722,400	2.5				
18	24	1,523,000	2.3				
19	24	1,523,000	2.3				
20	24	1,528,200	2.2				
21	24	1,610,700	2.2				
22	24	1,635,700	2.0		5	0.4	
23	24	1,630,800	2.0				
24	24	2,076,600	2.0				
25	24	1,232,100	2.3				
26	24	1,232,100	2.3				
27	24	1,561,500	2.0				
28	24	1,520,900	2.2				
29	24	1,434,600	2.2		5	0.4	
30	24	1,635,800	2.2				
31	24	1,494,500	2.2				
Total	XXXXXX	48,939,400	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,578,690	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXX
Max.	XXXXXX	2,076,600	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(2), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 6070 ; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltstamps).

Signature and Date

Charles H. Shelton 2257.
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Minnesota Statute, DEP Form 62-555.91001

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,450,500	1.8				
2	24	982,500	1.6				
3	24	1,240,100	2.0				
4	24	1,334,600	1.7				
5	24	1,334,600	1.7				
6	24	1,284,700	1.8				
7	24	1,228,900	2.0				
8	24	957,900	2.0				
9	24	1,008,700	2.0				
10	24	929,200	2.0				
11	24	1,368,300	2.0				
12	24	1,368,300	2.0				
13	24	1,001,800	2.2		6	0.4	
14	24	1,083,700	2.1				
15	24	1,059,200	2.0				
16	24	1,036,700	2.2				
17	24	1,141,900	2.5				
18	24	1,200,750	2.0				
19	24	1,200,750	2.0				
20	24	1,133,400	2.1				
21	24	1,203,500	2.0				
22	24	1,171,700	2.0		5	0.4	
23	24	1,071,400	2.1				
24	24	1,258,500	2.1				
25	24	884,500	2.3				
26	24	884,500	2.3				
27	24	893,300	2.5				
28	24	961,800	2.0				
29	24	1,002,600	1.9		5	0.4	
30	24	1,133,000	1.9				
31	24	1,047,800	2.0				
Total	XXXXXX	34,859,100	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,114,487	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,450,500	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6070; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALABAMA SUBSTITUTION DEP FORM 62-555.3(10/3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,547,600	2.2				
2	24	1,547,600	2.2				
3	24	1,517,200	2.1				
4	24	1,536,100	2.2				
5	24	1,463,400	2.2		5	0.4	
6	24	1,540,700	2.2				
7	24	1,393,400	2.0				
8	24	1,563,150	2.2				
9	24	1,563,150	2.2				
10	24	1,562,100	2.2				
11	24	1,563,900	2.2				
12	24	1,582,300	2.2		5	0.4	
13	24	1,552,500	2.2				
14	24	1,503,400	2.2				
15	24	1,574,900	2.2				
16	24	1,574,900	2.2				
17	24	1,373,800	2.2				
18	24	1,616,300	2.2				
19	24	1,459,300	2.3		6	0.4	
20	24	1,499,700	2.3				
21	24	1,504,333	2.1				
22	24	1,504,333	2.1				
23	24	1,504,334	2.1				
24	24	1,531,400	2.4				
25	24	1,500,300	2.3				
26	24	1,488,900	2.4				
27	24	1,645,000	2.2				
28	24	1,509,400	2.2				
29							
30							
31							
Total	XXXXXX	42,723,400	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,525,836	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,645,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Florida Public Utilities Company PWS Identification No.: 2450364
- System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
- System Type: community; non-transient non-community; non-community; consecutive
- No. of Service Connections at End of Reporting Month: 6070; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

- Treatment Plant
Name: Florida Public Utilities Company - #2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
- Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257

Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-655.3(10/01)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,169,800	2.0				
2	24	1,169,800	2.0				
3	24	905,600	2.0				
4	24	937,000	2.1				
5	24	961,200	2.1		5	0.4	
6	24	1,066,700	2.0				
7	24	956,400	2.0				
8	24	1,107,200	2.0				
9	24	1,107,200	2.0				
10	24	1,116,000	2.0				
11	24	1,174,300	2.1				
12	24	1,222,600	1.9		5	0.4	
13	24	1,439,900	2.0				
14	24	1,142,700	2.0				
15	24	1,206,700	2.4				
16	24	1,206,700	2.4				
17	24	743,900	2.0				
18	24	1,149,600	2.0				
19	24	1,085,000	2.0		6	0.4	
20	24	1,060,500	2.0				
21	24	1,096,800	2.0				
22	24	1,096,800	2.0				
23	24	1,096,800	2.0				
24	24	1,103,900	2.0				
25	24	1,088,400	2.0				
26	24	1,246,700	2.1				
27	24	1,095,100	2.1				
28	24	946,100	1.0				
29							
30							
31							
Total	XXXXXX	30,699,400	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,096,407	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,439,900	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6070; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1998 : See Page 2.
 III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.
 IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternative/Substitute DEP Form 62-555.350(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	1,540,450	2.2				
2	24	1,540,450	2.2				
3	24	1,665,100	2.2				
4	24	1,438,800	2.5				
5	24	1,587,700	2.4		5	0.4	
6	24	1,571,700	2.1				
7	24	1,404,100	2.0				
8	24	1,340,300	2.3				
9	24	1,340,300	2.3				
10	24	1,567,900	2.1				
11	24	1,644,200	2.4		6	0.5	
12	24	1,656,300	2.3				
13	24	1,598,100	2.3				
14	24	1,625,400	2.0				
15	24	1,705,100	2.2				
16	24	1,705,100	2.2				
17	24	1,670,600	2.4				
18	24	1,637,500	2.2				
19	24	1,600,000	2.2				
20	24	1,546,300	2.2				
21	24	1,582,000	2.2				
22	24	1,683,650	2.2				
23	24	1,683,650	2.2				
24	24	1,675,200	2.2				
25	24	1,675,100	2.2		5	0.4	
26	24	2,144,700	1.6				
27	24	1,681,400	2.5				
28	24	1,740,800	2.2				
29	24	1,668,900	2.2				
30	24	1,669,000	2.2				
31	24	1,728,700	2.2				
Total	XXXXXX	50,318,500	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,623,177	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,144,700	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

¹ If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

² If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Florida Public Utilities Company PWS Identification No.: 2450364
System Owner Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
System Type: community
No. of Service Connections at End of Reporting Month: 6070 Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

Treatment Plant Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
Permitted Maximum Day Capacity of Plant: 4.5 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltstamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternative/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,014,400	2.1				
2	24	1,014,400	2.1				
3	24	1,107,300	2.0				
4	24	1,196,200	2.0				
5	24	1,068,800	2.0		5	0.4	
6	24	1,121,100	1.8				
7	24	1,128,700	1.8				
8	24	1,205,550	2.0				
9	24	1,205,550	2.0				
10	24	923,300	2.0				
11	24	951,600	2.1		6	0.5	
12	24	943,900	2.1				
13	24	763,400	2.0				
14	24	783,500	2.2				
15	24	778,950	1.8				
16	24	778,950	1.8				
17	24	767,800	2.1				
18	24	794,200	2.0				
19	24	778,700	2.1				
20	24	761,800	2.0				
21	24	809,500	2.0				
22	24	779,050	1.8				
23	24	779,050	1.8				
24	24	789,200	1.8				
25	24	1,228,300	1.8		5	0.4	
26	24	1,008,300	1.8				
27	24	1,312,500	1.8				
28	24	1,085,200	2.3				
29	24	1,103,650	2.0				
30	24	1,103,650	2.0				
31	24	978,400	1.7				
Total	XXXXXX	30,064,900	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	969,835	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,312,500	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 6123 ; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 1 Water Works Telephone No.: 904/277-1971
Address: North 11th Street & Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 mgd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternative/Supplemental DEP Form 62-555.910(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	2,004,100	2.0				
2	24	1,685,400	2.2				
3	24	2,049,400	2.0				
4	24	1,781,400	2.3				
5	24	1,815,350	1.8				
6	24	1,815,350	1.8				
7	24	2,081,100	2.0				
8	24	1,984,800	2.2				
9	24	1,689,200	2.3		6	0.4	
10	24	1,910,100	2.0				
11	24	1,570,000	2.3				
12	24	1,884,800	2.2				
13	24	1,884,800	2.2				
14	24	1,874,200	1.8				
15	24	1,909,400	2.5				
16	24	1,942,800	2.1		5	0.5	
17	24	1,871,500	1.6				
18	24	1,796,100	2.5				
19	24	2,566,150	2.0				
20	24	2,566,150	2.0				
21	24	1,957,800	2.2				
22	24	1,943,700	2.2		5	0.4	
23	24	1,990,800	2.0				
24	24	1,459,000	1.8				
25	24	1,132,400	2.2				
26	24	2,703,550	1.0				
27	24	2,703,550	1.0				
28	24	1,820,500	2.2				
29	24	1,880,900	2.0				
30	24	1,620,500	2.5				
31							
Total	XXXXXX	57,894,800	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,929,827	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,703,550	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6123; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1998 : See Page 2.
 III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORGHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.
 IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHEAST DISTRICT
 7825 BAYMEADOWS WAY, SUITE B-200
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-655.310(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,116,300	2.0				
2	24	1,389,900	2.3				
3	24	1,489,000	2.0				
4	24	963,200	2.0				
5	24	953,450	1.0				
6	24	953,450	1.0				
7	24	974,900	1.8				
8	24	1,272,100	1.8				
9	24	959,100	2.5		6	0.4	
10	24	1,083,900	2.3				
11	24	1,320,000	2.5				
12	24	1,500,000	2.2				
13	24	1,500,000	2.2				
14	24	1,560,000	2.5				
15	24	2,343,100	2.5				
16	24	3,624,100	1.5		5	0.5	
17	24	3,786,000	1.5				
18	24	2,522,000	2.5				
19	24	1,474,550	1.8				
20	24	1,474,550	1.8				
21	24	1,439,000	1.0				
22	24	1,395,200	2.0		5	0.4	
23	24	1,650,100	2.0				
24	24	1,511,800	1.8				
25	24	1,695,500	1.5				
26	24	1,556,550	1.5				
27	24	1,556,550	1.5				
28	24	1,658,700	1.5				
29	24	1,858,100	2.0				
30	24	1,698,500	2.0				
31							
Total	XXXXXX	48,279,600	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,609,320	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	3,786,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6175; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1998: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amp).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Minnesota Statute, Chapter 62.555.910(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,749,000	2.0				
2	24	1,762,300	2.2				
3	24	2,588,800	0.5				
4	24	2,588,800	0.5				
5	24	2,271,400	1.1				
6	24	2,316,100	1.0				
7	24	2,366,200	2.0		5	0.4	
8	24	2,171,500	2.3				
9	24	1,722,100	2.0				
10	24	1,731,800	1.0				
11	24	1,731,800	1.0				
12	24	2,502,000	1.5				
13	24	2,644,600	2.0				
14	24	2,379,700	1.6		5	4.0	
15	24	2,529,700	1.4				
16	24	1,911,200	1.4				
17	24	3,032,400	2.0				
18	24	3,032,400	2.0				
19	24	1,813,400	2.5				
20	24	2,280,100	2.2				
21	24	2,376,800	2.0				
22	24	2,923,500	2.0				
23	24	2,686,300	2.5				
24	24	2,465,800	2.1				
25	24	2,465,800	2.1				
26	24	2,465,900	2.1				
27	24	2,146,800	2.5				
28	24	731,900	2.2		6	0.5	
29	24	1,121,600	2.3				
30	24	1,303,200	2.3				
31	24	1,690,450	2.5				
Total	XXXXXX	67,503,350	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,177,527	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	3,032,400	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62.555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62.555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Florida Public Utilities Company PWS Identification No.: 2450364
- System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
- System Type: community; non-transient non-community; non-community; consecutive
- No. of Service Connections at End of Reporting Month: 6175 • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

- Treatment Plant
Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
- Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
- Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1998 : See Page 2.
- III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.
- IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amp).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Supplemental DEP Form 62-655.310(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,668,800	2.0				
2	24	1,504,100	2.0				
3	24	1,643,800	1.6				
4	24	1,643,800	1.6				
5	24	1,596,300	1.0				
6	24	1,650,900	1.0				
7	24	1,606,100	1.4		5	0.4	
8	24	2,027,520	1.4				
9	24	2,027,520	2.0				
10	24	2,154,240	1.0				
11	24	2,154,240	1.0				
12	24	2,280,960	1.0				
13	24	2,534,400	2.0				
14	24	2,154,240	2.1		5	4.0	
15	24	2,280,960	1.0				
16	24	2,154,240	1.0				
17	24	2,407,680	2.5				
18	24	2,407,680	2.5				
19	24	2,154,240	2.0				
20	24	2,407,680	2.0				
21	24	2,787,840	2.5				
22	24	2,787,840	1.6				
23	24	2,914,560	2.0				
24	24	3,168,000	2.5				
25	24	3,168,000	2.5				
26	24	3,168,000	2.5				
27	24	3,421,440	2.0				
28	24	2,661,120	2.5		6	0.5	
29	24	3,041,280	2.2				
30	24	3,168,000	2.0				
31	24	3,168,000	1.6				
Total	XXXXXX	73,913,480	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,384,306	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	3,421,440	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6205; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1998 : See Page 2.
 III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.
 IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257

Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHEAST DISTRICT
 7825 BAYMEADOWS WAY, SUITE B-200
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

APR 1988 SUBSTITUTION DEP FORM 62-555.9(103)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,690,450	2.5				
2	24	1,987,900	2.2				
3	24	2,408,600	2.0				
4	24	2,407,800	2.0		5	0.4	
5	24	2,429,400	2.2				
6	24	2,215,600	2.0				
7	24	2,266,900	2.3				
8	24	2,266,900	2.3				
9	24	2,259,600	2.2				
10	24	2,427,500	2.0				
11	24	2,497,100	2.1		6	0.5	
12	24	2,583,400	2.0				
13	24	2,413,900	2.5				
14	24	2,413,900	2.5				
15	24	2,414,100	2.5				
16	24	2,472,500	2.0				
17	24	2,602,700	2.0				
18	24	2,653,400	2.0		5	0.5	
19	24	2,646,200	2.0				
20	24	2,118,500	2.4				
21	24	2,118,500	2.4				
22	24	2,118,700	2.4				
23	24	1,847,500	2.5				
24	24	1,800,900	2.5				
25	24	2,059,300	2.0				
26	24	1,684,700	2.5				
27	24	1,745,500	2.5				
28	24	2,166,500	2.2				
29	24	2,166,500	2.2				
30	24	1,961,300	2.4				
31							
Total	XXXXXX	66,845,750	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,228,192	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,653,400	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Florida Public Utilities Company PWS Identification No.: 2450364
- System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
- System Type: community; non-transient non-community; non-community; consecutive
- No. of Service Connections at End of Reporting Month: 6205; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

- Treatment Plant
Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
- Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1998: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257

Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternative/Summary DEP Form 62-555.310(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	3,168,000	1.6				
2	24	3,041,280	1.8				
3	24	3,421,440	2.0				
4	24	3,294,720	1.9		5	0.4	
5	24	3,294,720	1.9				
6	24	3,294,720	2.3				
7	24	3,231,360	2.0				
8	24	3,231,360	2.0				
9	24	3,294,720	2.2				
10	24	3,294,720	1.8				
11	24	3,200,100	2.2		6	0.5	
12	24	3,801,600	2.5				
13	24	3,429,500	2.5				
14	24	3,429,500	2.5				
15	24	3,429,600	2.5				
16	24	4,688,640	2.5				
17	24	3,445,700	2.5				
18	24	3,513,800	2.5		5	0.5	
19	24	3,465,100	2.5				
20	24	2,872,320	2.0				
21	24	2,872,320	2.0				
22	24	2,872,320	2.0				
23	24	2,027,520	2.5				
24	24	2,914,560	2.5				
25	24	2,154,240	2.0				
26	24	4,181,760	2.0				
27	24	4,181,760	2.2				
28	24	2,661,120	0.7				
29	24	2,661,120	0.7				
30	24	3,421,440	1.5				
31							
Total	XXXXXX	97,791,060	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	3,259,702	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	4,688,640	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Florida Public Utilities Company PWS Identification No.: 2450364
- System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
- System Type: community; non-transient non-community; non-community; consecutive
- No. of Service Connections at End of Reporting Month: 6205; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

- Treatment Plant
Name: Number 1 Water Works Telephone No.: 904/277-1971
Address: North 11th Street & Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
- Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
- Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1998 : See Page 2.
- III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.
- IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternative/Supplemental DEP Form 62-555.350(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	2,448,600	2.0				
2	24	2,423,500	2.5				
3	24	1,851,850	2.4				
4	24	1,815,850	2.4				
5	24	1,345,200	2.0				
6	24	1,376,300	2.5				
7	24	1,476,800	2.5				
8	24	1,599,900	2.5				
9	24	1,994,700	2.5		6	0.4	
10	24	1,605,120	2.5				
11	24	1,594,560	2.5				
12	24	1,594,560	2.5				
13	24	1,594,560	2.5				
14	24	1,260,000	2.1				
15	24	739,200	2.4				
16	24	1,066,560	2.2		5	0.5	
17	24	570,240	2.2				
18	24	644,140	2.5				
19	24	1,562,880	2.5				
20	24	1,562,880	2.5				
21	24	1,805,760	2.5				
22	24	2,048,640	2.5				
23	24	1,848,000	2.0		5	0.4	
24	24	2,133,120	2.5				
25	24	2,175,360	2.5				
26	24	1,995,840	2.5				
27	24	1,995,840	2.5				
28	24	2,090,880	2.5				
29	24	1,932,480	2.5				
30	24	2,386,560	2.5				
31	24	2,196,480	2.6				
Total	XXXXXX	52,772,380	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,702,335	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,448,600	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32034
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 6205; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant

Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALABAMA SUBMITTAL DEP FORM 62-555.910(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	3,294,720	2.2				
2	24	3,294,720	3.0				
3	24	3,294,720	2.0				
4	24	3,294,720	2.0				
5	24	3,548,160	1.8				
6	24	2,534,400	3.5				
7	24	3,041,280	1.8				
8	24	3,421,440	2.5				
9	24	3,041,280	2.5		6	0.4	
10	24	2,661,120	2.4				
11	24	2,323,200	2.5				
12	24	2,323,200	2.5				
13	24	2,323,200	2.5				
14	24	4,308,480	1.8				
15	24	2,661,120	1.8				
16	24	2,280,960	0.8		5	0.5	
17	24	2,661,120	1.1				
18	24	2,280,960	1.0				
19	24	2,787,840	0.6				
20	24	2,787,840	0.6				
21	24	2,407,680	1.0				
22	24	2,661,120	0.3				
23	24	2,787,840	1.0		5	0.4	
24	24	2,534,400	1.0				
25	24	2,787,840	0.7				
26	24	2,407,680	1.2				
27	24	2,407,680	1.2				
28	24	1,774,080	1.2				
29	24	1,774,080	1.2				
30	24	1,774,080	0.3				
31	24	2,154,240	1.2				
Total	XXXXXX	83,635,200	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,697,910	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	4,308,480	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6321 • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1998 : See Page 2.
- III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.
- IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternative/Supplemental DEP Form 62-655.910(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	2,059,200	2.2				
2	24	2,159,500	2.5				
3	24	2,159,500	2.5				
4	24	1,330,560	2.5				
5	24	1,890,240	2.3				
6	24	1,415,040	2.3				
7	24	1,932,480	2.5				
8	24	1,659,000	2.0				
9	24	1,720,500	2.5				
10	24	1,720,500	2.5				
11	24	1,391,000	2.2				
12	24	1,919,000	2.4				
13	24	1,129,920	2.2		5	1.0	
14	24	976,000	2.4				
15	24	1,000,000	2.2				
16	24	1,034,500	2.1				
17	24	1,034,500	2.1				
18	24	891,000	2.0				
19	24	562,000	2.2				
20	24	981,000	2.0		5	0.6	
21	24	826,000	2.1				
22	24	988,000	2.0				
23	24	1,143,000	1.9				
24	24	1,143,000	1.9				
25	24	1,321,000	1.9				
26	24	1,712,000	1.8				
27	24	1,699,000	2.1		6	0.4	
28	24	2,385,000	1.5				
29	24	2,274,000	1.9				
30	24	2,323,500	1.8				
31	24	2,323,500	1.8				
Total	XXXXXX	47,103,440	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,519,465	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXX:XXX
Max.	XXXXXX	2,385,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXX:XXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Florida Public Utilities Company PWS Identification No.: 2450364
- System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
- System Type: community; non-transient non-community; non-community; consecutive
- No. of Service Connections at End of Reporting Month: 6321; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

- Treatment Plant
Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
- Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and Volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternative Source DEP Form 62-555.310(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	2,381,000	2.2				
2	24	1,589,500	2.4				
3	24	1,589,500	2.5				
4	24	2,814,000	1.9				
5	24	2,994,000	2.2				
6	24	3,345,000	1.8				
7	24	2,846,000	1.5				
8	24	2,779,000	1.5				
9	24	2,617,500	1.3				
10	24	2,617,500	1.3				
11	24	2,532,000	0.8				
12	24	3,050,000	0.4				
13	24	2,334,000	2.2				
14	24	2,358,000	2.6		5	1.0	
15	24	2,362,000	2.6				
16	24	2,647,000	3.5				
17	24	2,647,000	3.5				
18	24	2,546,000	2.8				
19	24	2,519,000	2.0				
20	24	2,691,000	2.5		5	0.6	
21	24	2,477,000	2.0				
22	24	2,685,000	2.0				
23	24	2,487,000	0.8				
24	24	2,487,000	0.8				
25	24	2,738,000	1.3				
26	24	2,805,000	1.6				
27	24	2,767,000	1.0				
28	24	2,644,000	0.9		6	0.4	
29	24	2,453,000	1.4				
30	24	2,548,500	1.1				
31	24	2,548,500	1.1				
Total	XXXXXX	79,899,000	XXXXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,577,387	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	3,345,000	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 6354; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 1 Water Works Telephone No.: 904/277-1971
Address: North 11th Street & Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1998 : See Page 2.
- III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.
- IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternative Subtitle DEP Form 62-855.910(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	2,393,000	1.8				
2	24	2,161,000	2.1				
3	24	1,172,000	1.9				
4	24	952,000	1.9				
5	24	1,606,000	1.9				
6	24	2,514,000	2.0				
7	24	1,543,000	2.0				
8	24	1,494,000	1.7				
9	24	1,641,000	1.8				
10	24	1,318,000	1.8		7	0.5	
11	24	1,717,000	2.0				
12	24	1,919,000	2.0				
13	24	2,391,000	1.8				
14	24	2,391,000	1.8				
15	24	2,426,000	1.8				
16	24	2,526,000	1.8				
17	24	2,253,000	1.7				
18	24	1,055,000	1.6				
19	24	1,155,000	1.0				
20	24	1,086,500	1.9				
21	24	1,086,500	1.9				
22	24	980,000	1.8				
23	24	1,551,000	1.8				
24	24	1,409,000	1.9		7	0.8	
25	24	1,544,000	1.9				
26	24	1,362,000	1.9				
27	24	1,667,500	2.0				
28	24	1,667,500	2.0				
29	24	1,901,000	2.0		6	0.5	
30	24	1,761,000	1.8				
31							
Total	XXXXXX	50,643,000	XXXXXXXXXXXX	XXXXXXXXXXXX	20	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,688,100	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXX
Max.	XXXXXX	2,526,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-855.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-855.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information -

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6354; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1998: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/lamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alameda/Contra Costa DEP Form 62-555.350(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine, combined chlorine (chloramine), chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	2,572,000	1.3				
2	24	2,472,000	1.4				
3	24	2,292,000	1.4				
4	24	2,326,000	1.5				
5	24	2,417,000	1.5				
6	24	2,505,000	1.9				
7	24	2,283,000	2.1				
8	24	2,160,000	1.5				
9	24	2,286,000	1.4				
10	24	2,291,000	1.6		7	0.5	
11	24	2,802,000	2.0				
12	24	2,267,000	1.8				
13	24	2,353,500	1.9				
14	24	2,353,500	1.9				
15	24	2,494,000	1.6				
16	24	2,636,000	1.4				
17	24	2,393,000	1.7				
18	24	2,276,000	1.6				
19	24	2,212,000	1.7				
20	24	2,166,500	1.5				
21	24	2,166,500	1.5				
22	24	2,208,000	1.6				
23	24	2,339,000	1.7				
24	24	2,180,000	1.5		7	0.8	
25	24	2,230,000	1.4				
26	24	2,246,000	1.8				
27	24	2,279,500	1.3				
28	24	2,279,500	1.3				
29	24	2,324,000	1.2		6	0.5	
30	24	2,354,000	1.2				
31							
Total	XXXXXX	70,164,000	XXXXXXXXXXXX	XXXXXXXXXXXX	20	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,338,800	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,802,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6354; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-689.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257

Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHEAST DISTRICT
 7825 BAYMEADOWS WAY, SUITE B-200
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ATLANTA/GEORGIA DEP FORM 62-555.9(10/3)

System PWS Identification Number: 2450364
Treatment Plant Name: Summit 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October, 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	842,000	1.9				
2	24	693,000	1.9				
3	24	1,121,000	1.8				
4	24	1,374,500	2.0				
5	24	1,374,500	2.0				
6	24	1,424,000	2.0				
7	24	1,721,000	1.8		7	0.7	
8	24	1,639,000	2.0				
9	24	1,401,000	1.9				
10	24	1,665,000	2.0				
11	24	1,882,000	2.4				
12	24	1,882,000	2.4				
13	24	1,860,000	2.0				
14	24	2,221,000	1.9				
15	24	2,189,000	1.9		6	0.6	
16	24	2,119,000	2.0				
17	24	2,571,000	1.6				
18	24	1,921,000	1.7				
19	24	1,921,000	1.7				
20	24	2,430,000	2.0				
21	24	1,191,000	2.0		7	0.3	
22	24	1,360,000	1.6				
23	24	1,442,000	1.8				
24	24	1,104,000	2.0				
25	24	1,812,000	1.6				
26	24	1,812,000	1.6				
27	24	1,395,000	1.8				
28	24	1,634,000	1.8				
29	24	1,515,000	1.9				
30	24	1,197,000	2.0				
31	24	2,142,000	2.0				
Total	XXXXXX	50,855,000	XXXXXXXXXXXX	XXXXXXXXXXXX	20	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,640,484	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,571,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Florida Public Utilities Company PWS Identification No.: 2450364
- System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
- System Type: community; non-transient non-community; non-community; consecutive
- No. of Service Connections at End of Reporting Month: 6354; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

- Treatment Plant
Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
- Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1998: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

MINNESOTA DEPARTMENT OF HEALTH 62-555.350(3)

System FWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	2,172,000	1.6				
2	24	2,176,000	1.3				
3	24	2,403,000	1.9				
4	24	2,261,000	1.4				
5	24	2,261,000	1.4				
6	24	2,310,000	1.6				
7	24	2,391,000	1.6		7	0.7	
8	24	2,370,000	1.6				
9	24	2,303,000	1.4				
10	24	3,028,000	2.0				
11	24	1,924,000	0.8				
12	24	1,924,000	0.8				
13	24	1,998,000	1.2				
14	24	2,261,000	1.7				
15	24	2,133,000	1.4		6	0.6	
16	24	2,167,000	1.9				
17	24	1,881,000	2.4				
18	24	2,239,000	1.3				
19	24	2,239,000	1.3				
20	24	2,307,000	2.2				
21	24	3,480,000	1.4		7	0.3	
22	24	3,059,000	2.0				
23	24	2,990,000	2.0				
24	24	3,297,000	2.2				
25	24	2,754,000	2.1				
26	24	2,754,000	2.1				
27	24	2,990,000	2.0				
28	24	3,077,000	2.0				
29	24	3,024,000	2.0				
30	24	3,582,000	2.0				
31	24	2,402,000	2.2				
Total	XXXXXX	78,157,000	XXXXXXXXXXXX	XXXXXXXXXX	20	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,521,194	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	3,582,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Florida Public Utilities Company PWS Identification No.: 2450364
- System Owner
- Name: Florida Public Utilities Company Telephone No.: 904/261-3663
- Address: P.O. Box 418, 911 South 8th Street
- City: Fernandina Beach State: FL Zip Code: 32035
- System Type: community; non-transient non-community; non-community; consecutive
- No. of Service Connections at End of Reporting Month: 6354; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

- Treatment Plant
- Name: Number 1 Water Works Telephone No.: 904/277-1971
- Address: North 11th Street & Atlantic Avenue
- City: Fernandina Beach State: FL Zip Code: 32034
- Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
- Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1998 : See Page 2.
- III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.
- IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALPHABETICALLY ORDERED FROM 62-555.310(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	2,142,000	2.0				
2	24	2,142,000	2.0				
3	24	1,605,000	2.5				
4	24	1,602,000	2.5				
5	24	1,295,000	2.0		6	0.4	
6	24	1,543,000	2.0				
7	24	1,486,000	1.7				
8	24	2,008,000	1.8				
9	24	2,008,000	1.8				
10	24	1,916,000	1.8				
11	24	1,964,000	1.8				
12	24	2,025,000	2.0				
13	24	1,950,000	2.0				
14	24	1,763,000	2.0				
15	24	2,085,000	1.8				
16	24	2,085,000	1.8				
17	24	1,921,000	2.0				
18	24	1,774,000	1.9				
19	24	1,843,000	2.1		7	0.4	
20	24	1,826,000	1.9				
21	24	1,662,000	2.0				
22	24	1,471,000	3.0				
23	24	1,471,000	3.0		7	0.5	
24	24	1,005,000	2.5				
25	24	1,034,000	3.0				
26	24	1,485,000	2.5				
27	24	1,043,000	2.5				
28	24	1,602,000	1.7				
29	24	1,735,000	2.3				
30	24	1,735,000	2.3				
31							
Total	XXXXXX	51,226,000	XXXXXXXXXXXX	XXXXXXXXXX	20	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,707,533	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,142,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6354; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32035
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALBANY/COULDSVILLE DEP FORM 62-555 3(10/91)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	2,402,000	2.2				
2	24	2,404,000	2.2				
3	24	2,554,000	2.6				
4	24	2,673,000	1.9				
5	24	2,423,000	2.5		6	0.4	
6	24	2,484,000	2.4				
7	24	2,340,000	2.0				
8	24	2,506,000	3.7				
9	24	2,506,000	3.7				
10	24	2,447,000	2.5				
11	24	2,683,000	1.9				
12	24	2,536,000	2.4				
13	24	2,611,000	2.5				
14	24	2,339,000	2.4				
15	24	2,657,000	2.4				
16	24	2,657,000	2.4				
17	24	2,629,000	3.0				
18	24	2,753,000	3.0				
19	24	2,601,000	3.0		7	0.4	
20	24	2,618,000	2.9				
21	24	2,529,000	2.0				
22	24	2,528,000	1.5				
23	24	2,528,000	1.5		7	0.5	
24	24	2,471,000	2.7				
25	24	2,293,000	2.3				
26	24	2,418,000	1.7				
27	24	2,544,000	2.0				
28	24	2,184,000	1.4				
29	24	2,433,000	2.5				
30	24	2,433,000	2.5				
31							
Total	XXXXXX	75,184,000	XXXXXXXXXXXX	XXXXXXXXXXXX	20	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,506,133	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,753,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of
Environmental Protection

Administrative DEP Form 62-699.310(3)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information -

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street State: FL Zip Code: 32035
 City: Fernandina Beach
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6361; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue State: FL Zip Code: 32034
 City: Fernandina Beach Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd;
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1998: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALBANY/SUBURBAN DEP FORM 62-555.350(2)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,561,000	2.2				
2	24	1,529,000	2.2				
3	24	1,432,000	2.2				
4	24	1,489,000	2.4				
5	24	1,547,000	2.0				
6	24	1,607,000	2.4				
7	24	1,607,000	2.4				
8	24	1,493,000	2.4		7	0.6	
9	24	1,424,000	2.2				
10	24	1,305,000	2.3				
11	24	1,212,000	2.2				
12	24	1,284,000	2.2				
13	24	1,239,000	2.2				
14	24	1,239,000	2.2				
15	24	822,000	2.2				
16	24	839,000	2.5				
17	24	933,000	2.3		7	0.5	
18	24	1,160,000	2.3				
19	24	1,250,000	1.6				
20	24	1,565,000	2.2				
21	24	1,565,000	2.2				
22	24	1,555,000	2.3				
23	24	1,639,000	2.4				
24	24	878,400	2.5				
25	24	878,400	2.5				
26	24	878,200	2.5				
27	24	747,000	2.3				
28	24	747,000	2.3		6	0.5	
29	24	870,000	2.2				
30	24	687,000	2.2				
31	24	1,014,000	2.3				
Total	XXXXXX	37,996,000	XXXXXXXXXXXX	XXXXXXXXXX	20	XXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,225,677	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,639,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(2), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information:

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6361; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32035
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1998: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alameda/Contra Costa DEP Form 62-555.350(3)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	2,484,000	2.8				
2	24	2,460,000	2.8				
3	24	2,437,000	2.3				
4	24	2,405,000	2.7				
5	24	2,384,000	2.0				
6	24	2,374,000	2.7				
7	24	2,374,000	2.7				
8	24	2,380,000	2.4		7	0.6	
9	24	2,570,000	2.5				
10	24	2,247,000	2.4				
11	24	2,434,000	2.1				
12	24	2,305,000	2.1				
13	24	2,323,500	1.9				
14	24	2,323,500	1.9				
15	24	2,122,000	2.2				
16	24	2,208,000	1.5				
17	24	2,229,000	2.0		7	0.5	
18	24	2,261,000	2.2				
19	24	1,967,000	2.6				
20	24	2,310,000	1.8				
21	24	2,310,000	1.8				
22	24	2,166,000	2.1				
23	24	2,270,000	2.0				
24	24	2,084,000	2.0				
25	24	2,085,000	2.0				
26	24	2,085,000	2.0				
27	24	2,051,000	2.1				
28	24	2,051,000	2.1		6	0.5	
29	24	2,027,000	1.7				
30	24	1,999,000	1.8				
31	24	2,030,000	2.0				
Total	XXXXXX	69,756,000	XXXXXXXXXXXX	XXXXXXXXXXXX	20	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,250,194	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,570,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5788; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/261-3663
 Address: North 11th Street and Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltlamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Minnesota Statutes, Chapter 62.555.910(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1997

* Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	
1	24	1,630,700	2.2				
2	24	2,091,900	2.2				
3	24	1,859,500	2.2				
4	24	1,759,300	2.2				
5	24	1,898,550	2.1				
6	24	1,898,550	2.1				
7	24	1,807,400	2.0				
8	24	1,793,200	2.2				
9	24	1,705,200	2.2				
10	24	1,770,500	2.2				
11	24	1,658,800	2.5				
12	24	1,865,350	2.2				
13	24	1,865,350	2.2				
14	24	1,814,200	2.0				
15	24	1,653,600	2.0				
16	24	1,575,900	2.0		5	0.4	
17	24	1,802,500	2.4				
18	24	1,941,900	2.0				
19	24	1,844,600	2.3				
20	24	1,844,600	2.3				
21	24	1,836,900	2.2				
22	24	1,808,600	2.1		6	0.4	
23	24	1,876,600	2.2				
24	24	1,856,200	2.2				
25	24	1,836,100	2.2				
26	24	1,802,700	2.2				
27	24	1,802,700	2.2				
28	24	1,815,100	2.2		5	0.4	
29	24	1,816,700	2.2				
30	24	1,820,200	2.1				
31	24	1,731,200	2.2				
Total	XXXXXX	56,084,600	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,809,181	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,091,900	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62.555.350(3), F.A.C.
 If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62.555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5788; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/261-3663
 Address: Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltmeters).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHEAST DISTRICT
 7825 BAYMEADOWS WAY, SUITE 6-200
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternative/Substitute DEP Form 62-655.910(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 2 Water Works

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,154,200	2.0				
2	24	1,317,500	2.5				
3	24	1,135,700	2.2				
4	24	1,073,300	2.2				
5	24	1,348,400	2.5				
6	24	1,348,400	2.5				
7	24	979,600	2.5				
8	24	1,066,300	2.0				
9	24	1,062,200	2.5				
10	24	980,900	2.5				
11	24	884,100	2.8				
12	24	1,130,600	2.0				
13	24	1,130,600	2.0				
14	24	1,090,500	2.0				
15	24	1,214,100	2.0				
16	24	1,394,800	2.5		5	0.5	
17	24	1,057,800	2.5				
18	24	1,523,500	2.3				
19	24	1,716,600	2.5				
20	24	1,716,600	2.5				
21	24	1,382,100	2.3				
22	24	1,293,500	2.3		6	0.4	
23	24	1,191,300	2.3				
24	24	1,208,200	2.1				
25	24	926,400	2.2				
26	24	1,061,950	2.2				
27	24	1,061,950	2.2				
28	24	1,086,700	2.2		5	0.4	
29	24	1,085,200	2.4				
30	24	1,002,700	2.4				
31	24	924,700	2.0				
Total	XXXXXX	36,550,400	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,179,045	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
(Max.)	XXXXXX	1,716,600	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 5819; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 1 Water Works Telephone No.: 904/261-3663
Address: North 11th Street and Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, ANIONIC IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
 and for Consecutive Public Water Systems that Treat Their Water
 System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

MINNAPOLIS, OCT 1986 67-555-91031

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1997

* Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine, combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,585,900	2.2				
2	24	2,009,050	2.1				
3	24	2,009,050	2.1				
4	24	1,846,100	2.1				
5	24	1,829,500	2.1				
6	24	1,881,200	2.1		5	0.4	
7	24	1,702,900	2.2				
8	24	1,659,700	3.0				
9	24	1,773,500	2.2				
10	24	1,773,500	2.2				
11	24	1,707,900	2.1				
12	24	2,303,800	2.1		5	0.4	
13	24	2,107,300	2.0				
14	24	1,753,700	2.2				
15	24	1,691,200	2.0				
16	24	1,855,700	2.1				
17	24	1,855,700	2.1				
18	24	1,855,900	2.1				
19	24	1,896,900	2.0		6	0.4	
20	24	1,831,300	2.2				
21	24	2,000,700	2.5				
22	24	1,879,000	2.5				
23	24	1,812,450	2.4				
24	24	1,812,450	2.4				
25	24	1,654,700	2.3				
26	24	1,687,800	2.2				
27	24	1,771,200	2.2				
28	24	1,942,700	2.2				
29							
30							
31							
Total	XXXXXX	51,490,800	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,838,957	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,303,800	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

† If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of the appropriate ACPHJ by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
 † If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of the appropriate ACPHJ by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Florida Public Utilities Company PWS Identification No.: 2450364
System Owner Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
System Type: [X] community; [] non-transient non-community; [] non community; [] consecutive
No. of Service Connections at End of Reporting Month: 5819 Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

Treatment Plant Name: Number 2 Water Works Telephone No.: 904/261-3663
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
Permitted Maximum Day Capacity of Plant: 4.5 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, ANIONIC IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/clamps).

Signature and Date: Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE D-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

MINNESOTA DEPARTMENT OF HEALTH 62-555.350(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine, combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	928,700	2.0				
2	24	1,207,250	1.8				
3	24	1,207,250	1.8				
4	24	1,142,800	1.6				
5	24	1,165,500	2.2				
6	24	1,277,000	2.2		5	0.4	
7	24	1,087,500	2.3				
8	24	934,800	2.0				
9	24	1,103,200	2.1				
10	24	1,103,200	2.1				
11	24	1,045,000	1.8				
12	24	1,071,900	1.9		5	0.4	
13	24	1,161,700	2.3				
14	24	1,025,700	2.5				
15	24	942,400	2.2				
16	24	1,017,800	1.8				
17	24	1,017,800	1.8				
18	24	1,018,200	1.8				
19	24	1,179,500	2.2		6	0.4	
20	24	1,150,300	2.2				
21	24	1,142,800	2.5				
22	24	1,166,900	2.5				
23	24	985,000	2.4				
24	24	985,000	2.4				
25	24	1,016,700	2.4				
26	24	971,700	2.4				
27	24	994,500	2.1				
28	24	1,138,700	2.2				
29							
30							
31							
Total	XXXXXX	30,188,800	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,078,171	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,277,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

¹ If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHJ by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

² If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.3 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHJ by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non community; consecutive
• No. of Service Connections at End of Reporting Month: 5,819; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant

Name: Number 1 Water Works Telephone No.: 904/261-3663
Address: North 11th Street and Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1997 : See Page 2

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, ANIONIC IRON, AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make up, pressures, and volts/lamps)

Signature and Date

Charles H. Shelton

2257

Name and Certificate Number (please type or print)

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT

7825 PAYMATERIALS WAY, SUITE D-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

MINNESOTA DEPARTMENT OF HEALTH 62-555 31001

System PWS Identification Number 2450364
 Treatment Plant Name Number 1 Water Works

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine, combined chlorine (chloramine),
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)¹	
1	24	2,826,300	2.0				
2	24	1,417,600	2.2				
3	24	1,417,600	2.2				
4	24	1,961,800	2.1				
5	24	1,993,400	2.2		5	0.4	
6	24	1,965,400	2.2				
7	24	1,930,100	2.2				
8	24	2,083,100	2.0				
9	24	1,929,950	2.1				
10	24	1,929,950	2.1				
11	24	1,961,200	2.2				
12	24	1,985,300	2.0		5	0.4	
13	24	1,979,300	2.0				
14	24	2,015,600	2.1				
15	24	1,681,100	2.2				
16	24	2,185,450	2.0				
17	24	2,185,450	2.0				
18	24	2,102,200	1.6				
19	24	1,965,300	2.1				
20	24	2,110,100	2.0				
21	24	2,010,500	2.3				
22	24	1,777,800	2.0				
23	24	2,116,300	1.6				
24	24	2,116,300	1.6		6	0.4	
25	24	2,035,000	2.1				
26	24	1,789,000	1.9				
27	24	1,946,600	2.1				
28	24	2,038,300	2.0				
29	24	2,001,800	2.0				
30	24	1,988,800	2.2				
31	24	1,988,800	2.2				
Total	XXXXXX	61,435,400	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,981,787	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,826,300	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

¹ If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of Health within 24 hours pursuant to Rule 62-555.350(2), F.A.C.
 If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of Health within 24 hours pursuant to Rule 62-555.350(2), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient, non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5819; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/261-3663
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd. • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANTS: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton

2257

Name and Certificate Number (please type or print)

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHWEST DISTRICT
 7825 BAYMEADOWS WAY, SUITE B-260
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

MINNESOTA DEPARTMENT OF HEALTH 62-555.350(3)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 1 Water Works

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: X free chlorine, 0 combined chlorine (chloramine), 0 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	2,048,000	2.0				
2	24	1,135,900	2.1				
3	24	1,135,900	2.1				
4	24	1,421,800	2.0				
5	24	1,640,500	2.0		5	0.4	
6	24	1,643,200	1.6				
7	24	1,463,400	1.6				
8	24	1,385,500	2.0				
9	24	1,879,150	1.5				
10	24	1,879,150	1.5				
11	24	1,768,000	1.5				
12	24	1,865,500	1.5		5	0.4	
13	24	1,819,300	1.5				
14	24	1,243,800	2.1				
15	24	946,600	2.2				
16	24	1,483,500	2.0				
17	24	1,483,500	2.0				
18	24	1,696,200	2.0				
19	24	1,047,000	2.3				
20	24	1,369,300	2.3				
21	24	1,161,900	2.2				
22	24	1,160,000	2.5				
23	24	1,520,950	2.5				
24	24	1,520,950	2.5		6	0.4	
25	24	1,288,900	2.1				
26	24	1,052,900	1.8				
27	24	1,129,200	2.2				
28	24	1,356,600	2.1				
29	24	1,323,100	2.0				
30	24	1,449,800	2.0				
31	24	1,449,800	2.0				
Total	XXXXXX	44,769,300	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,444,171	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,048,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of the appropriate ACPH by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration in the distribution system is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of the appropriate ACPH by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach, State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 5,917; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant Name: Number 1 Water Works Telephone No.: 904/261-3663
Address: North 11th Street and Atlantic Avenue
City: Fernandina Beach, State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62.699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRAINT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal DEP Form 62-655.3(10/3)

System PWS Identification Number:

2450364

Treatment Plant Name:

Number 1 Water Works

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	2,015,700	1.9				
2	24	1,995,300	1.9				
3	24	1,990,100	1.6				
4	24	1,981,200	2.5				
5	24	1,881,400	2.0				
6	24	2,019,550	2.1				
7	24	2,019,550	2.1				
8	24	2,051,000	1.8				
9	24	1,893,000	1.8		5	0.4	
10	24	1,970,300	1.8				
11	24	1,961,700	1.8				
12	24	1,789,700	2.5				
13	24	2,074,600	1.7				
14	24	2,074,600	1.7				
15	24	1,934,500	2.2				
16	24	1,842,400	2.2				
17	24	1,984,700	1.8		5	0.4	
18	24	2,160,800	1.4				
19	24	3,163,400	1.5				
20	24	1,926,400	1.5				
21	24	1,926,400	1.8				
22	24	2,355,200	1.8		6	0.4	
23	24	2,020,100	2.4				
24	24	1,872,600	2.5				
25	24	1,990,200	2.1				
26	24	1,977,400	2.0				
27	24	1,907,850	2.0				
28	24	1,907,850	2.0				
29	24	1,785,100	1.8				
30	24	1,901,200	1.6				
31							
Total	XXXXXX	60,373,800	XXXXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,012,460	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	3,163,400	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

¹ If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(2), F.A.C.

² If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(2), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: _____
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5,917; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/261-3663
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPOCHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 3

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-655.910(3)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 2 Water Works

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	- Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,409,200	2.1				
2	24	1,514,200	1.9				
3	24	1,579,600	2.0				
4	24	1,596,400	2.0				
5	24	1,765,400	2.0				
6	24	1,659,800	1.8				
7	24	1,659,800	1.8				
8	24	1,532,200	2.0				
9	24	1,544,900	2.0		5	0.4	
10	24	1,777,600	1.6				
11	24	1,403,100	2.0				
12	24	1,269,100	2.2				
13	24	1,722,250	1.5				
14	24	1,722,250	1.5				
15	24	1,071,900	2.2				
16	24	1,137,600	2.2				
17	24	1,280,800	2.0		5	0.4	
18	24	1,340,700	2.2				
19	24	2,135,000	2.4				
20	24	1,363,050	1.4				
21	24	1,363,050	1.4				
22	24	1,624,900	2.0		6	0.4	
23	24	1,451,100	2.5				
24	24	1,034,900	2.4				
25	24	1,198,300	2.5				
26	24	1,324,800	2.5				
27	24	899,100	2.2				
28	24	899,100	2.2				
29	24	820,600	2.4				
30	24	856,700	2.2				
31							
Total	XXXXXX	41,957,400	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Avg.	XXXXXX	1,398,580	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Max.	XXXXXX	2,135,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Florida Public Utilities Company PWS Identification No.: 2450364
System Owner: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
System Type: community
No. of Service Connections at End of Reporting Month: 5945 Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

Treatment Plant Name: Number 1 Water Works Telephone No.: 904/261-3663
Address: North 11th Street and Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
Permitted Maximum Day Capacity of Plant: 5.7 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1997 See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amper).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Minnesota Department of Health Form 62-555.910131

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	1,760,900	2.4				
2	24	2,301,000	2.5				
3	24	2,032,300	2.2				
4	24	2,342,250	2.0				
5	24	2,342,250	2.5				
6	24	2,200,700	2.0				
7	24	2,410,300	2.0		5	0.4	
8	24	2,310,100	2.0				
9	24	2,366,600	2.0				
10	24	2,539,900	2.0				
11	24	2,436,500	2.0				
12	24	2,436,500	2.0				
13	24	1,878,900	2.1				
14	24	1,969,100	2.0				
15	24	2,100,000	2.0		5	0.25	
16	24	2,382,900	2.1				
17	24	2,234,200	2.0				
18	24	1,909,200	2.0				
19	24	1,909,200	2.0				
20	24	1,984,200	1.9				
21	24	2,162,700	1.8				
22	24	2,144,200	2.0				
23	24	2,252,200	1.6				
24	24	1,918,400	2.5				
25	24	2,092,400	2.5				
26	24	2,092,400	2.5				
27	24	2,092,600	2.5				
28	24	1,929,000	2.5		6	0.4	
29	24	1,936,800	2.5				
30	24	2,037,100	2.5				
31	24	1,929,200	2.5				
Total	XXXXXX	66,434,000	XXXXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,143,032	XXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,539,900	XXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5945; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/261-3663
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHEAST DISTRICT
 7825 BAYMEADOWS WAY, SUITE B-200
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.310(3)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	1,414,500	2.2				
2	24	1,591,800	2.2				
3	24	1,514,100	2.5				
4	24	1,625,450	2.5				
5	24	1,625,450	2.5				
6	24	1,693,200	1.6				
7	24	1,683,300	1.4		5	0.4	
8	24	1,868,100	1.6				
9	24	1,888,700	1.8				
10	24	1,312,900	2.0				
11	24	1,701,900	3.0				
12	24	1,701,900	3.0				
13	24	944,900	2.5				
14	24	1,253,900	2.2				
15	24	1,431,300	2.5		5	0.25	
16	24	1,539,800	2.5				
17	24	1,412,700	2.5				
18	24	1,817,900	2.6				
19	24	1,817,900	2.6				
20	24	1,319,300	3.0				
21	24	1,463,900	2.5				
22	24	1,462,600	2.5				
23	24	1,060,400	3.0				
24	24	1,613,300	2.0				
25	24	1,570,300	2.5				
26	24	1,570,300	2.5				
27	24	1,570,500	2.5				
28	24	1,083,800	3.0		6	0.4	
29	24	1,055,100	3.0				
30	24	1,255,200	3.0				
31	24	1,267,600	2.7				
Total	XXXXXX	46,132,000	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,488,129	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,888,700	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

¹ If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

² If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5945; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/261-3663
 Address: North 11th Street and Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPOCHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRIANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator stated or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

Alternate/Substitute DEP Form 62-655.910(3)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine, combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	- Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	2,039,650	2.5				
2	24	2,039,650	2.5				
3	24	2,057,200	2.2				
4	24	2,115,000	2.0				
5	24	2,134,200	2.2				
6	24	1,826,100	2.2				
7	24	1,790,100	2.5				
8	24	2,158,000	2.3				
9	24	2,158,000	2.3				
10	24	1,810,700	2.6		5	0.4	
11	24	2,170,700	2.2				
12	24	2,220,600	2.2				
13	24	2,168,900	2.2				
14	24	2,011,400	2.2				
15	24	2,105,150	2.0				
16	24	2,105,150	2.0				
17	24	2,133,600	2.0				
18	24	2,058,100	2.2		5	0.4	
19	24	2,052,300	2.1				
20	24	2,011,400	2.2				
21	24	2,050,600	2.0				
22	24	2,073,250	2.2				
23	24	2,073,250	2.2				
24	24	2,286,800	2.2				
25	24	2,311,600	1.8				
26	24	2,604,400	1.8		6	0.4	
27	24	2,226,300	2.0				
28	24	1,886,600	2.2				
29	24	2,135,400	2.2				
30	24	2,135,400	2.2				
31							
Total	XXXXXX	62,949,500	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,098,317	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,604,400	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department of the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina beach State: FL Zip Code: 32034
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5945 • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/261-3663
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amper).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHEAST DISTRICT
 7825 BAYMEADOWS WAY, SUITE 8-230
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

APPROVED SUBSTITUTED DEP FORM 62-555.910(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	- Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,125,050	3.0				
2	24	1,125,050	3.0				
3	24	1,174,900	3.0				
4	24	933,200	3.0				
5	24	1,138,300	3.0				
6	24	986,200	2.5				
7	24	1,109,500	2.3				
8	24	1,204,650	2.6				
9	24	1,204,650	2.6				
10	24	1,025,600	2.5		5	0.4	
11	24	1,574,000	2.0				
12	24	1,495,700	2.5				
13	24	1,322,200	2.5				
14	24	1,184,100	2.5				
15	24	1,317,800	2.1				
16	24	1,317,800	2.1				
17	24	1,549,100	2.2				
18	24	1,238,600	2.3		5	0.4	
19	24	1,092,700	2.3				
20	24	1,171,500	2.3				
21	24	1,339,800	2.3				
22	24	1,521,600	2.0				
23	24	1,521,600	2.0				
24	24	1,632,000	2.2				
25	24	1,772,500	1.8				
26	24	1,830,800	2.0		6	0.4	
27	24	1,781,300	2.0				
28	24	1,457,800	2.0				
29	24	1,254,400	2.5				
30	24	1,254,400	2.5				
31							
Total	XXXXXX	39,656,800	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,321,893	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,830,800	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 5987; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant

Name: Number 1 Water Works Telephone No.: 904/261-3663
Address: North 11th Street and Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1997: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Minnesota Statute, DEP Form 62-555.310(3)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 1 Water Works

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	2,099,100	2.2				
2	24	2,158,200	2.3				
3	24	2,139,600	2.2				
4	24	2,281,000	2.0				
5	24	2,614,300	2.5				
6	24	2,200,950	2.2				
7	24	2,200,950	2.2				
8	24	2,063,500	2.2		5	0.4	
9	24	2,074,700	2.2				
10	24	1,980,100	2.2				
11	24	2,213,400	2.2				
12	24	2,040,200	2.0				
13	24	2,277,550	2.2				
14	24	2,277,550	2.2				
15	24	2,186,100	2.2				
16	24	2,220,400	2.0		5	0.3	
17	24	2,250,400	2.0				
18	24	2,319,300	1.8				
19	24	2,062,600	2.0				
20	24	2,438,450	2.2				
21	24	2,438,450	2.2				
22	24	2,615,500	2.0				
23	24	2,734,700	2.0				
24	24	2,682,200	1.6				
25	24	2,498,000	2.2				
26	24	2,979,000	2.0				
27	24	1,578,200	1.8				
28	24	1,578,200	1.8		6	0.4	
29	24	2,161,000	2.0				
30	24	2,129,100	2.0				
31	24	2,110,300	2.0				
Total	XXXXXX	69,603,000	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,245,258	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,979,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5987; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant

Name: Number 2 Water Works Telephone No.: 904/261-3663
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1997: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/lamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 NORTHEAST DISTRICT
 7825 BAYMEADOWS WAY, SUITE B-200
 JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Supplemental DEP Form 62-655.310(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 2 Water Works

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	1,179,500	2.2				
2	24	1,170,300	2.2				
3	24	1,458,000	2.2				
4	24	1,859,700	1.5				
5	24	1,587,900	2.0				
6	24	1,440,600	2.2				
7	24	1,440,600	2.2				
8	24	1,108,200	2.2		5	0.4	
9	24	1,170,000	2.1				
10	24	1,145,000	2.2				
11	24	1,244,900	2.2				
12	24	1,373,800	2.2				
13	24	1,792,300	1.4				
14	24	1,792,300	1.4				
15	24	1,721,300	2.0				
16	24	1,854,500	2.0		5	0.3	
17	24	1,792,300	2.0				
18	24	1,871,400	2.1				
19	24	1,430,400	2.7				
20	24	1,622,450	2.5				
21	24	1,622,450	2.5				
22	24	1,767,300	2.0				
23	24	1,933,800	2.0				
24	24	1,875,300	1.6				
25	24	1,818,500	2.0				
26	24	1,805,000	2.0				
27	24	974,100	2.0				
28	24	974,100	2.0		6	0.4	
29	24	1,486,600	2.3				
30	24	1,520,400	2.4				
31	24	1,399,200	2.4				
Total	XXXXXX	47,232,200	XXXXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,523,619	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,933,800	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non transient non-community; non community; consecutive
 • No. of Service Connections at End of Reporting Month: 5997; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street and Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 mgd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, ANIONIC IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
1825 BAYMEADOWS WAY, SUITE D-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

MS-001 (SUMMARY) DEP FORM 47-655.9 (10/93)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1997

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine, combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L) ¹	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	
1	24	1,934,400	2.0				
2	24	1,981,200	2.0				
3	24	1,959,900	1.8				
4	24	1,959,900	1.8				
5	24	2,219,900	1.8				
6	24	2,287,900	1.8		5	0.3	
7	24	2,040,000	1.7				
8	24	2,021,400	1.7				
9	24	2,004,400	2.0				
10	24	2,054,400	1.8				
11	24	2,054,400	1.8				
12	24	1,987,600	1.6				
13	24	2,090,500	1.6				
14	24	2,140,400	1.6				
15	24	2,114,700	1.6				
16	24	1,898,100	1.6				
17	24	2,083,150	1.5				
18	24	2,083,150	1.5				
19	24	2,049,000	1.8				
20	24	1,873,200	1.5				
21	24	2,062,600	1.7		5	0.3	
22	24	1,917,500	1.6				
23	24	1,620,600	2.0				
24	24	2,147,600	1.9				
25	24	2,147,600	1.9				
26	24	1,990,200	1.8				
27	24	2,370,400	1.8		6	0.4	
28	24	2,023,200	1.7				
29	24	1,871,000	1.8				
30	24	1,855,825	1.8				
31	24	2,046,085	2.2				
Total	XXXXXX	62,890,210	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,028,716	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,370,400	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

¹ If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACP/PU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACP/PU by wire or telephone within 24 hours pursuant to Rule 62-555.350(7), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5997; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltstamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Minnesota Statutes, DEP Form 62-555.350(3)

System PWS Identification Number: 2450364
Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,014,000	2.1				
2	24	1,034,000	2.0				
3	24	1,342,800	2.0				
4	24	1,342,800	2.0				
5	24	1,418,300	1.8				
6	24	1,601,100	2.0		5	0.3	
7	24	1,436,400	2.0				
8	24	1,322,600	2.5				
9	24	1,494,900	2.0				
10	24	1,471,900	2.0				
11	24	1,471,900	2.0				
12	24	1,232,200	2.1				
13	24	1,383,800	2.0				
14	24	1,584,600	2.0				
15	24	1,636,000	1.8				
16	24	1,767,300	2.5				
17	24	1,010,050	2.6				
18	24	1,010,050	2.6				
19	24	1,462,400	2.5				
20	24	1,502,300	2.3				
21	24	1,537,100	2.5		5	0.3	
22	24	1,622,700	2.5				
23	24	1,542,400	1.5				
24	24	1,772,950	1.8				
25	24	1,772,950	1.8				
26	24	1,592,000	1.8				
27	24	1,782,600	1.8		6	0.4	
28	24	1,714,200	1.0				
29	24	1,985,700	1.0				
30	24	1,986,200	1.3				
31	24	1,830,600	1.0				
Total	XXXXXX	46,678,800	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,505,768	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,986,200	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 5997 • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 1 Water Works Telephone No.: 904/277-1971
Address: North 11th Street and Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPOCHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltlamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALPHABETICALLY DER FORM 62-555.9.1001

System PWS Identification Number: 2450364
Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	2,046,085	2.2				
2	24	2,046,105	2.2				
3	24	1,861,600	2.0				
4	24	2,248,900	2.0		5	0.4	
5	24	1,530,500	2.2				
6	24	1,993,800	2.2				
7	24	1,899,500	1.7				
8	24	1,899,500	1.7				
9	24	1,880,300	2.1				
10	24	1,915,100	2.0		5	0.5	
11	24	1,806,700	2.3				
12	24	1,866,500	2.2				
13	24	1,854,200	2.2				
14	24	2,326,350	2.1				
15	24	2,326,350	2.1				
16	24	2,239,400	2.0				
17	24	2,249,800	2.3		6	0.4	
18	24	2,451,400	1.7				
19	24	2,555,200	1.8				
20	24	2,301,200	2.0				
21	24	2,432,600	2.2				
22	24	2,432,600	2.2				
23	24	2,016,100	3.0				
24	24	1,913,900	2.1				
25	24	2,154,400	2.0				
26	24	1,885,700	2.0				
27	24	1,853,200	2.0				
28	24	1,769,550	2.1				
29	24	1,769,550	2.1				
30	24	1,966,400	2.1				
31							
Total	XXXXXX	61,492,490	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	2,049,750	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,555,200	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5997; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant

Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1997: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Supplemental DEP Form 62-555.9(10/31)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	
1	24	1,830,600	1.0				
2	24	1,830,900	1.0				
3	24	1,483,200	2.5				
4	24	1,736,700	2.5		5	0.4	
5	24	1,427,100	1.0				
6	24	1,763,000	1.5				
7	24	1,972,550	2.1				
8	24	1,972,550	2.1				
9	24	1,943,900	2.5				
10	24	2,016,000	1.6		5	0.5	
11	24	1,329,200	2.3				
12	24	1,468,100	2.0				
13	24	1,638,200	2.0				
14	24	1,990,700	2.5				
15	24	1,990,700	2.5				
16	24	1,857,500	1.8				
17	24	2,041,900	1.2		6	0.4	
18	24	1,863,000	2.0				
19	24	1,858,100	1.8				
20	24	1,901,500	2.0				
21	24	2,037,800	2.2				
22	24	2,037,800	2.2				
23	24	1,800,100	2.0				
24	24	1,228,100	2.2				
25	24	1,508,300	2.5				
26	24	1,336,700	2.0				
27	24	1,120,433	2.0				
28	24	1,120,433	2.5				
29	24	1,120,434	2.5				
30	24	1,291,600	2.2				
31							
Total	XXXXXX	50,517,100	XXXXXXXXXXXX	XXXXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,683,903	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXX
Max.	XXXXXX	2,041,900	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 6,037 ; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 1 Water Works Telephone No.: 904/277-1971
Address: North 11th Street & Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257.
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternative/Supplemental DEP Form 62-555.350(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,837,400	2.0				
2	24	1,843,700	2.0				
3	24	2,154,600	2.1				
4	24	1,618,100	2.1				
5	24	1,931,800	2.2				
6	24	1,931,800	2.2				
7	24	2,000,300	2.2				
8	24	1,987,100	2.0		5	0.3	
9	24	2,005,100	2.1				
10	24	1,990,900	2.1				
11	24	1,817,300	2.5				
12	24	1,866,200	2.4				
13	24	1,866,200	2.4				
14	24	1,898,500	2.0				
15	24	2,051,900	2.5		5	0.5	
16	24	1,743,200	2.3				
17	24	1,622,100	2.2				
18	24	1,596,100	2.2				
19	24	1,750,300	2.5				
20	24	1,750,300	2.5				
21	24	1,736,600	2.2				
22	24	1,864,000	2.4		6	0.3	
23	24	1,787,800	2.5				
24	24	1,776,700	2.2				
25	24	1,571,800	2.2				
26	24	1,788,100	2.2				
27	24	1,788,100	2.2				
28	24	1,584,500	2.2				
29	24	1,598,000	2.2				
30	24	1,703,800	2.2				
31	24	1,793,800	2.2				
Total	XXXXXX	56,256,100	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,814,713	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	2,154,600	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 5997 ; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amperes).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Supplement DEP Form 62-555.350131

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,354,500	2.0				
2	24	1,491,800	2.0				
3	24	1,469,400	2.0				
4	24	1,731,800	2.0				
5	24	1,759,400	1.4				
6	24	1,759,400	1.4				
7	24	1,609,000	2.2				
8	24	1,967,000	2.0		5	0.3	
9	24	1,973,500	2.2				
10	24	1,879,000	2.2				
11	24	1,757,700	2.0				
12	24	1,789,700	1.6				
13	24	1,789,700	1.6				
14	24	1,745,200	1.8				
15	24	1,649,700	1.6		5	0.5	
16	24	1,363,200	2.5				
17	24	1,120,500	2.2				
18	24	1,188,400	2.2				
19	24	1,255,850	2.1				
20	24	1,255,850	2.1				
21	24	1,376,000	2.2				
22	24	1,425,400	1.5		6	0.3	
23	24	1,496,600	1.0				
24	24	1,562,800	1.0				
25	24	1,087,700	2.5				
26	24	1,242,450	2.4				
27	24	1,242,450	2.4				
28	24	989,000	2.2				
29	24	1,149,300	2.2				
30	24	1,152,800	2.2				
31	24	1,219,100	2.2				
Total	XXXXXX	45,854,200	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,479,168	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,973,500	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350131, F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350131, F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6047 ; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 1 Water Works Telephone No.: 904/277-1971
 Address: North 11th Street & Atlantic Avenue
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 5.7 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLORHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ATLANTA/SUBURBAN DEP Form 62-555.910(3)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1997

* Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	
1	24	1,758,800	2.0				
2	24	1,621,250	2.5				
3	24	1,621,250	2.5				
4	24	1,699,300	2.2				
5	24	1,733,500	2.2				
6	24	1,719,400	2.2		5	0.4	
7	24	1,732,600	2.2				
8	24	1,872,400	2.0				
9	24	1,534,200	2.5				
10	24	1,534,200	2.5				
11	24	1,584,700	2.2				
12	24	1,642,800	2.0				
13	24	1,480,900	2.2		5	0.4	
14	24	1,483,300	2.0				
15	24	1,596,200	2.0				
16	24	1,535,850	2.2				
17	24	1,535,850	2.2				
18	24	1,591,600	1.5				
19	24	1,422,600	2.5		6	0.4	
20	24	1,681,200	2.5				
21	24	1,336,000	2.5				
22	24	1,485,600	2.5				
23	24	1,718,950	2.2				
24	24	1,718,950	2.2				
25	24	1,606,200	2.1				
26	24	1,661,400	2.2				
27	24	1,574,800	2.0				
28	24	1,653,200	2.2				
29	24	1,749,400	2.2				
30	24	1,516,250	2.2				
31							
Total	XXXXXX	48,402,650	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,613,422	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,872,400	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
• System Owner
Name: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
• System Type: community; non-transient non-community; non-community; consecutive
• No. of Service Connections at End of Reporting Month: 6047; • Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
Name: Number 2 Water Works Telephone No.: 904/277-1972
Address: 2203 Ryan Road
City: Fernandina Beach State: FL Zip Code: 32034
• Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
• Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1997 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 2450364

Treatment Plant Name: Number 2 Water Works

ARMD16/SUBTITLE DEP Form 62-655.910131

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1997

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,246,400	2.0				
2	24	1,006,700	2.4				
3	24	1,006,700	2.4				
4	24	1,159,800	2.2				
5	24	1,295,400	2.2				
6	24	1,238,300	2.2		5	0.4	
7	24	1,174,900	2.3				
8	24	1,114,600	2.5				
9	24	1,347,300	2.1				
10	24	1,347,300	2.1				
11	24	1,396,200	2.2				
12	24	1,483,500	2.1				
13	24	984,500	2.0		5	0.4	
14	24	1,080,000	2.0				
15	24	1,229,800	2.0				
16	24	1,336,750	2.0				
17	24	1,336,750	2.0				
18	24	1,299,400	1.8				
19	24	1,671,400	1.8		6	0.4	
20	24	1,378,500	2.0				
21	24	1,756,700	2.0				
22	24	1,458,300	2.7				
23	24	1,544,550	2.2				
24	24	1,544,550	2.2				
25	24	1,480,500	1.4				
26	24	1,598,600	2.4				
27	24	1,606,100	1.8				
28	24	1,331,100	1.8				
29	24	1,439,200	2.4				
30	24	1,132,800	2.4				
31							
Total	XXXXXX	40,026,600	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,334,220	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,756,700	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Florida Public Utilities Company PWS Identification No.: 2450364
System Owner: Florida Public Utilities Company Telephone No.: 904/261-3663
Address: P.O. Box 418, 911 South 8th Street
City: Fernandina Beach State: FL Zip Code: 32035
System Type: community
No. of Service Connections at End of Reporting Month: 6070 Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

Treatment Plant: Number 1 Water Works Telephone No.: 904/277-1971
Address: North 11th Street & Atlantic Avenue
City: Fernandina Beach State: FL Zip Code: 32034
Permitted Maximum Day Capacity of Plant: 5.7 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: C
Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1997 : See Page 2.
III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.
IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/lamps).

Signature and Date Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

ALBANY/SUBMITTER DEP Form 62-555.350(3)

System PWS Identification Number: 2450364
 Treatment Plant Name: Number 1 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	
1	24	1,516,250	2.2				
2	24	1,743,600	2.0				
3	24	1,601,800	2.1				
4	24	1,549,600	2.2		5	0.3	
5	24	1,590,200	2.2				
6	24	1,436,100	2.2				
7	24	1,664,750	2.2				
8	24	1,664,750	2.2				
9	24	1,575,900	2.1				
10	24	1,548,300	2.0				
11	24	1,605,400	2.2		5	0.3	
12	24	1,543,400	2.2				
13	24	1,402,900	2.2				
14	24	1,521,550	2.5				
15	24	1,521,550	2.5				
16	24	1,564,100	2.3				
17	24	1,561,900	2.0				
18	24	1,535,000	2.0		6	0.35	
19	24	1,547,500	2.2				
20	24	1,657,200	1.8				
21	24	1,446,250	2.0				
22	24	1,446,250	2.0				
23	24	1,484,000	2.1				
24	24	1,498,000	2.0				
25	24	1,367,600	2.0				
26	24	1,497,200	2.1				
27	24	1,416,400	2.1				
28	24	1,461,250	2.2				
29	24	1,461,250	2.2				
30	24	1,393,800	2.2				
31	24	1,545,400	2.0				
Total	XXXXXX	47,369,150	XXXXXXXXXXXX	XXXXXXXXXX	16	XXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,528,037	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	1,743,600	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
 If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of
Environmental Protection

ANONALBUBALUBA DEP Form 62-886.81003

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Florida Public Utilities Company PWS Identification No.: 2450364
 • System Owner
 Name: Florida Public Utilities Company Telephone No.: 904/261-3663
 Address: P.O. Box 418, 911 South 8th Street
 City: Fernandina Beach State: FL Zip Code: 32035
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 6070; Total Population Served at End of Reporting Month: 11,900

Water Treatment Plant Information

• Treatment Plant
 Name: Number 2 Water Works Telephone No.: 904/277-1972
 Address: 2203 Ryan Road
 City: Fernandina Beach State: FL Zip Code: 32034
 • Permitted Maximum Day Capacity of Plant: 4.5 gpd; • Plant Category and Class per Rule 62-899.310(3), F.A.C.: C
 • Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1997: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt, and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volistamps).

Signature and Date

Charles H. Shelton 2257
Name and Certificate Number (please type or print)

Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHEAST DISTRICT
7825 BAYMEADOWS WAY, SUITE B-200
JACKSONVILLE, FLORIDA 32256-7577

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Submittal DEP Form 62-655.9.10(3)

System PWS Identification Number: 2450364

Treatment Plant Name: Number 2 Water Works

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	1,132,800	2.4				
2	24	1,400,300	2.0				
3	24	1,270,400	1.6				
4	24	1,102,600	2.2		5	0.3	
5	24	1,253,600	2.2				
6	24	1,120,600	2.1				
7	24	1,440,950	1.9				
8	24	1,440,950	1.9				
9	24	1,128,200	2.2				
10	24	1,067,000	2.1				
11	24	1,035,600	2.1		5	0.3	
12	24	994,900	2.5				
13	24	839,100	2.0				
14	24	1,156,250	2.0				
15	24	1,156,250	2.0				
16	24	1,190,500	1.8				
17	24	1,137,100	1.8				
18	24	1,126,700	1.8		6	0.35	
19	24	1,113,400	1.9				
20	24	1,424,200	1.5				
21	24	1,081,150	1.6				
22	24	1,081,150	1.6				
23	24	960,500	1.8				
24	24	949,800	2.3				
25	24	996,200	2.0				
26	24	897,200	1.7				
27	24	875,900	1.0				
28	24	1,140,450	1.7				
29	24	1,140,450	1.7				
30	24	1,310,400	1.9				
31	24	1,311,800	1.8				
Total	XXXXXX	35,276,400	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	16	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	1,137,948	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX
Max.	XXXXXX	1,440,950	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

SECTION 5

Most recent Sanitary Survey and Inspection Report

**FLORIDA PUBLIC UTILITIES COMPANY
COMPANY CORRESPONDENCE**



DATE: APRIL 30, 1999

TO: CERYL MARTIN

FROM: PATRICK M. FOSTER P.E.

SUBJECT: SECTION 5, ADDITIONAL ENGINEERING INFORMATION

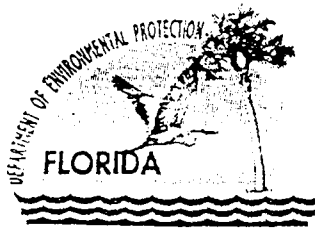
Dear Ceryl:

All deficiencies identified as part of the Plant Inspection Report were corrected immediately, the department was notified of the corrections, and they are satisfied.

If you have any questions or desire further information, please contact me at (904) 277-1957.

Patrick M. Foster P.E.

Division Manager



Jeb Bush
Governor

Department of Environmental Protection

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

February 22, 1999

Mr. John Mandrick
Florida Public Utilities Company
911 South 8TH Street
Fernandina Beach, Florida 32034

Dear Mr. Mandrick:

Nassau County-Potable Water
Florida Public Utilities Company
PWS ID: 2450364

On February 18 1999, a field inspection was performed in the above referenced facility by Mr. Scott Trigg and myself. The inspection was conducted with your and Mr. Carl Anderson's courteous assistance.

During the inspection, a couple of small deficiencies were encountered. The Department is aware that the system is in the middle of intensive remodeling and will recommend the following corrective actions to assure complete compliance with the Florida Administrative Code (F.A.C) Title 62.

Plant # 1:

1. At the time of inspection, the check valve at well # 15 was leaking. Please repair the leak as soon as possible (Rule 62-555.350, F.A.C.).
2. Rule 62-555.315(2)(f), F.A.C. requires all suppliers of water to provide a smooth-nosed, down-turned raw water sampling tap. At the time of inspection, raw water taps for the two existing wells were threaded. Please remove the threads.

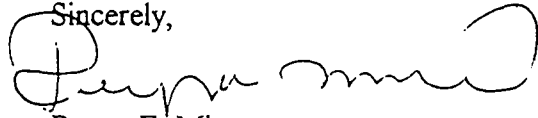
Plant # 2:

1. At the time of inspection, well # 27 was leaking through the well vent. Please take action to solve this problem (Rule 62-555.350, F.A.C.).
2. Rule 62-555.315(2)(f), F.A.C. requires all suppliers of water to provide a smooth-nosed, down-turned raw water sampling tap. At the time of inspection, raw water taps for the two existing wells were threaded. Please remove the threads.

We appreciate your and Mr. Anderson's cooperation during the inspection.

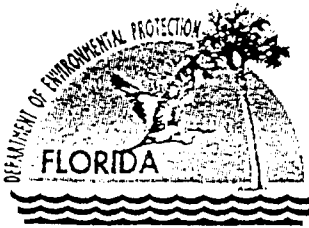
Mr. Mandrick
February 22, 1999
Page Two

Enclosed please find a copy of the inspection and the requested information regarding the 1999 chemical monitoring. If I may be of further assistance to you, please contact me at (904) 448-4330, extension 332. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely,

Reyna E. Miner
Potable Water Engineer

1
1/1/99
R:SMT:RM

Correspondence File
Nassau County Department of Health



Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

PUBLIC WATER SYSTEM INSPECTION REPORT

System Name: Florida Public Utilities (Plant # 1) Inspection Date: 02/18/99
 Location: Atlantic and 11th Street PWS ID: 2450364-01
 Owner: Florida Public Utilities Phone No.: 261-3663
 Address: 911 South 8th Street, Fernandina Beach, Florida. Zip Code: 32034 County: Nassau
 Certified Operator: Charles Shelton Level & No.: 2257C

Type of System: Community Type of Inspection: Compliance

INSPECTION RESULTS

Selections marked with an X are unsatisfactory
Referenced sections are from Title 62, Florida Administrative Code

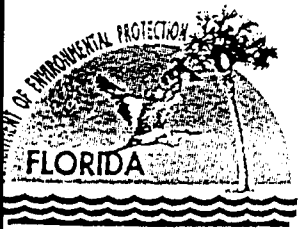
<input type="checkbox"/>	Aeration	555.350	
<input type="checkbox"/>	Auxiliary Power	555.320(6)	
<input type="checkbox"/>	Check Valve	555.330(3)	
<input type="checkbox"/>	Cross Connection	555.360	
<input type="checkbox"/>	Chlorination (Disinfection)	555.350(1)	
<input type="checkbox"/>	Plant _____ mg/l Remote _____ mg/l		
<input type="checkbox"/>	Chlorination, Gas	555.320(5)	
<input type="checkbox"/>	Chlorine Test Kit - DPD	555.330	
<input type="checkbox"/>	Flow Meter	555.320(8)	
<input type="checkbox"/>	Logs, on-site	555.350(4)	
<input checked="" type="checkbox"/>	Maintenance of Facilities	555.350	<u>There was a leak in well # 15</u>
<input type="checkbox"/>	Monitoring: Bacteriological	550.518	
<input type="checkbox"/>	Monitoring: Chemical	550.500-521	
<input type="checkbox"/>	Monitoring: Well Clearance	555.315(3)c	
<input type="checkbox"/>	Monthly Operation Reports	550.730(1)d	
<input type="checkbox"/>	Operator, Certified	555.350(2)	
<input type="checkbox"/>	Plant Design	555.330	
<input type="checkbox"/>	System Pressure	555.320(7)	
<input type="checkbox"/>	Well, Concrete Apron	555.315(2)(b)5	
<input type="checkbox"/>	Wells, Number of	555.315(1)	
<input checked="" type="checkbox"/>	Well, Raw Sample Tap	555.315(2)f	<u>The raw water tap is threaded</u>
<input type="checkbox"/>	Well Set Backs	555.312	

Comments: _____

It is required that a written response be provided to this office within ten days of receipt of this report regarding any unsatisfactory results listed above.

Inspector: *Reyna E. Miner* Date: 02/22/99
Reyna E. Miner, ext. 332 or e-mail address: MINER_R@JAX1.DEP.STATE.FL.US

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

PUBLIC WATER SYSTEM INSPECTION REPORT

System Name: Florida Public Utilities (Plant # 2) Inspection Date: 02/18/99
 Location: Ryan Road PWS ID: 2450364-02
 Owner: Florida Public Utilities Phone No.: 261-3663
 Address: 911 South 8th Street, Fernandina Beach, Florida. Zip Code: 32034 County: Nassau
 Certified Operator: Charles Shelton Level & No.: 2257C
 Type of System: Community Type of Inspection: Compliance

INSPECTION RESULTS

Selections marked with an X are unsatisfactory
Referenced sections are from Title 62, Florida Administrative Code

Aeration	555.350	
Auxiliary Power	555.320(6)	
Check Valve	555.330(3)	
Cross Connection	555.360	
Chlorination (Disinfection)	555.350(1)	
Plant _____ mg/l	Remote _____ mg/l	
Chlorination, Gas	555.320(5)	
Chlorine Test Kit - DPD	555.330	
Flow Meter	555.320(8)	
Logs, on-site	555.350(4)	
Maintenance of Facilities	555.350	<u>Well #27 was leaking through the well vent</u>
Monitoring: Bacteriological	550.518	
Monitoring: Chemical	550.500-521	
Monitoring: Well Clearance	555.315(3)c	
Monthly Operation Reports	550.730(1)d	
Operator, Certified	555.350(2)	
Plant Design	555.330	
System Pressure	555.320(7)	
Well, Concrete Apron	555.315(2)(b)5	
Wells, Number of	555.315(1)	
Well, Raw Sample Tap	555.315(2)f	<u>The raw water tap is threaded</u>
Well Set Backs	555.312	

Comments: _____

It is required that a written response be provided to this office within ten days of receipt of this report regarding any unsatisfactory results listed above.

Inspector: Reynna E. Miner Date: 02/22/99
Reynna E. Miner, ext. 332 or e-mail address: MINER_R@JAX1.DEP.STATE.FL.US

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

SECTION 6

Health Department and DEP Permits



Department of Environmental Protection

Lawton Chiles
Governor

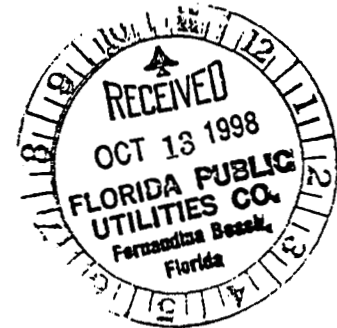
Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Virginia B. Wetherell
Secretary

NOTICE OF PERMIT ISSUANCE

CERTIFIED - RETURN RECEIPT

Mr. Patrick M. Foster, P.E.
Division Manager
Florida Public Utilities Company
911 South 8th Street
Fernandina Beach, Florida 32034



Dear Mr. Foster:

**Nassau County - Potable Water
High Service Pumps and Yard Piping Improvements
Water Treatment Plant No. 1**

Enclosed is permit 008313-012-WC, dated October 8, 1998, to install 4 new high service pumps with a capacity of 6100 gpm and install yard piping improvements at water treatment plant No. 1, issued pursuant to Section(s) 403.087, Florida Statutes (F.S.).

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, F.S. The petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, F.S.

The petition shall contain the following information:

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

- (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's action or proposed action;
- (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

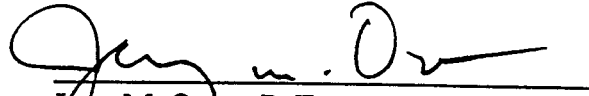
If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, Florida Administrator Code (F.A.C.).

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station #35, 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 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jerry M. Owen, P. E.
Water Facilities Administrator

JMO:BRR:^{ms}SMT
Permitting File

Copies furnished to:
Mr. Harold R. Bridges, P.E.
Nassau County Department of Health

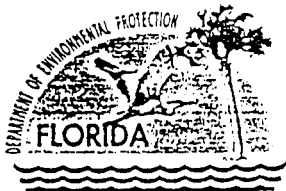
FILING AND ACKNOWLEDGEMENT

FILED, on this date, pursuant to S120.52
Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Authenia R. Lemen 10-8-98
Clerk Date

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT and all copies were mailed before the close of business on October 8, 1998 to the listed persons.



Department of Environmental Protection

Lawton Chiles
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Virginia B. Wetherell
Secretary

PERMITTEE:

Mr. Patrick M. Foster, P.E.
Division Manager
Florida Public Utilities Company
911 South 8th Street
Fernandina Beach, Florida 32034

LD. Number: 2450364
Permit/Cert Number: 0080313-012-WC
Date of Issue: October 8, 1998
Expiration Date: October 8, 2000
County: Nassau
Sec/Town/Rge: 22/3N/28E
Lat/Long:
Project: High Service Pumps and Yard
Piping Improvements (Plant No. 1)

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Chapter 62-555 (formerly 17-22). The above named Permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

Description: For the construction of modifications to the high service pumping station with 3 new pumps (600 gpm, 1500 gpm, 2500 gpm) and relocation of an existing pump (1500 gpm), installation of baffle walls in the existing 175,000 gallon ground storage tank, and related yard piping improvements.

Location: Water Treatment Plant No. 1, N. 11th street, Fernandina Beach, Nassau County, Florida.

PERMITTEE:

Mr. Patrick M. Foster, P.E.
Florida Public Utilities Company

Permit/Cert Number: 0080313-012-WC

Date of Issue: October 8, 1998

Expiration Date: October 8, 2000

Project: WTP No. 1 HSP's and Yard Piping

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. Permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), 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 any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
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.
5. This permit does not relieve Permittee from liability 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, or from penalties therefore; nor does it allow Permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. Permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by Permittee to achieve compliance with the conditions of this permit, and required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

PERMITTEE:

Mr. Patrick M. Foster, P.E.
Florida Public Utilities Company

Permit/Cert Number: 0080313-012-WC

Date of Issue: October 8, 1998

Expiration Date: October 8, 2000

Project: WTP No. 1 HSP's and Yard Piping

GENERAL CONDITIONS:

7. Permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
 - a. Have access to and copy any records that must be kept under conditions of the permit;
 - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
 - c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules. Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, Permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, Permittee shall immediately provide the Department with the following information:
 - a. A description of and cause of noncompliance; and
 - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to educate, eliminate, and prevent recurrence of the noncompliance. Permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

9. In accepting this permit, 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 Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

PERMITTEE:

Mr. Patrick M. Foster, P.E.
Florida Public Utilities Company

Permit/Cert Number: 0080313-012-WC

Date of Issue: October 8, 1998

Expiration Date: October 8, 2000

Project: WTP No. 1 HSP's and Yard Piping

GENERAL CONDITIONS:

10. Permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, 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.
11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300, F.A.C., as applicable. Permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
 - () Determination of Best Available Control Technology (BACT)
 - () Determination of Prevention of Significant Deterioration (PSD)
 - () Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
 - () Compliance with New Source Performance Standards
14. Permittee shall comply with the following:
 - a. Upon request, Permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
 - b. Permittee shall hold at the facility or other location designated by this permit, records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.

PERMITTEE:

Mr. Patrick M. Foster, P.E.
Florida Public Utilities Company

Permit/Cert Number: 0080313-012-WC

Date of Issue: October 8, 1998

Expiration Date: October 8, 2000

Project: WTP No. 1 HSP's and Yard Piping

GENERAL CONDITIONS:

c. Records of monitoring information shall include:

- the date, exact place, and time of sampling or measurements;
- the person responsible for performing the sampling or measurements;
- the dates analyses were performed;
- the person responsible for performing the analyses;
- the analytical techniques or methods used;
- the results of such analyses.

15. When requested by the Department, Permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If Permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:

Mr. Patrick M. Foster, P.E.
Florida Public Utilities Company

Permit/Cert Number: 0080313-012-WC
Date of Issue: October 8, 1998
Expiration Date: October 8, 2000
Project: WTP No. 1 HSP's and Yard Piping

SPECIFIC CONDITIONS:

1. This approval for construction is given with the understanding that, upon the installation of such works, the operation shall be placed under the care of a competent person, whose qualifications are approved by the Department. Operation of the facility shall be carried out according to best accepted practice and in accordance with the requirements of the rules and regulations of the Department. Permittee shall ensure, not only the provision of continuing essential funds for proper operation and maintenance of this project, but also the funds necessary to comply with all regulatory, monitoring, and statutory requirements.
2. Water supply facilities, including mains, shall be installed in accordance with the latest applicable AWWA Standards and Department rules and regulations. The system shall be pressure and leak tested in accordance with AWWA Standard C600 and disinfected in accordance with AWWA Standard C651, as well as, in accordance with Rule 62-555.340, F.A.C.
3. Permittee shall maintain a minimum vertical clearance of 18 inches and a minimum horizontal separation of 10 feet between water mains and sanitary sewers, storm sewers, etc. unless approved otherwise by the Department, as provided in Rule 62-555.314, F.A.C., and Section 8.6 of *Recommended Standards for Water Works*, a manual adopted by reference in Rule 62-555.330(3), F.A.C.
4. Prior to placing this project into service, Permittee shall submit, at a minimum, all of the following to the Department for evaluation and approval for operation, as provided in Rules 62-555.340 and 62-555.345, F.A.C.:
 - a. the engineer's *Certification of Construction Completion and Request for a Letter of Clearance to Place a Public Drinking Water Facility into Service* {DEP Form 62-555.900(9)};
 - b. certified record drawings, if there are any changes noted for the permitted project.
 - c. two consecutive days of satisfactory bacteriological analytical results.

In order to facilitate the issuance of a letter of clearance, the Department requests that all of the above information be submitted as one package.

PERMITTEE:

Mr. Patrick M. Foster, P.E.
Florida Public Utilities Company

Permit/Cert Number: 0080313-012-WC

Date of Issue: October 8, 1998

Expiration Date: October 8, 2000

Project: WTP No. 1 HSP's and Yard Piping

SPECIFIC CONDITIONS:

5. All PVC piping shall bear the National Sanitation Foundation (NSF) International seal of approval for potable water pipe.
6. All products, including paints, which shall come into contact with potable water, either directly or indirectly, shall conform with American National Standards Institute (ANSI), National Sanitation Foundation (NSF) International, and American Water Works Association (AWWA) Standards, as provided in Rule 62-555.320(4), F.A.C.
7. Permittee shall ensure that there shall be no cross-connection with any non-potable water source in accordance Rule 62-555.360, F.A.C.
8. Permittee shall install backflow prevention devices in accordance with Rule 62-555.360, F.A.C.; *Recommended Practice for Backflow Prevention and Cross-Connection Control (M-14)*, a manual adopted by reference in Rule 62-555.330(6), F.A.C.; and *Cross Connections and Backflow Prevention*, a manual adopted by reference in Rule 62-555.330(7), F.A.C.
9. Permittee shall follow the guidelines of Chapters 62-550, 62-555, and 62-560, F.A.C.; regarding public drinking water system standards, monitoring, reporting, permitting, construction, and operation.

PERMITTEE:

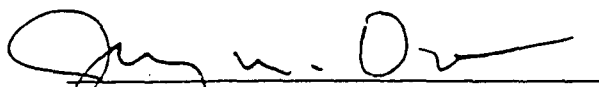
Mr. Patrick M. Foster, P.E.
Florida Public Utilities Company

Permit/Cert Number: 0080313-012-WC
Date of Issue: October 8, 1998
Expiration Date: October 8, 2000
Project: WTP No. 1 HSP's and Yard Piping

10. This project shall be completed prior to the expiration date of this permit. Otherwise, Permittee shall submit a written request to the Department at least thirty days prior to the expiration date requesting an extension of the permit or Permittee must reapply for a new permit.

Issued this 8th day of October, 1998

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jerry M. Owen, P. E.
Water Facilities Administrator

FILING AND ACKNOWLEDGEMENT

FILED, on this date, pursuant to S120.52 Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Anthony R. Gomez 10-8-98
Clerk Date

SECTION 7

Notices of Violation, Consent Orders, Etc.

**FLORIDA PUBLIC UTILITIES COMPANY
COMPANY CORRESPONDENCE**



DATE: APRIL 30, 1999

TO: CHERYL MARTIN

FROM: PATRICK M. FOSTER P.E.

SUBJECT: SECTION 7, ADDITIONAL ENGINEERING INFORMATION

Dear Cheryl:

All of the notices contained in this section (Unsatisfactory Bacteriological Results) proved to be bad samples and not actual system problems. Follow-up samples required by the DEP all resulted in satisfactory test results.

If you have any questions or desire further information, please contact me at (904) 277-1957.

Patrick M. Foster P.E.

A handwritten signature in black ink, appearing to be "Patrick M. Foster", written over a horizontal line.

Division Manager

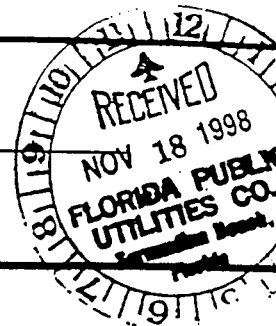
110610
UNSATISFACTORY BACTERIOLOGICAL RESULTS

System Name: Florida Public Utilities PWS ID#: 245030-1

The results of the bacteriological tests taken on 11/5/98 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

_____ Sample results were _____ Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form.



Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations:
7 Deep Well

_____ Sample results were positive. Submit one sample each from these same locations:

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive location.
ALSO, submit 1 sample from a site within 5 connections downstream from each original location.

If samples are required quarterly (most non-communities), submit 1 additional distribution sample from the same vicinity as the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the sample form.

!!ALL OF THESE 'REPEAT' SAMPLES MUST BE TAKEN ON THE SAME DAY!!

_____ You are also required to submit a minimum of 5 distribution samples, one each from 5 different locations during the month of _____

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 treated water samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.

YOUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD. YOU MUST ISSUE PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED.

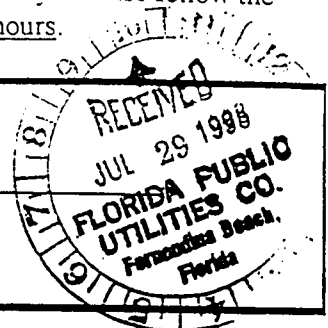
Incorrect submittal of these samples will result in violations against your water system. If you have any questions, please call the office at (904) 438-4330 or email JRBY_M@LAW1.DEP.STATE.FL.US

UNSATISFACTORY BACTERIOLOGICAL RESULTS

8-98

Name: Florida Public Utility PWS ID#: 2450364

Results of the bacteriological tests taken on 7-23-98 for this system were unsatisfactory. Please follow the actions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.



Sample results were _____ Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form.

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations:

#5 Deep Well

Sample results were positive. Submit one sample each from these same locations:

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive location.
ALSO, submit 1 sample from a site within 5 connections downstream from each original location.

If samples are required quarterly (most non-communities), submit 1 additional distribution sample from the same vicinity as the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the sample form.

!!ALL OF THESE 'REPEAT' SAMPLES MUST BE TAKEN ON THE SAME DAY!!

You are also required to submit a minimum of 5 distribution samples, one each from 5 different locations during the month of _____

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 treated water samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.

IF YOUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MUST ISSUE PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED.

Failure to submit additional samples will result in penalties against your water system. If you have any questions, please call the Florida Department of Environmental Protection (FDEP) at (904) 414-4100 or SINGHAP.A@FLAX1.DEP.STATE.FL.US

UNSATISFACTORY BACTERIOLOGICAL RESULTS

1-14-97

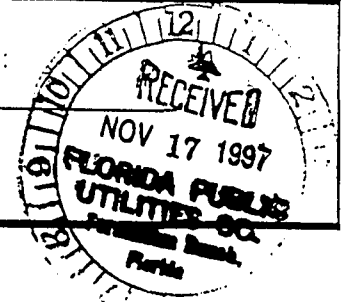
System Name: Florida Public Utility

PWS ID#: 2450364

The results of the bacteriological tests taken on 11-13-97 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

Sample results were _____ Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form.



X Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations:
#5 deep well

X Sample results were positive. Submit one sample each from these same locations:

111 shell lane

- ALSO, submit 1 sample from a site within 5 connections upstream from each original positive location.
- ALSO, submit 1 sample from a site within 5 connections downstream from each original location.

If samples are required quarterly (most non-communities), submit 1 additional distribution sample from the same vicinity as the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the sample form.

!!ALL OF THESE 'REPEAT' SAMPLES MUST BE TAKEN ON THE SAME DAY!!

____ You are also required to submit a minimum of 5 distribution samples, one each from 5 different locations during the month of _____

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 treated water samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.

OUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MUST ISSUE PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED.

Correct submittal of these samples will result in violations against your water system. If you have any questions, please call this office at (904) 497-4333 or email SINGER_V@JAN1.DEP.STATE.FL.US.

UNSATISFACTORY BACTERIOLOGICAL RESULTS

Name: Florida Public Utilities PWS ID#: 2450364

Results of the bacteriological tests taken on 10-22-97 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

Sample results were _____ Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form.

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations:

Sample results were positive. Submit one sample each from these same locations:

1986 Sterling Lane

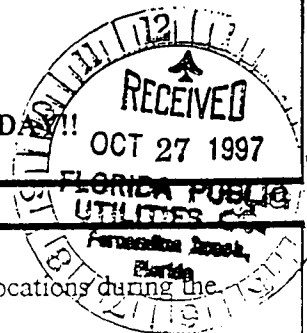
ALSO, submit 1 sample from a site within 5 connections upstream from each original positive location.
ALSO, submit 1 sample from a site within 5 connections downstream from each original location.

If samples are required quarterly (most non-communities), submit 1 additional distribution sample from the same vicinity as the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the sample form.

!!ALL OF THESE 'REPEAT' SAMPLES MUST BE TAKEN ON THE SAME DAY!!



You are also required to submit a minimum of 5 distribution samples, one each from 5 different locations during the month of _____

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 treated water samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.

IF YOUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MUST ISSUE PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED.

Failure to submit these samples will result in violations against your water system. If you have any questions, please call this office at (904)448-4330 or email SINGER_V@JAX1.DEP.STATE.FL.US.

UNSATISFACTORY BACTERIOLOGICAL RESULTS

11-7-96

System Name: Florida Public Utilities

PWS ID#: 2430364

The results of the bacteriological tests taken on 11-6-96 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

Sample results were _____ Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form, and check the box marked _____.

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations:
#6 deep well

Sample results were positive. Submit one sample each from these same locations:

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive location.

ALSO, submit 1 sample from a site within 5 connections downstream from each original location.

If samples are required quarterly (most non-communities), submit 1 additional distribution sample from the same vicinity as the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

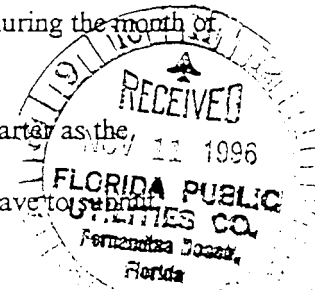
Circle the sample type "repeat" on the sample form.

!!ALL OF THESE 'REPEAT' SAMPLES MUST BE TAKEN ON THE SAME DAY!!

You are also required to submit a minimum of 5 distribution samples for 5 different locations during the month of _____

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 treated water samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.



IF YOUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MUST ISSUE PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED.

Incorrect submittal of these samples will result in violations against your water system. If you have any questions, please call this office at (904)448-4330

UNSATISFACTORY BACTERIOLOGICAL RESULTS

11-96

System Name: Florida Public Utilities PWS ID#: 2450364

Results of the bacteriological tests taken on 6-6-96 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

Sample results were _____ Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form, and check the box marked _____.

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations:
#7 deep well

Sample results were positive. Submit one sample each from these same locations:

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive location.
ALSO, submit 1 sample from a site within 5 connections downstream from each original location.
If samples are required quarterly (most non-communities), submit 1 additional distribution sample from the same vicinity as the original positive sample.
If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.
Circle the sample type "repeat" on the sample form.
!!ALL OF THESE 'REPEAT' SAMPLES MUST BE TAKEN ON THE SAME DAY!!

B. RODRIGUEZ
ENGINEER
D.E.R.
JUN 11 '96

You are also required to submit a minimum of 5 distribution samples for 5 different locations during the month of _____
NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.
NOTE: If you cannot take the 5 treated water samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.

IF YOUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MUST ISSUE PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED.

Failure to submit these samples will result in violations against your water system. If you have any questions, please call this number: (904) 448-4750

6-9-95

UNSATISFACTORY BACTERIOLOGICAL RESULTS

System Name: Florida Public Util (Jan Boh) PWS ID#: 2450304

The results of the bacteriological tests taken on 6-7-95 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

Sample results were TNTC.
Submit 1 sample each from these same locations:

213 E-Trade St
Circle the type "replacement" on the lab form, and check the box marked TNTC.

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations _____

_____ Sample results were positive.

Since this water system has less than 4 connections, submit 3 samples each from these same locations:

If you sample quarterly (most non-communities) submit 1 additional sample from the same locations listed above, for a total of 4 repeat samples.

Circle the sample type "repeat" on the lab form.

!!ALL OF THESE "REPEAT" SAMPLES MUST BE TAKEN ON THE SAME DAY!!

_____ In addition you will be required to submit 5 distribution samples from 5 separate locations during the month of _____.

- NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.
- NOTE: If you cannot take the 5 distribution samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.

IF YOUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MUST DO PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED. FAILURE TO DO SO WILL RESULT IN ENFORCEMENT ACTION.

Incorrect submittal of these samples will result in violations against your water system. If you have any questions regarding these samples, please contact this office at 904-448-4330.

Handwritten notes:
BAT
100
NOTICE
10/27



Facility Name: Florida Public Utilities

PWS ID: 2430364

BACTERIOLOGICAL PUBLIC NOTICE

NON-ACUTE

The water system serving this facility is in violation of public drinking water standards for the following reason:

Samples from this system have exceeded the Maximum Contaminant Level, (MCL), for Total Coliform Bacteria for the compliance period of September 1995.

The United States Environmental Protection Agency (EPA) sets drinking water standards and had determined that the presence of total coliforms is a possible health concern. Total Coliforms are common in the environment and are generally not harmful themselves. The presence of these bacteria in drinking water, however, generally is a result of a problem with water treatment or the pipes which distribute the water, and that can cause disease. Disease symptoms may include diarrhea, cramps, nausea, and possible jaundice, and any associated headaches and fatigue. These symptoms, however, are not just associated with disease-causing organisms in drinking water, but also may be caused by a number of factors other than your drinking water. EPA has set an enforceable drinking water standard for total coliforms to reduce the risk of these adverse health effects. Under this standard, no more than 5.0 percent of the samples collected during a month can cause these bacteria, except that systems collecting fewer than 40 samples per month that have one total coliform-positive sample per month are not violating the standard. Drinking water which meets this standard is usually not associated with a health risk from disease-causing bacteria and should be considered safe.

The supplier of water is required to conduct additional sampling in order to insure that either the number of total coliform positive samples do not exceed the standard or that the number of total coliform positive samples does not continue to exceed the standard.

For more information, please contact _____ at this telephone number _____.

For contact the Department of Environmental Protection, Potable Water Section, at (904) 448-4330.

UNSATISFACTORY BACTERIOLOGICAL RESULTS

9-19-93

System Name: Florida Public Utilities

PWS ID#: 2430364

The results of the bacteriological tests taken on 9-20-93 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

Sample results were
Submit 1 sample each from these same locations:

Circle the type "replacement" on the lab form, and check the box marked

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations:

X Sample results were positive.

Submit 1 sample from these same locations:

1586 Sterling Lane, 1502 Canopy Lane, 731 South 15th Street

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive sample location.

ALSO, submit 1 sample from a site within 5 connections downstream from each original positive sample location.

If you sample quarterly (most non-communities) submit 1 additional distribution sample in the vicinity of the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the lab form.

!!ALL OF THESE "REPEAT" SAMPLES MUST BE TAKEN ON THE SAME DAY!!

In addition you will be required to submit 5 distribution samples from 5 separate locations during the month of

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 distribution samples from different locations, you will have to submit them on different days, so that the total is 5 distribution samples for the month.

IF YOUR SYSTEM HAS MORE THAN ONE POSITIVE DISTRIBUTION SAMPLE FOR THIS COMPLIANCE PERIOD, YOU MUST DO PUBLIC NOTICE. ADDITIONAL INFORMATION IS ENCLOSED. FAILURE TO DO SO WILL RESULT IN ENFORCEMENT ACTION.

correct submittal of these samples will result in violations against your water system. If you have any questions regarding these samples, please contact this office at 904-448-4330.

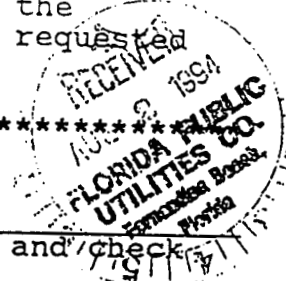
UNSATISFACTORY BACTERIOLOGICAL RESULTS

29-54

System Name: Fla Public Utilities

PWS ID#: 0450364

results of the bacteriological tests taken on 7-28-94 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested in 24 hours.



Sample results were _____

Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form, and check the box marked _____

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations _____

Sample results were positive.

Submit 1 sample from these same locations:

212 Estrada St.

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive sample location.

ALSO, submit 1 sample from a site within 5 connections downstream from each original positive sample location.

If you sample quarterly (most non-communities) submit 1 additional distribution sample in the vicinity of the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the lab form.

!!ALL OF THESE "REPEAT" SAMPLES MUST BE TAKEN ON THE SAME DAY!!

Sample results were positive.

Since this water system has less than 4 connections, and samples monthly quarterly; submit 3 4 samples each from these same locations: _____

Circle the sample type "repeat" on the lab form.

!!ALL OF THE REPEAT SAMPLES MUST BE TAKEN ON THE SAME DAY!!

In addition you will be required to submit 5 distribution samples from 5 separate locations during the month of _____

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 distribution samples from different locations, you will have to submit them on different days, so that the total is 5 samples for the month.

Correct submittal of these samples will result in violations against your system. If you have any questions regarding these samples, please contact this office at 904-448-4330 ext. 323 -- V. M. Singer

UNSATISFACTORY BACTERIOLOGICAL RESULTS

294A8
294A9

2-14-94

System Name: Florida Public Utilities

PWS ID#: 2430364

Results of the bacteriological tests taken on 2-9-94 for this system were unsatisfactory. Please follow the instructions in the paragraph(s) indicated below and submit the additional samples requested within 24 hours.

X Sample results were TNTC.
Submit 1 sample each from these same locations:
1450 SW 19th Street - Tract 1781 SW 20th Avenue
Circle the sample type "replacement" on the lab form, and check the box marked TNTC.

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations _____
Sample results were positive.

Submit 1 sample from these same locations:

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive sample location.

ALSO, submit 1 sample from a site within 5 connections downstream from each original positive sample location.

If you sample quarterly (most non-communities) submit 1 additional distribution sample in the vicinity of the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the lab form.

!!ALL OF THESE "REPEAT" SAMPLES MUST BE TAKEN ON THE SAME DAY!!

Sample results were positive.
Since this water system has less than 4 connections, and samples monthly quarterly; submit 3 4 samples each from these same locations: _____

Circle the sample type "repeat" on the lab form.

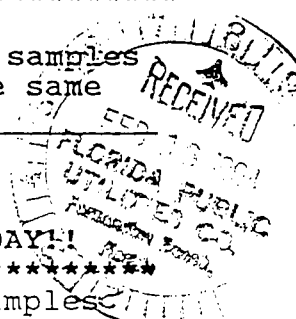
!!ALL OF THE REPEAT SAMPLES MUST BE TAKEN ON THE SAME DAY!!

In addition you will be required to submit 5 distribution samples from 5 separate locations during the month of _____

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 distribution samples from different locations, you will have to submit them on different days, so that the total is 5 samples for the month.

Correct submittal of these samples will result in violations against your system. If you have any questions regarding these samples, please contact this office at 904-448-4330 ext. 323 -- V. M. Singer



UNSATISFACTORY BACTERIOLOGICAL RESULTS

0-94

Name: Florida Public Utilities

PWS ID#: 2430564

Results of the bacteriological tests taken on 1-12-94 for this were unsatisfactory. Please follow the instructions in the graph(s) indicated below and submit the additional samples requested 24 hours.

Sample results were _____.

Submit 1 sample each from these same locations:

Circle the sample type "replacement" on the lab form, and check the box marked _____.

Sample results were positive for raw water. Submit 2 consecutive days of samples from the following locations #7 deep well.

Sample results were positive.

Submit 1 sample from these same locations:

ALSO, submit 1 sample from a site within 5 connections upstream from each original positive sample location.

ALSO, submit 1 sample from a site within 5 connections downstream from each original positive sample location.

If you sample quarterly (most non-communities) submit 1 additional distribution sample in the vicinity of the original positive sample.

If the original positive location is at the end of a distribution line, take the downstream sample from a tap in the same vicinity.

Circle the sample type "repeat" on the lab form.

!!ALL OF THESE "REPEAT" SAMPLES MUST BE TAKEN ON THE SAME DAY!!

Sample results were positive.

Since this water system has less than 4 connections, and samples monthly quarterly; submit 3 4 samples each from these same locations: _____

Circle the sample type "repeat" on the lab form.

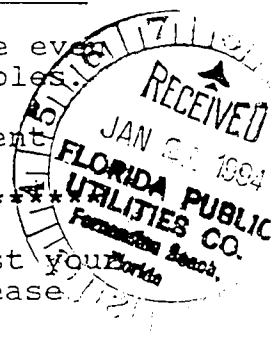
!!ALL OF THE REPEAT SAMPLES MUST BE TAKEN ON THE SAME DAY!!

In addition you will be required to submit 5 distribution samples from 5 separate locations during the month of _____.

NOTE: For systems sampling quarterly, you must submit these even if it is in the same quarter as the original compliance samples.

NOTE: If you cannot take the 5 distribution samples from different locations, you will have to submit them on different days, so that the total is 5 samples for the month.

Failure of the timely submittal of these samples will result in violations against your water system. If you have any questions regarding these samples, please call this office at 904-448-4330 ext. 323 -- V. M. Singer



SECTION 8

List of Employees

Florida Public Utilities Co.
Employee List

EMPLOYEE	JOB TITLE	CERTIFICATE HELD	SALARY	SALARY ALLOCATION
Anderson, Carl	Engineer	Water-Class C	\$21.58	1
Barrows, Danny	Working Foreman		\$21.67	2
Best, Alvin	App Serviceman A		\$15.95	2
Boatright, Curtis	Waterman		\$11.68	1
Brown, Juan	App Serviceman B		\$15.64	2
Carman, Robert	Svc Supervisor		\$26.89	2
Clardy, Billy	App Serviceman A		\$16.25	2
Dawson, Richard	Working Foreman		\$21.67	2
Faulk, Tommy	Working Foreman		\$21.67	2
Foster, Patrick	Division Manager	Civil PE - Fla	\$42.10	4
Gaines, Cliff	Lead Waterman		\$12.63	1
Gilbert, Trenell	Waterman		\$11.63	1
Graham, Robert	Line Supervisor		\$26.89	2
Graves, John	Stores Specialist	Water-Class C	\$20.53	1
Griffin, Billy	Working Foreman		\$21.67	2
Howard, Melissa	Senior Clerk		\$11.71	4
Jones, Earline	Cashier		\$10.76	4
Lillo, Beverly	Clerk		\$8.74	4
Little, Erin	Clerk		\$10.16	4
Mandrick, John	Wtr Superintendent	Water-Class C	\$24.03	1
McClelland, E.J.	Storekeeper		\$20.52	3
McClure, Christine	Meter Reader		\$10.37	3
McCoy, Judee	Office Manager		\$19.80	4
Nabors, Donnie	App Serviceman B		\$15.64	2
Osborne, Rachel	Clerk		\$8.49	4
Peacock, Lewis	Collector		\$15.26	3
Pittman, Bill	App Serviceman B		\$15.60	2
Robinson, Quentin	Waterman		\$11.68	1
Scandalato, Don	Serviceman		\$21.67	2
Shelton, Charles	Superintendent	Water-Class C	\$31.28	2
Taylor, Parker	Working Foreman		\$21.67	2
Taylor, Steve	Lineman		\$20.92	2
Thompson, Loyd	Eng. Technician		\$18.78	3
Thomton, Patti	Secretary		\$14.14	4
Van Zant, Mike	App Serviceman B		\$15.52	3
Walters, Jason	Waterman		\$11.63	1
Wilkes, Charles	Working Foreman		\$21.67	2
Williams, Rena	Cust Svc Rep		\$11.39	4
Wingate, Kathy	Meter Reader		\$10.37	3

Salary Allocation Method

- 1) Water Employee - Charges made to capital, operations, and maintenance by time sheet (actual charges)
- 2) Electric Employee - Charges made to capital, operations, and maintenance by time sheet (actual charges)
- 3) Mixed Function Employee - Charges made to capital, operations, and maintenance by time sheet (actual charges)
- 4) Mixed Function Employee - Charges made to capital, operations, and maintenance by customer count (%)

Florida Public Utilities Company
Allocated Corporate Personnel to Fernandina Beach Water Division
1998

Name	Duties / Responsibilities / Job Description	Total % to Water	Allocation Method
ENGLISH, JOHN T	MANAGEMENT PRESIDENT	11.0%	Time Estimates and Total Payroll
GRESSMAN, FRANK C	MANAGEMENT CHAIRMAN OF THE BOARD	4.0%	Total Company Payroll
TERRY, ROBERT L	MANAGEMENT CHAIRMAN OF EXEC COMM	4.0%	Total Company Payroll
BROWN, JACK R	MANAGEMENT TREASURER	4.0%	Total Company Payroll
STEIN, CHARLES L	MANAGEMENT SENIOR VICE PRESIDENT	2.0%	Time Estimates and Total Payroll
TROY, DARRYL L	MANAGEMENT VICE PRESIDENT	4.0%	Total Company Payroll
ERDEK, BONNIE L	MANAGEMENT SECRETARY	3.7%	Time Estimates and Total Payroll
WUERTHNER, MILDRED	MANAGEMENT EXECUTIVE SECRETARY	4.2%	Total Company Payroll
REINHARTSEN, JOHN R	PERSONNEL MGR OF HUMAN RESOURCES	4.2%	Total Company Payroll
ROBINSON, DINA	PERSONNEL SECRETARY	4.2%	Total Company Payroll
MAHANEY, KEN	PERSONNEL SAFETY DIRECTOR	3.4%	Time Estimates
WOLLNEY, MARY	HOME SERVICES CONSUMER AFFAIRS MANAGER	0.6%	Time Estimates and Total Payroll
MONDS, LILA	HOME SERVICES MARKETING SUPPORT CLERK	0.6%	Time Estimates and Total Payroll
LITTLE, DAVE	IS DEPARTMENT DATA PROCESSING MANAGER	4.2%	Total Company Payroll
FATH, DENNIS C	IS DEPARTMENT COMPUTER PROGRAMMER	6.1%	Time Estimates and Total Payroll
HELDERLEIN, GLORY A	IS DEPARTMENT COMPUTER PROGRAMMER	6.1%	Time Estimates and Total Payroll
HOBBS JR, THOMAS S.	IS DEPARTMENT COMPUTER PROGRAMMER	6.1%	Time Estimates and Total Payroll
DEYOUNKS, DORIS	IS DEPARTMENT COMPUTER OPERATOR	6.1%	Time Estimates and Total Payroll
HYLTON, PAMELA	IS DEPARTMENT COMPUTER OPERATOR	6.1%	Time Estimates and Total Payroll
BURROWS, RENÉE M	IS DEPARTMENT DOCUMENTATION SPECIALIST	6.1%	Time Estimates and Total Payroll
BYLSMA, TAMMY L	IS DEPARTMENT MIS SPECIALIST	6.1%	Time Estimates and Total Payroll
FURR, DEBORAH M	IS DEPARTMENT MIS CONTROL CLERK	6.1%	Time Estimates and Total Payroll
CARSON, WILLIE	GENERAL OFFICE PRINTER / MACHINE OPERATOR	4.9%	Time Estimates, Total Payroll, and Total Customer
BACHMAN, GEORGE M	GENERAL OFFICE DIRECTOR OF ACCOUNTING	4.2%	Total Company Payroll
MARTIN, CHERYL M	GENERAL OFFICE MANAGER OF CORP ACCTG	4.2%	Total Company Payroll
NAPIER, MICHELLE D	GENERAL OFFICE GENERAL ACCTG MANAGER	4.2%	Total Company Payroll
KHOJASTEH, MEHRDAD	GENERAL OFFICE TAX ACCOUNTANT	4.2%	Total Company Payroll
HEARRELL, BILLIE K	GENERAL OFFICE ACCOUNTS PAYABLE ANALYST	4.2%	Total Company Payroll
GUERRERO, KATHLEEN R	GENERAL OFFICE SECRETARY	4.2%	Total Company Payroll
EDER, KATHY M	GENERAL OFFICE RECONCILIATION ANALYST	4.2%	Total Company Payroll
MCARDLE, ROBERT J	GENERAL OFFICE GENERAL LEDGER ACCT	4.2%	Total Company Payroll
MESITE, JAMES V	GENERAL OFFICE PROJECT ACCOUNTANT	4.2%	Total Company Payroll
PALACIOS, CINDY J	GENERAL OFFICE REGULATORY ACCOUNTANT	4.2%	Total Company Payroll
GRIMESON JR, WILLIAM F	GENERAL OFFICE CONSTRUCTION ACCOUNTANT	4.2%	Total Company Payroll
STARR, JENNIFER	GENERAL OFFICE FINANCIAL ACCOUNTANT	4.2%	Total Company Payroll
KRAVITZ, BERNARD J	GENERAL OFFICE ACCOUNTING CLK P/T	4.2%	Total Company Payroll
SIMMONS, GAIL F	GENERAL OFFICE CONSTRUCTION ACCOUNTANT P/T	4.2%	Total Company Payroll
GARCIA, MARIO	GENERAL OFFICE COURIER/CLERK	1.3%	Time Estimates, Total Payroll, and Total Customer
ALLEN, ROBIN	GENERAL OFFICE GENERAL OFFICE ASSISTANT	3.2%	Time Estimates, Total Payroll, and Total Customer
RANCE, DONNA	GENERAL OFFICE OFFICE SERVICES MANAGER	0.4%	Time Estimates and Total Payroll

Florida Public Utilities Company
Allocated Corporate Personnel to Fernandina Beach Water Division
1999

Name	Duties / Responsibilities / Job Description	Total % to Water	Allocation Method
ENGLISH, JOHN T	MANAGEMENT PRESIDENT	7.0%	Total Adjusted Company Plant
TERRY, ROBERT L	MANAGEMENT CHAIRMAN OF EXEC COMM	5.0%	Total Company Payroll
BROWN, JACK R	MANAGEMENT TREASURER	5.0%	Total Company Payroll
STEIN, CHARLES L	MANAGEMENT SENIOR VICE PRESIDENT	7.0%	Total Adjusted Company Plant
TROY, DARRYL L	MANAGEMENT VICE PRESIDENT	5.0%	Total Company Payroll
ERDEK, BONNIE L	MANAGEMENT SECRETARY	6.4%	Time Estimates, Total Payroll and Total Plant
WUERTHNER, MILDRED	MANAGEMENT EXECUTIVE SECRETARY	4.7%	Time Estimates, Total Payroll and Total Plant
REINHARTSEN, JOHN R	PERSONNEL MGR OF HUMAN RESOURCES	4.6%	Total Company Payroll
ROBINSON, DINA	PERSONNEL SECRETARY	4.6%	Total Company Payroll
MAHANEY, KEN	PERSONNEL SAFETY DIRECTOR	3.8%	Time Estimates
WOLLNEY, MARY	HOME SERVICES CONSUMER AFFAIRS MANAGER	0.7%	Time Estimates and Total Payroll
MONDS, LILA	HOME SERVICES MARKETING SUPPORT CLERK	0.7%	Time Estimates and Total Payroll
LITTLE, DAVE	IS DEPARTMENT DATA PROCESSING MANAGER	4.6%	Total Company Payroll
FATH, DENNIS C	IS DEPARTMENT COMPUTER PROGRAMMER	6.2%	Time Estimates and Total Payroll
HELDERLEIN, GLORY A	IS DEPARTMENT COMPUTER PROGRAMMER	6.2%	Time Estimates and Total Payroll
HOBBS JR, THOMAS S	IS DEPARTMENT COMPUTER PROGRAMMER	6.2%	Time Estimates and Total Payroll
DEYOUNKS, DORIS	IS DEPARTMENT COMPUTER OPERATOR	6.2%	Time Estimates and Total Payroll
HYLTON, PAMELA	IS DEPARTMENT COMPUTER OPERATOR	6.2%	Time Estimates and Total Payroll
BURROWS, RENEE M	IS DEPARTMENT MIS OPERATIONS SUPERVISOR	6.2%	Time Estimates and Total Payroll
WATTS, RAY	IS DEPARTMENT MIS CONTROL CLERK	6.2%	Time Estimates and Total Payroll
PAYNE, PAM	IS DEPARTMENT MIS SPECIALIST	6.2%	Time Estimates and Total Payroll
CARSON, WILLIE	GENERAL OFFICE PRINTER/MACHINE OPERATOR	5.2%	Time Estimates, Total Payroll, and Total Customers
BACHMAN, GEORGE M	GENERAL OFFICE DIRECTOR OF ACCOUNTING	4.6%	Total Company Payroll
MARTIN, CHERYL M	GENERAL OFFICE MANAGER OF CORP ACCTG	4.6%	Total Company Payroll
NAPIER, MICHELLE D	GENERAL OFFICE GENERAL ACCTG MANAGER	4.6%	Total Company Payroll
KHOJASTEH, MEHRDAD	GENERAL OFFICE TAX ACCOUNTANT	4.6%	Total Company Payroll
FURR, DEBORAH M	GENERAL OFFICE ACCOUNTS PAYABLE ANALYST	4.6%	Total Company Payroll
GUERRERO, KATHLEEN R	GENERAL OFFICE SECRETARY	4.6%	Total Company Payroll
EDER, KATHY M	GENERAL OFFICE RECONCILIATION ANALYST	4.6%	Total Company Payroll
TURIFF, JILL	GENERAL OFFICE GENERAL LEDGER ACCT	4.6%	Total Company Payroll
MESITE, JAMES V	GENERAL OFFICE PROJECT ACCOUNTANT	4.6%	Total Company Payroll
PALACIOS, CINDY J	GENERAL OFFICE REGULATORY ACCOUNTANT	4.6%	Total Company Payroll
GRIMESON JR, WILLIAM F	GENERAL OFFICE CONSTRUCTION ACCOUNTANT	4.6%	Total Company Payroll
STARR, JENNIFER	GENERAL OFFICE FINANCIAL ACCOUNTANT	4.6%	Total Company Payroll
SIMMONS, GAIL F	GENERAL OFFICE CONSTRUCTION ACCOUNTANT P/T	4.6%	Total Company Payroll
FAZIO, GEORGE	GENERAL OFFICE COURIER/CLERK	1.4%	Time Estimates, Total Payroll and Total Customers
ALLEN, ROBIN	GENERAL OFFICE GENERAL OFFICE ASSISTANT	3.5%	Time Estimates, Total Payroll, and Total Customers
RANCE, DONNA	GENERAL OFFICE OFFICE SERVICES MANAGER	0.5%	Time Estimates and Total Payroll

SECTION 9

List of Company Vehicles

FLORIDA PUBLIC UTILITIES COMPANY
 AUTOMOBILE INFORMATION

Year	91 Dodge	92 Ford F350	93 Ford F350	94 Ford F350	94 Chevrolet S-10	95 Chevrolet S-10	71 Utility Trailer
Make/Model	USV87S	XXQ91J	HV433X	HV432X	USV88S	REG42J	TCA73A
VIN	1B7FL26X5MS341907	1FDJF37H9NNB10115	1FDKF37H4PNA86149	1FDKF37HXRNB30111	1GCCS1442R8124196	1GCCS1445SK245314	90244551
Net Cost	\$11,255.98	\$19,351.78	\$21,335.52	\$22,029.33	\$11,298.87	\$11,691.43	
Expense Acct							
Driver	John Graves	Cliff Gaines	Curtis Boatright	Trenell Gilbert	Carl Anderson	John Mandrick	

Florida Public Utilities Company
Allocated Common Vehicles to Fernandina Beach Water Division
2000

Description	1993 Chevy Lumina	2000 Sedan	1995 Chevy Caprice	1995 Ford Escort Wagon	1995 Chevy Corsica	1995 Chevy Caprice	1996 Ford Crown Victoria	1997 Chevy Malibu
License #	IIC96A	Unknown	NTN58X	QQ123N	IMA00Z	QQ131V	QQ122V	NTN47X
Vehicle ID#	2G1WL54TXP1144150	Unknown	1GIBL52W8SR149326	1FASP1SJLSW273901	1GILDS5M2SY109678	1GIBL52W3SR158077	2FALP74WITX210568	1G1ND52T4VY115507
Cost New	13,734.76	20,500.00	21,670.51	12,340.82	13,602.71	18,999.33	21,488.00	15,503.87
Expense Account								
Driver	D Troy, Jan-June	D Troy, Jul-Dec	C. Stein	Courier	R Terry	J Brown	J English	K Mahaney
Percent Allocated to Water	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
Method of Allocation	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant

Florida Public Utilities Company
Allocated Common Vehicles to Fernandina Beach Water Division
1999

Description	1993 Chevy Lumina	1995 Chevy Caprice	1995 Ford Escort Wagon	1995 Chevy Corsica	1995 Chevy Caprice	1996 Ford Crown Victoria	1997 Chevy Malibu
License #	IIC96A	NTN58X	QQ123N	IMA00Z	QQ131V	QQ122V	NTN47X
Vehicle ID#	2G1WL54TXP1144150	1GIBL52W8SR149326	1FASP1SJLSW273901	1GILDS5M2SY109678	1GIBL52W3SR158077	2FALP74WITX210568	1G1ND52T4VY115507
Cost New	13,734.76	21,670.51	12,340.82	13,602.71	18,999.33	21,488.00	15,503.87
Expense Account							
Driver	D Troy	C. Stein	Courier	R Terry	J Brown	J English	K Mahaney
Percent Allocated to Water	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%
Method of Allocation	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant

Florida Public Utilities Company
Allocated Common Vehicles to Fernandina Beach Water Division
1998

Description	1993 Ford Taurus	1993 Chevy Lumina	1995 Chevy Caprice	1995 Ford Escort Wagon	1995 Chevy Corsica	1995 Chevy Caprice	1996 Ford Crown Victoria	1997 Chevy Malibu
License #	PDU59X	IIC96A	NTN58X	QQ123N	IMA00Z	QQ131V	QQ122V	NTN47X
Vehicle ID#	1FACP52U4PA313892	2G1WL54TXP1144150	1GIBL52W8SR149326	1FASP1SJLSW273901	1GILDS5M2SY109678	1GIBL52W3SR158077	2FALP74WITX210568	1G1ND52T4VY115507
Cost New	16,040.70	13,734.76	21,670.51	12,340.82	13,602.71	18,999.33	21,488.00	15,503.87
Expense Account								
Driver	C Stein, Jan-Oct:	D Troy	F Cressman Jan-Sep. Repair, Oct: C Stein, Nov-Dec:	Courler	R Terry	J Brown	J English	K Mahaney
Percent Allocated to Water	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%
Method of Allocation	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant	Remaining Common Plant

SECTION 10

Company Complaint Log

DATE	CUSTOMER NAME	ADDRESS	COMPLAINT	ORDER SENT OUT
7/29/97	Jan Danovsky	2790 Erie St	Water taste funny	7/29/97
7/31/97	Betty Bennett	2201 Belvedere Ave	Stinky Water	7/31/97
8/1/97	Frank Wagner	2325 Weller #2B	Chemical taste	8/1/97
8/15/97	Jay L. Jones	116 N. 20th St.	Water color dirty	8/15/97
8/21/97	D. Mudd	2630 George McGeorge	Bad smell	8/21/97
8/22/97	Lewis Roland	1108 Olive St.	Low Pressure	8/22/97
8/22/97	William Ross	1950 Lakeside W. S.	Low Pressure	8/22/97
8/22/97	William Ross	1950 Lakeside W. S.	Low Pressure	8/22/97
8/24/97	Vance Repreue	2618 George McGeorge	Stinky Wtr.	8/25/97 ^(called out)
8/24/97	Jackie Howard	5101 Atlantic	" "	8/21/97
9/2/97	Karl Hess (Missouri)	432 S. 8th St	Low water pres.	9/3/97
9/5/97	Theron Knight	343 N. Sletcher	Low Pressure	9/5/97
9/5/97	Richard Patterson	106 Estrada St.	Stinky bad-tasting	9/5/97
9/8/97	George Turner	407 Cedar St.	Low Pressure	9/8/97
9/9/97	Mary Frey	2798 Ocean Oaks Dr S	Low Pressure	9/9/97
9/11/97	Gloyd Thompson	414 Mission St	Low Pressure	9/11/97
9/11/97	Pat Lewis	2614 George McGeorge	Stinky water	9/11/97
9-15-97	Mary E. Johnson	627 South 6th St	Smelly Water	9-15-97
9-18-97	Tammy Hunter	103 S. 14th St	Low Pressure	9-18-97
9-19-97	Ernest Roberts	1116 No 15th St.	Stinky w/ funny taste water	9-19-97
9-24-97	D. Watkins	715 Leannon St	Low Pressure	9-24-97
9-25-97	P.F. Morris	305 S. 15th St	Stinky, bad-tasting water	9-25-97
10-22-97	James Williams	1102 N 15th St	Low Pressure	10-22-97
11-10-97	Jack Mann	2048 Cal Marsh Cal	Low Pressure	11-10-97
11/25/97	Lisa Edum	108 N 19th St.	White specks in water	11/25/97
"	Pat Curnette	321 Lighthouse	Low Pressure	"
12/3/97	First Baptist Church	510 Alachua St.	Low Pressure	12/4/97
12/4/97	Ron Lucas	214 S. 5th St.	Low Pressure	12/4/97
12/4/97	George Young	204 S 6th St.	Low pressure	12/4/97
12/11/97	Mark Wharton	300 S. 12th St.	" "	12/11/97
1/14/98	Dr. Arnold Janis	614 Bruce	Low Pres	1/14/98
1-16-98	Dr. Janis	1003 N 15th St	Low Pressure	1-16-98

DATE	CUSTOMER NAME	ADDRESS	COMPLAINT	ORDER SENT OUT
1-16-98	Schnupp - SR 200		Raw Puro	1-16-98
1-22-98	Ms. George - 147 N 18th St		" "	1-22-98
1-23-98	R. Green - 914 Date St		" "	1-23-98
2-5-98	D. Gates - 320 S 4th St		" "	2-5-98
2/9/98	Green 914 Date St.		" "	2/9/98
2/24/98	Johnson - 627 S. 6th St.		WATER SMELLS LIKE SULPHUR	2/24/98
3/18/98	Hermanson - 117-B Estrada St.		Low water pressure	3/18/98
3/18/98	Ruebush - 500 S. 17th St.		Low water pressure	3/18/98
4/14/98	Claine Roberts - 110 N 13th St.		acid smell	4/14/98
4/23/98	Van West - 415 Estrada 261-725		Low pressure	4/23/98
5/01/98	Carol Felder - 120 S 4th St		" "	5/01/98
5/04/98	MC Reynolds - 2805 Laguna		" "	5/04/98
5/5/98	Judith Graham - 2781 PK Sq. Pl		Low Pressure	5/05/98
5/12/98	Wagner Rice - 402 Date St		Low Pressure	5/12/98
5/13/98	Ms. Lambright - 854 S Fletcher		Very hard water	5/13/98
5/13/98	C. Bachman - 306 N 19th St		Low pressure	5/13/98
5/18/98	Mr. White - 320 N 19th St / 261-5762		" "	5/18/98
5/19/98	Alc Pro - 302 S 8th		" "	5/19/98
5/19/98	Mr. Sanderson - 1506 Highland		" "	5/19/98
5/22/98	Betty White 1840 Highland Dr		very low Pressure	5/22
5/22/98	Sharon Phillips - 920 N 15th		" "	5/22
5/27/98	Vincent (Hilda) Martin - 2700 Mizell St. #803 261-0502		Very low water Pressure	Called to J. Mandi 5/27/98
5/28/98	Don Hardin (Customer Debra Countrell) 815 S. Fletcher		Very low water Pressure	5/28/98
5/29/98	Harry Lepierre - 2115 Florida Ave		" "	5/29/98
6/01/98	Mark Bennett - 815 S. Fletcher		Low pressure	6/1/98
6/3/98	Juanita Carter - 408 S. 15th St.		Low pressure	6/3/98
6/8/98	Jan Miller - 1504 Breche St		" "	6/8/98
6/8/98	Mr. Gordon Dees 20 N 15th St.		" "	6/8/98
6/9/98	US Post Office - Sadler		Iron in water	
6/9/98	Ronald Webster - 632 S 14th St		Very low pressure	6/10/98
6/10/98	Richard A. Driver 4 N 11th Place		Very low pressure	6/10/98
6/11/98				6/11/98

DATE	CUSTOMER NAME	ADDRESS	COMPLAINT	ORDER SENT OUT
6/12/98	David Caples	1617 Atlantic	Low Press	6/12
6-12-98	William W. Edman	1005 N 15th St	Low Pressure	6-12-98
6-12-98	Ms. Coleman	914 Calhoun	" "	6-12-98
6-12-98	K. Stivers	1416 Clinch Dr	" "	6-12-98
6-15-98	Emma Bruzale	516 N. 11th St.	Low Pressure	6-15-98
6-16-98	M. Lamb	2468 S Fletcher Ave	Low Pressure	6-16-98
6-16-98	Lane Mastburn	330 5th St	Low Pressure	6-16-98
6-17-98	Jeff Whitaker	2422 Ken Robles	" "	6-17-98
6-22-98	Mr. Spence	1761 S. Fletcher	Low Pressure	6-22-98
6-23-98	Dawn Roberts	14 S 2nd St	Low pressure	6-23-98
6-24-98	Ms. Harden	2010 Beech St	Low pressure	6-24-98
6-24-98	Ms. Henchieth	1123 Plum St	Low pressure	6-24-98
6-25-98	Conway (Myrtle) Vickers	^{(912) 384-7811 DAYTIME} 2307 S. Fletcher	Low Pressure	6-25-98
6-25-98	E.E. (Vera) Buner	420 Citrona DR.	Low Pressure	6-25-98
6-26-98	Robert B. Smith	2646 S Fletcher	Very low pressure	6-26-98
6-29-98	Monon A. Johnson	2185 Talbot Ct. ²⁶¹⁻⁴⁴⁰⁹	Low pressure	6-29-98
7-02-98	H. Casson	185 16th St	Low pressure	7-02-98
7-02-98	C. Crosby	125 16th St	Low pressure	7-02-98
7-07-98	Bill (Margie) MASON	891 S. Fletcher Ave. ²⁶¹⁻⁵⁰⁷⁵	Low pressure	7-07-98
7-07-98	Ms. Halloway	912 Broome St	" "	
7/9/98	Dawn Roberts	14 S. 2nd St.	" "	7/9/98
7/15/98	Liz M' (miller)	318 S. 3rd	stinky water	7/15/98
7/15/98	Elizabeth Strickland	321 S 3rd ²⁶¹⁻⁴⁸⁷⁰	stinky water	7/15/98
7/17/98	Bo Lane	320 S 5th St. ²⁶¹⁻⁴⁰⁰²	Low pressure	7/19/98
7/23/98	Mr. Ralph Cochran	991 Fernwood Ln	Bad smell	7/23/98
7-23-98	Janie Tomaszewski	2076 Binnick Dr	Low pressure	7-23-98
7-30-98	Mr. Strickland	1413 S. Fletcher	Low pressure	7-30-98
7/30/98	C. Williams	1114 Beech St.	" "	7/30/98
8-12-98	Robert Land	204 Lighthouse Cir.	Low pressure	8-12-98
8-13-98	Tom Duke	2769 Coks Dr. ^{9ccan}	Bad Smell	8-13-98
"	C. Williams	3215 (unlabeled)	Bad Taste	8-13-98

DATE	CUSTOMER NAME	ADDRESS	COMPLAINT	ORDER SENT OUT
8-19-98	Harvey Key	4422 Jettison Ln	very low pressure	8-19-98
8/19	Cllice Mills	2782 S. Fletcher	" "	8/19/98
8-26-98	Nelson Shewater	1834 S. Fletcher	water dark and gray	8-26-98
9-9-98	Coil Middleton	1911 Sunrise	taste Bad	9-9-98
9-14-98	M. Bailey	838 N Fletcher Ave	Bad smell	9-14-98 *
9/16/98	Paula Peters	872 Atlantic View Cir.	low Pressure	9/16/98 *
9/21/98	Scott Bleiten	603 Breacrest	taste Bad	9/21/98 *
9/21/98	Louis Maszger	2812 Atlantic View Cir.	low Pressure	" *
9/22/98	Scotty J. Harvey	210 S 13th St.	Smell bad water is dark	9/22/98 *
9/24/98	W. Badoe	1136 N 15th St	Wtr smells bad	9/24/98 *
7-23-98	Natori's Robinson	707 S 12th St	very low pressure	7-23-98
10-5-98	Robin Ryan	732 Tarpon Ave	Rusty water	10-5-98
10-6-98	Donna Mitchell	926 58th St	low pressure	10-6-98
10-6-98	James T. Haywood	1821 Atlantic	Bad Smell	10-6-98
10/14	Kenneth Gurnee	107 N 20th St.	" "	10/14/98 *
10-15	Brian Burlingame	426 S 7th St	very low water pressure	10-15-98
10-20	John Stancin	2417 Via Del Rey	Dirty Wtr.	* *
11-9	J Bailey	Box 838 N Fletcher	Sulphur	* *
	James Higgins	2114 Island Village	bad water pressure	11-10-98
11-16	Robert Reddy	1 Jawline Pl	low Pressure	11-16-98 *
11-17	Johnny Keoman	316-D Centre St	" "	11-17-98
11-17	J. Johnson	303 N 15th St	Taste Bad	11-17-98
11-19	Constance Hart	126 S 10th St	Water Pressure (check)	11-19-98
11-30	Ferry Lancaster	3240 S Fletcher #332	water smells like sulfur	11-30-98
11-30	Nadine Kitchens	113 E 11th	very low pressure	11-30-98
12-2	Karen Kennedy	2835 A Ocean Ave	bad accuracy test	12-2-98 *
12-4	Henry Rodolfo	1934 Sunrise	Low Pressure	12-4-98
12-9	TJ. Gibson	205 N 15th St (Leisure)	Low Pressure	12-9-98 *
12-17	Ben Toward	210 N 15th	Low Pressure	12-17-98 *
12-17	Elizabeth McNamee	311 1/2 Oak St	Low Pressure	12-17-98 *

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE Feb 23 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Sandy Pringle

ADDRESS 2724 S. Fletcher Ave.

NATURE OF WORK Customer would like a flow test.

DOT

REPORT STATIC PSI 7 53
Residual Ps. → 20

It took 90 Sec at meter / 5 gal
It took 127 Sec at house / 5 gal

Main on opposite side of Road.
Need a ~~rod~~ jack + bore

SIGNED _____ DATE _____

COMPLAINT FORM

DATE March 18, 1998
 NAME PAT. Ruebush
 SERVICE ADDRESS 500 S. 17th St.
 ACCOUNT NUMBER 01 26065 58037 261-9347
 METER NUMBER 11755
 TELEPHONE NUMBER 225-2696(work) - 277-7400-pager
Please contact customer before going to the house. Customer wants to be there.

COMPLAINT

LOW WATER PRESSURE. Please ✓ Thanks, E. Jones

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

9:06 AM

FINDINGS

STATIC 55 lbs 5 gal AT MTR 31 sec. 4-1-98 3:00 AM

RESIDUAL 35 lbs 5 gal AT HOUSE 48 sec.

MAIN IS OPP. SIDE OF STREET - 6" AC (MAP)

MAIN 19' FROM C/L OF ROAD MVZ - SH

ACTION TAKEN

[Handwritten signature] 6/18/98

DATE

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 5-01-98 - RW
 NAME Carol Felder
 SERVICE ADDRESS 120 S 4th St
 ACCOUNT NUMBER 01-10486-51463
 METER NUMBER 10623
 TELEPHONE NUMBER 261-3633

COMPLAINT

Low pressure / Replaced service on 6-11-98
BP Muz

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE 5-12-98

Time 2:20 P.M.

FINDINGS

Residual - 20'
Static - 60'
5 callouts at meter - 30'
3 callouts at house - 37'

4" CAST (RON MAIN)
Need to trench across
ROAD TO put in
Double set up service

ACTION TAKEN

Customer set up by [unclear] done
set up, [unclear] [unclear] [unclear]

DATE EF/TC

- Contacted customer at service address _____
- Contacted customer by phone _____
- *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE 5-12-98 19____ WORK ORDER NO. _____

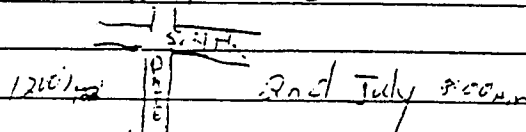
ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Warner Bico

ADDRESS 402 Date St 261-3105

NATURE OF WORK Low pressure

Locate # 46631C



Time 3:00 pm

REPORT 5-12-98

Residual - 25

Static - 50

5 gallons at meter - 65

5 gallons at house - 72

Customer at home, talked to

ER/TC

Done

SIGNED

DATE

7/16/98

Please call in advance

FB#101

COMPLAINT FORM

DATE

5/13/98 - RW

NAME

Ms. RK Lambright

SERVICE ADDRESS

854 S. Fletcher Ave

ACCOUNT NUMBER

0-53217-58148

METER NUMBER

8408

TELEPHONE NUMBER

261-7255

Reading 0309 0314

51498 COMPLAINT

Time 1030 AM Very hard water, lots of lime.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

This job has been taken care of. No FURTHER ATTENTION is NEEDED

Mike Van Zant

DATE

- Contacted customer at service address _____
- Contacted customer by phone _____
- *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 5/15/98
 NAME Raymond - Nance
 SERVICE ADDRESS 908 N. 15th St.
 ACCOUNT NUMBER 01-30221-58511
 METER NUMBER # 12132
 TELEPHONE NUMBER _____

COMPLAINT

Check for low water pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

Time - 1015
 5-18-98
 ER. SH.

FINDINGS

Residual — ~~57~~ 34 gds
Static — 58 gds
5 GALLON ~~At~~ At House — 53 second
5 GALLON At Meter — 36 second

ACTION TAKEN

The customer was not at home at the time
The meter is on the opposite side of the road
Double Setup

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 5-19-98 - Pw
 NAME ACC-Pro Auto - Alan Dainin
 SERVICE ADDRESS 302 S. 8th St
 ACCOUNT NUMBER _____
 METER NUMBER 6994
 TELEPHONE NUMBER 377-7177

COMPLAINT

Very low pressure - (2nd request)
Service replaced on 6-8-98

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 5-22-98 Time 10:00AM -

FINDINGS

Static - 30 pds. New flow: 2 spec 5 gal
Residual - 20 pds. no pressure at shop
3 gallon at meter - 170 sec. on their after replacement.
5 gallon at house - 320 sec. BP

ACTION TAKEN

Customer was here, he also runs ACC-Pro Tail Shop
Main is believe to be in road

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

Please call cust w/ results

261-7676 (wk #)

C. ALLEN

FB#10

145 = ~

COMPLAINT FORM

DATE 5-22-98 - RW

NAME Sharon Phillips

SERVICE ADDRESS 920 N 15th St.

ACCOUNT NUMBER 01-30223-72014

METER NUMBER 11799

TELEPHONE NUMBER 261-9677

COMPLAINT

Acw pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 6-12-98 Blount & Dove J.M. 7/16/98

FINDINGS

flow @ meter 50 sec static PSI 56

flow @ house 60 sec residual 50

ACTION TAKEN

Main on other side of road 6" AC
work is required

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE May 29 19 98 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____

ELECTRIC
WATER

NAME Dary Depierre

ADDRESS 2115 Florida Avenue
261-7667

NATURE OF WORK Low water pressure

Dave CG/TC
7/1/98

REPORT

Static - 50
Residual - 10

10:45

6-5-98

5 gallons at Meter - 40 sec.

5 gallons at House - 45 sec.

Customer at Home

MAIN: Same Side 2" PVC
Dresser in 2" x 3/4" T.
for Service

SIGNED _____ DATE _____

John: Please call
Mr. Bennett w/ results
FBPP - WK # 361-2133

FB#10

COMPLAINT FORM

DATE 06-01-98 - RW
NAME Mr. Mark Bennett
SERVICE ADDRESS 815 S. Fletcher Ave
ACCOUNT NUMBER 01-53077-52368
METER NUMBER 11127
TELEPHONE NUMBER (904) 361-2133 (WK#)

COMPLAINT

Very low pressure - 3 1/2 gals per Min. per
cust

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

*Talked with customer told them it was
a problem on their side.

Contacted customer at service address
Contacted customer by phone
*Contacted customer by letter

DATE 6/4/98 MV & SH

*Please attach all correspondence, incoming and outgoing.

DATE 6-3 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Juanita Carter

ADDRESS 408 S. 15th St, Fernandina Bch
(321-5732 work)

NATURE OF WORK Low Water pressure -
Please check -

REPORT - It took 55 sec. for 5 gal. AT meter
STATIC PRESSURE was 50 PSI.
I was unable to test AT THE
house due to dogs.

MAIN? :
Double Set Main 6" AC
other side of ROAD
Mole Needed.

Replace on 7-7-98

WORKED BY B. Lingo DATE 6-3-98

Called Mole IV

COMPLAINT FORM

DATE 6/8/98

NAME Mr. Gordon Dees

SERVICE ADDRESS 20 N 15th St.

ACCOUNT NUMBER 01-44011-53931

METER NUMBER # 11655

TELEPHONE NUMBER 261-1075

COMPLAINT

Customer has low water pressure.
He replaced the line from meter to house.
Would like line from meter to main
replaced if there is a problem. 1" meter

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE 6-12-98 BP MVR

FINDINGS

Flow @ meter 40 sec.
Flow @ house 45 sec
Static 56 Residual 46

ACTION TAKEN

main on other side of road
Replaced Service on 6-25-98
RD, T.C.

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

Call w/ Results

2 30

FB#101

COMPLAINT FORM

DATE 6/8/98 - RW

NAME Jari Miller

SERVICE ADDRESS 1504 Breome St

ACCOUNT NUMBER 01-44060 - 55015

METER NUMBER 8394

TELEPHONE NUMBER 277-4698

COMPLAINT

Low pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 6-9-98

FINDINGS

Morn on same side of road

Double set-up

Customer has already replaced service

ACTION TAKEN

Flow @ meter 45 sec. Static Psi 50

Flow @ base 15 sec Residual 26

Replace service on 6-25-98 RPTC

Contacted customer at service address

Contacted customer by phone

*Contacted customer by letter

DATE 6/9/98 by phone told
her we would replace service
the week of 6/22/98
 J.M.

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6/9/98 - Pm
 NAME US Post Office
 SERVICE ADDRESS 1997 Sadler Rd
 ACCOUNT NUMBER _____
 METER NUMBER 7655 + 8874026 (i. Rec'd)
 TELEPHONE NUMBER 261-4848

COMPLAINT

a lot of iron in the water. Its
turning the bed orange.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Follow up called 9/21/98
no problems since first of Summer.
(New Service debris in line)

ACTION TAKEN

- none, had customer run water

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE 9/21/98 J.M.

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6-10-98
 NAME Richard A. Dover
 SERVICE ADDRESS 4 N. 14th Place
 ACCOUNT NUMBER 01-30232-58376
 METER NUMBER 12447
 TELEPHONE NUMBER 277-6820

COMPLAINT

Very low water pressure

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE 6-12-98

FINDINGS

Flow @ meter 14 sec 5 gal
Flow @ house 300 sec 5 gal
Static 56 Residual 52

ACTION TAKEN

Problem is on customer side
BP MVZ

DATE

Contacted customer at service address
 Contacted customer by phone ***
 *Contacted customer by letter

6/15/98 E.M. 8:35am

*Please attach all correspondence, incoming and outgoing.

Bandnew
5-2-1998

COMPLAINT FORM

DATE 6-11-98

NAME Bob-Land

SERVICE ADDRESS 304 Lighthouse Circle

ACCOUNT NUMBER 01-43912-75757

METER NUMBER 6502

TELEPHONE NUMBER 977-6651

COMPLAINT

low water pressure

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE 6-17-98 BP

FINDINGS

Bandnew service. Customer not home
if they call again. call ~~BP~~
B.P. (97)

ACTION TAKEN

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

20
40
54
45

COMPLAINT FORM

DATE 6/12/98 - RW

NAME David Caplan

SERVICE ADDRESS 1617 Atlantic Ave.

ACCOUNT NUMBER CI-44085-52250

METER NUMBER 10016

TELEPHONE NUMBER 261-5116

COMPLAINT

Low pressure.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 6-16-98 BP

FINDINGS

flow @ meter 20 sec 55 gal

flow @ base 40 sec " "

Static 54 Residual 45

ACTION TAKEN

Main on same side of road.

Single set up under edge of road

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6-12-98
 NAME William W. Edman
 SERVICE ADDRESS 1005 N 15th St
 ACCOUNT NUMBER 01-30209-60617
 METER NUMBER 9110
 TELEPHONE NUMBER 261-8553

COMPLAINT

low water pressure

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE 6-16-98 BP

FINDINGS

flow @ meter 40 sec. new flow 7sec 5gal
flow @ house 300 sec
static J4 Residential 48

ACTION TAKEN

mains on same side double set up
Replaced service, B.P + T.C 6-22-98

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6/12/98 - RW
 NAME K. Stivers
 SERVICE ADDRESS 1466 Clinch Dr.
 ACCOUNT NUMBER Edna Bch Fla 32034
 METER NUMBER 01-62108-55869
 TELEPHONE NUMBER 6822

COMPLAINT

Low pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 6-16-98

BP/TC

FINDINGS

static - 50 Replaced on 7-7-98
residual - 40
5 gal. at meter - 35
5 gal. at house - 50

ACTION TAKEN

Cable set up, customer has meter on their side
mainline on opposite side of street
customer not home

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6/12/98 - RW
 NAME Ms. Coleman
 SERVICE ADDRESS 914 Calhoun Dr.
 ACCOUNT NUMBER 01-10331-57458
 METER NUMBER 9042
 TELEPHONE NUMBER 321-0067

COMPLAINT

Low pressure
** Mole Needed **

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 6-22-98

FINDINGS

Static Pressure 50 PSI.
5 gal / 195 sec. AT METER.
UNABLE to Test at house because there were not any faucets.

ACTION TAKEN

* MAIN OPPOSITE SIDE OF STREET
Service Replaced.
DONE MVZ / CG 7-13-98

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE 6-22-98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6-15-98
 NAME Emma Brizele
 SERVICE ADDRESS 516 N. 11th St.
 ACCOUNT NUMBER 01-10319-53210
 METER NUMBER 81394
 TELEPHONE NUMBER 261-9817

COMPLAINT

Low water pressure. Please ✓ ASAP.

Thank You,
E. Jones

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

STATIC
60 psi ~~Residual~~ 5 gallon @ .06 sec. ~~10~~ 6 sec
~~Resid.~~ Residual 30 psi.
PASSED. MVZ.

ACTION TAKEN

can't test AT house - NO SPICLAT

DATE

Contacted customer at service address _____
 Contacted customer by phone _____ 6/19/98 Problem their side J.M.
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6/16/98 - PW
 NAME Michael Lamb
 SERVICE ADDRESS 2468 S. Fletcher Ave
 ACCOUNT NUMBER 01-57133-57214
 METER NUMBER 12153
 TELEPHONE NUMBER 261-2122

COMPLAINT

Low wtr pressure. Please run flow test.
Call 277-8012 w/ results

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Please send a copy of test to Carl, Per Carl.
5 GAL @ 35 SEC.. STATIC 55 - Residual 2
5 GAL @ house 45 SEC. STATIC 55 + Residual 2.5
main is on opp. side of Road.

ACTION TAKEN

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

DID WE DO THIS ONE?

FDOT Permit 7/9/98

COMPLAINT FORM

DATE 6/16/98 - RW

NAME Michael Lamb

SERVICE ADDRESS 2468 S. Fletcher Ave

ACCOUNT NUMBER 01-57133-57214

METER NUMBER 12153

TELEPHONE NUMBER 261-2122

COMPLAINT

Low wtr pressure. Please run flow test.

Call 277-8012 w/ results

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

*DATE _____

FINDINGS

Please send a copy of test to Carl, Per Carl.

5 GAL @ 35 SEC. STATIC 55 - Residual 2

5 GAL @ house 45 SEC. STATIC 55, Residual 25

man is on opp. side of Road.

ACTION TAKEN

WACK + BORE COMPLETED 8/12/98

Guys Good Job

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

Permit

COMPLAINT FORM

LOT Permit
MAILED - 13-15th

DATE 6-16-98

NAME Lane Mashburn

SERVICE ADDRESS 320 S 5th St

ACCOUNT NUMBER 01-14652-56220

METER NUMBER 10867

TELEPHONE NUMBER ~~261-4247~~ 261-4642

Low Pressure

COMPLAINT

Bo

COMPLAINT BY PHONE *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE June 18, 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____

ELECTRIC
WATER

NAME Marjorie Rudd

ADDRESS 1200 S 15th # C-6

NATURE OF WORK
Water has strong chlorine

REPORT Called back left
message if she still
has problem to call

SIGNED John MADRICK DATE 6/19/98

COMPLAINT FORM

DATE 06/22/98 - Bw

NAME Mr. S.A. Spence

SERVICE ADDRESS 1761 S. Fletcher Ave.

ACCOUNT NUMBER 01-53571 - 59084

METER NUMBER 6556

TELEPHONE NUMBER 261-7466

COMPLAINT

Low pressure.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 6-23-98 Bw

FINDINGS

Flow @ Meter 40 gpm

Flow @ house 60 sec gpm

Static 50 PSI Residual 30 PSI

ACTION TAKEN

Double set up, main on same of road

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

Done 6/30/98

*Please attach all correspondence, incoming and outgoing.

Attn: John

Ms. Harden will be out of town next week

FB#101

Please work this
thurs or Friday
per Cust.

COMPLAINT FORM

DATE

6-24-98 - RW

NAME

Ms. Harden

SERVICE ADDRESS

3010 Beech St.

ACCOUNT NUMBER

01-26019-60222

METER NUMBER

10908

TELEPHONE NUMBER

261-3860

COMPLAINT

Low wtr. Pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

60 psi 5 gal at 20 sec. Passed MVZ

could not test at house / B.B. was too low.

ACTION TAKEN

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 6/24/98 - RW

NAME Ms. Hendrieth

SERVICE ADDRESS 1123 Gum St

ACCOUNT NUMBER 01-18030-55644

METER NUMBER 6525

TELEPHONE NUMBER _____

COMPLAINT

Low pressure.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 6-26-98

FINDINGS

Static 60 lbs. 20 sec. for 5 gallon at Mtr. PASSED

Residual 40 lbs. 5 gals at house is 80 sec.

ACTION TAKEN

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE June 25, 1998
 NAME Conway (Myrtle) Vickers
 SERVICE ADDRESS 2307 S. Fletcher Ave.
 ACCOUNT NUMBER 01-57839-51951
 METER NUMBER 10647
 TELEPHONE NUMBER (904) 261-2902

Phone # (912) 384-7811-Day
 (912) 384-4758 -
 Evening

COMPLAINT

Low water pressure Please ✓ ASAP

Thank you,
E. Jones
 (PLEASE CHECK ONE)

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____

DATE _____

FINDINGS

ACTION TAKEN

Rebuilt our side up to meter. Their
side still needs to be replaced.

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE
 ✓ Daughter of owner 6/26/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE June 25, 1998
 NAME E.E. (Vera) Buner
 SERVICE ADDRESS 420 Citrona DR.
 ACCOUNT NUMBER 01 26142 52899
 METER NUMBER 10182
 TELEPHONE NUMBER 261-2766

COMPLAINT

Low water pressure. Please ✓ ASAP

Thank you,
E. Jones

COMPLAINT BY PHONE *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

5 gallon at meter. - 8 sec. / WE HAVE - PVC ON OUR SIDE
Pressure 60 lbs
CAN'T TEST AT HOUSE - GATE IS LOCKED

MVZ-6-26-98

ACTION TAKEN

DATE _____
 Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

*Need Locator

COMPLAINT FORM

MTR #
10483

DATE 6-26-98

NAME Robert B. Smith Read 0088

SERVICE ADDRESS 2646 S Fletcher 7-24-98

ACCOUNT NUMBER 01-57151-60676

METER NUMBER 10483

TELEPHONE NUMBER (912) 427-4779

→ WEDNESDAY

COMPLAINT

Very low water pressure

FAILED

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE 6-26-98

FINDINGS

Need more time set aside to find box.

Concrete wash out dumped on top.

BP 6-29-98.

I CALLED & TALKED TO CUSTOMER (912) 427-4779 MVZ CUSTOMER OK

ACTION TAKEN

(N.W. Property Line 50') S.W. Property

PS sec AT MTR FOR 5 gal - FAILED

MAIN IS OPP SIDE OF ROAD - 16' FROM C/L OF ROAD

SO NEED New SERVICE FOR ACROSS STREET. DATE

Contacted customer at service address AT SAME TIME

Contacted customer by phone MVZ 7/24/98

*Contacted customer by letter

DONE

*Please attach all correspondence, incoming and outgoing.

shw - See ME ON THIS (MIKE)

COMPLAINT FORM

DATE June 29, 1998
 NAME Marion A. Johnson
 SERVICE ADDRESS 2185 Talbot Ct.
 ACCOUNT NUMBER 01-26244 56814
 METER NUMBER 8205
 TELEPHONE NUMBER 261-4409 - Please contact customer
of results after Tuesday 6/30

COMPLAINT

Low water pressure Please ✓

Thank you,
E. Jones

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 7/9/98

FINDINGS

12 sec. for 5 gal at mtr. PASSED
25 sec at house for 5 gal

ACTION TAKEN

LADY had clogged screens on Kitchen sink.
MVZ

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE 7/9/98
MVZ

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 7/2/98
 NAME CHARLES CROSBY
 SERVICE ADDRESS 12 SOUTH 16TH ST.
 ACCOUNT NUMBER _____
 METER NUMBER 7249
 TELEPHONE NUMBER 261-5368

COMPLAINT

LOW WATER PRESSURE

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

Problem - their side

DATE

MWZ 7/7/98

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 7/2/98
 NAME G. COSSON
 SERVICE ADDRESS 19 SOUTH 16TH ST
 ACCOUNT NUMBER _____
 METER NUMBER 8836
 TELEPHONE NUMBER _____

COMPLAINT

Low WATER PRESSURE

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

Problem - their side

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE MVZ 7/7/98

*Please attach all correspondence, incoming and outgoing.

DATE 7-2 19 98 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Michael Smith

ADDRESS 626 S. 8th St.

FB

NATURE OF WORK # 9453

Water Pouring out of meter

REPORT _____

Done

SIGNED [Signature] DATE 7-2-98

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE July 6 19 98 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____

ELECTRIC

WATER

NAME Mr. Hollinger

ADDRESS 4136 S. Fletcher Ave
321-4256

NATURE OF WORK _____

is installing an irrigation
line & needs a flow test
done. He was told he needs
at least 15 gallon per minute
Can you leave a note when
this is completed w/ the
results.

Thanks E

REPORT _____

PASSED

owner was
there at time of
test

SIGNED MVE DATE 7/7/98

COMPLAINT FORM

DATE July 7, 1998
 NAME Bill (Margie) Mason
 SERVICE ADDRESS 891 S. Fletcher Ave.
 ACCOUNT NUMBER 01-53086-51069
 METER NUMBER 11914
 TELEPHONE NUMBER (904) 261-5075

COMPLAINT

Low water pressure, Please ✓ ASAP

Thank you,
E. Jones

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 7-9-98

FINDINGS

5 gal at meter - 20 sec 60 psi **PASSED**
COULD NOT test on customer side MVR

ACTION TAKEN

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 7-7-98 - Pw

NAME Ms. J. Gallaway

SERVICE ADDRESS 912 Broom, SF.

ACCOUNT NUMBER 01-54477-10353

METER NUMBER 8923

TELEPHONE NUMBER 261-3914

COMPLAINT

Low pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 7-9-98

FINDINGS

5gal @ 12 sec at meter, 60 psi Passed

5gal @ house 40 sec

ACTION TAKEN

I TALKED TO CUSTOMER MVZ

I suggested she get plumber to replace her line from MTR to house

DATE _____

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE 7/8/98 WORK ORDER NO. _____

ELECTRIC

ACCOUNT TO BE CHARGED _____

WATER

NAME Brewton

ADDRESS 1105 S. 13th Apt #5

meter # 9015

NATURE OF WORK _____

Change out meter ASAP

Low Pressure

PASSED

REPORT 5 gal at 7hr, 8 sec.
60 psi.

SIGNED MVZ DATE 7-9-98

COMPLAINT FORM

DATE 7/9/98
 NAME Dawn Roberts or Joe Roubice (son + manager)
 SERVICE ADDRESS 14 S. 2nd St.
 ACCOUNT NUMBER 01-6459-77510
 METER NUMBER # 7860
 TELEPHONE NUMBER 321-2558 or 321-4123

7/10
 7/11
 7/12
 7/13
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 7/25
 7/26
 7/27
 7/28
 7/29
 7/30
 7/31

COMPLAINT

Very low water pressure. Dishwasher will not fill properly.

COMPLAINT BY PHONE *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Done - Replaced Service
7/21/98 J.M.

400
600

ACTION TAKEN

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 7-15-98 - AW

NAME Betty Duckworth

SERVICE ADDRESS 885 S. Fletcher Ave

ACCOUNT NUMBER 01-53084-51018

METER NUMBER 8904

TELEPHONE NUMBER 277-2229

COMPLAINT

Bad smell, Sulfur

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

Completed 8/17/98 CG TC

DATE

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE July 15 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Lism Combs / Elizabeth Stillman
ADDRESS 318 S. 3rd / 321 S. 3rd

NATURE OF WORK They say their water has a horrible sulfur smell. She says it will 'turn your stomach' it stinks so bad. Can yall please check as soon as possible & let them know. Theyre afraid to drink it.

REPORT E.

Left Door Hanger on 7/17/98. CG

Customer reported to me the problem corrected itself.

SIGNED Chiff Caner DATE 7-17-98

COMPLAINT FORM

DATE 7/22/98
 NAME Mrs. Ralph Cleech
 SERVICE ADDRESS 996 Ocean Bivouac Dr.
 ACCOUNT NUMBER 01-53451-58207
 METER NUMBER # 115.31
 TELEPHONE NUMBER 321-0158

COMPLAINT

Customer said water smells like methane
gas. Please check as soon as you
can. Flow: below in house.

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

No one home. 7-24-98 @ 2:30 MVZ / LEFT DOOR TAG

ACTION TAKEN

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE
MVE 7/24/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 07/30/98 - RW

NAME Mr. S. Strickland

SERVICE ADDRESS 1413 S. Fletcher

ACCOUNT NUMBER _____

METER NUMBER 10075

TELEPHONE NUMBER 277-4611 (WK#)

COMPLAINT

Low wtr pressure.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

PVC 7sec 5 Gal Bucket

62 STATIC

54 Residue

ACTION TAKEN

- Contacted customer at service address
- Contacted customer by phone
- *Contacted customer by letter

B.P. Talked w/mother

DATE _____

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE July 23, 19 90 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Jamie Tomaszewski

ADDRESS 2070 Bonnie Oaks Dr
277-2688

NATURE OF WORK very low water
pressure

REPORT Problem was on customer
side; they are aware of the
problem.

SIGNED PK DATE 7-23-90

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE July 23, 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Lara Bounds

ADDRESS 314 New St.

NATURE OF WORK _____
Very low water pressure

REPORT 30 sec. / 5 gal bucket AT METER
STATIC 50 PSI
Residual 45 PSI - NO SPICKET AT HOUSE
*Need more time to find out what
Size main is there.

PASSED Test

SIGNED MVZ DATE 7-28-99

COMPLAINT FORM

DATE 07/30/98 - RW

NAME Mr: S. Strickland

SERVICE ADDRESS 1413 S. Fletcher

ACCOUNT NUMBER _____

METER NUMBER 10075

TELEPHONE NUMBER 277-4611 (WK#)

COMPLAINT

Low wtr pressure.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

PVC 7sec 5 Gal Bucket

62 STATIC

54 Residue

ACTION TAKEN

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

B.P. Talked w/mother

DATE _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 7/30/98
 NAME Betty Delaney / A. Williams
 SERVICE ADDRESS 1114 Beech St.
 ACCOUNT NUMBER 01-18062-50403
 METER NUMBER #10698
 TELEPHONE NUMBER 904-744-6957

COMPLAINT

low water pressure.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

~~Open~~ Leak under house
ERIN to talk with customer
History of Leak problems

ACTION TAKEN

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

DATE 8/3/98
Patricia Miller

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE August 19 98 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Key, Jerry

ADDRESS 4432 Fillest Dr

NATURE OF WORK very low water pressure

Broken pipe on customers
side pressure line.

REPORT _____ T.C.

Left note for customer.

SIGNED [Signature] DATE _____

COMPLAINT FORM

DATE Aug. 12, 1998
 NAME Robert Land
 SERVICE ADDRESS 204 Lighthouse Circle
 ACCOUNT NUMBER 01-43912-75757
 METER NUMBER 6502
 TELEPHONE NUMBER 261-6651

COMPLAINT

Low water pressure. Please ✓

*Thank you,
Earline Jones*

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

18 sec per 5 gal AT METER } STATIC PRESS. → 55 PSI
UNABLE TO TEST AT HOUSE } Residual Press. → 45 PSI

ACTION TAKEN

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

DATE
8-17-98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 8/19/98
 NAME Mrs. Alice Mills
 SERVICE ADDRESS 2782 S. Fletcher
 ACCOUNT NUMBER 01-57169-57488
 METER NUMBER #8926
 TELEPHONE NUMBER 261-0803

COMPLAINT

Very low water pressure. Is it possible the broken valve has anything to do with pressure? Please do by Friday 8/21. Will be leaving town & would like to turn wtr. off themselves.

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE 8-19-98

FINDINGS

No pressure Maine opposite side of road
cust. side - PIC
changed meter our side - galv.

09534749 Sensus 3/4 4 9999
d 8926 Rock 3/4 4 ACTION TAKEN
0483

TC

N# 5398370
C# 36759001

DATE

8-19-98

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9-10-98 - Ru

NAME Carl Middleton

SERVICE ADDRESS 1911 Sunrise Dr.

ACCOUNT NUMBER 01-44221-51383

METER NUMBER 10739

TELEPHONE NUMBER 261-4053

COMPLAINT

Water took bad.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Low chlorine residual.

9-16-98 - C - is ok - But STILL LET CUSTOMER RUN

his WATER (MVZ) NEEDS TO BE CHECKED AGAIN ON 9-17-98

ACTION TAKEN

Informed customer to let water run for the weekend

Will check residual on Monday.

Contacted customer at service address

Contacted customer by phone _____

*Contacted customer by letter _____

DATE 9-11-98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9-14-98 - RW

NAME Mrs. RB Bailey

SERVICE ADDRESS 838 N Fletcher Ave

ACCOUNT NUMBER 01-48719-57470

METER NUMBER 261-5655

TELEPHONE NUMBER Mtr# 8963

COMPLAINT

Bad smell

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

In Hot Water Heater

ACTION TAKEN

Talked with customer
Showed her Residue CLZ Reading
at Kitchen Sink.

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

DATE MVZ 9/16/98

*Please attach all correspondence, incoming and outgoing.

SEP 14 1998

FB#1C

COMPLAINT FORM

DATE 9-14-98 - RW

NAME Mrs. RB Bailey

SERVICE ADDRESS 838 N Fletcher Ave

ACCOUNT NUMBER 01-48719-57470

METER NUMBER 261-5655

TELEPHONE NUMBER Mtr# 8963

COMPLAINT

Bad smell

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

In Hot Water Heater

ACTION TAKEN

Talked with customer
Showed her Residual CL2 Reading
at Kitchen Sink.

- Contacted customer at service address
- Contacted customer by phone
- *Contacted customer by letter

DATE MVZ 9/16/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE

9/16/98

NAME

Paula Peters

SERVICE ADDRESS

872 Atlantic View Dr.

ACCOUNT NUMBER

01-53381-57958

METER NUMBER

#9215

TELEPHONE NUMBER

261-9255

COMPLAINT

Very low water pressure.

COMPLAINT BY PHONE

*BY LETTER

IN OFFICE

(PLEASE CHECK ONE)

DATE

FINDINGS

Poor condition of water softener

ACTION TAKEN

Water Softener (Told customer ^{their} problem)

DATE

BP 9/25/98

Contacted customer at service address

Contacted customer by phone

*Contacted customer by letter

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9-21-98 - RW

NAME Scott Bleiken

SERVICE ADDRESS 603 Broome St

ACCOUNT NUMBER 01-10285-59208

METER NUMBER 7949

TELEPHONE NUMBER 277-7250

COMPLAINT

Water taste and smells bad.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 9/25/98

FINDINGS

Low Residual

ACTION TAKEN

FLUSHED HYDRANTS IN AREA

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

Left Door hanger B.P. 9/25/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9/21/98
 NAME Louis Mazzeo
 SERVICE ADDRESS 2812 Atlantic View Dr.
 ACCOUNT NUMBER 01-53375-56582
 METER NUMBER 8854
 TELEPHONE NUMBER 321-5636

COMPLAINT

Very low water pressure

COMPLAINT BY PHONE *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

~~06097755~~ PLUGGED Water Meter

ACTION TAKEN

Changed out Water Meter
8854

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE B.P. 9/25/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9-21-98 - Ru

NAME Scott Bleiken

SERVICE ADDRESS 603 Broome St

ACCOUNT NUMBER 01-10285-59208

METER NUMBER 7949

TELEPHONE NUMBER 277-7250

COMPLAINT

water took and smells bad.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 9/25/98

FINDINGS

Low Residual

ACTION TAKEN

FLUSHED HYDRANTS IN AREA

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

DATE Left Door hanger B.P. 9/25/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9/21/98
 NAME Louis Mazzeo
 SERVICE ADDRESS 2812 Atlantic View Dr.
 ACCOUNT NUMBER 01-53375-56582
 METER NUMBER 8854
 TELEPHONE NUMBER 321-5636

COMPLAINT

Very low water pressure

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

~~01-53375-56582~~ Plugged Water Meter

ACTION TAKEN

8854 Changed out Water Meter

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

DATE B.P. 9/25/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9-22-98

NAME Scotty T. Harvey

SERVICE ADDRESS 210 S. 13th St.

ACCOUNT NUMBER 01-18232-84623

METER NUMBER 12512

TELEPHONE NUMBER _____

COMPLAINT

Water is dark and smell bad.

*Thank you,
E. Jones*

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Low water use

ACTION TAKEN

Reading 0041 - 9/23/98. Informed customer to run water until water cleared up.

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

DATE 9/23/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9-22-98

NAME Scotty T. Harvey

SERVICE ADDRESS 210 S. 13th St.

ACCOUNT NUMBER 01-18232-84623

METER NUMBER 12512

TELEPHONE NUMBER _____

COMPLAINT

Water is dark and smell bad

Thank you,
E. Jones

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Low water use

ACTION TAKEN

Reading 0041 - 9/23/98. Informed customer to
turn water until water cleared up.

DATE

9/23/98

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

2nd Reg. Called out to John
COMPLAINT FORM

DATE 9-22-98 - RW
NAME Paula Peters
SERVICE ADDRESS 872 Atlantic View Dr
ACCOUNT NUMBER
METER NUMBER 9215
TELEPHONE NUMBER 261-9255

COMPLAINT

Low pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

PLUGGED ~~water~~ Softwater filter
customer's side

ACTION TAKEN

Told them to try & by-pass

Contacted customer at service address
Contacted customer by phone
*Contacted customer by letter

DATE
B.P. 9/25/98

*Please attach all correspondence, incoming and outgoing.

2nd Reg. Called
out to John

COMPLAINT FORM

DATE 9-22-98 - RW

NAME Paula Peters

SERVICE ADDRESS 872 Atlantic View Dr

ACCOUNT NUMBER _____

METER NUMBER 9215

TELEPHONE NUMBER 261-9255

COMPLAINT

Low pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

PLUGGED ~~out~~ Softwater filter
customer's side

ACTION TAKEN

Told them to try & by-pass

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

DATE B.P. 9/25/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9/24/98 - RW
 NAME W. Badore
 SERVICE ADDRESS 1136 N. 15th St
 ACCOUNT NUMBER 01-30259-86674
 METER NUMBER 12100
 TELEPHONE NUMBER _____

COMPLAINT

The water smells bad.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

Smell was coming from hot water side.
Has been sitting for 4 months.

ACTION TAKEN

Informed customer to drain tank (hot water heater)
and fill it back up.

- Contacted customer at service address
- Contacted customer by phone
- *Contacted customer by letter

DATE 9/24/98 CG

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 9/24/98 - RW

NAME W. Badore

SERVICE ADDRESS 1136 N. 15th St

ACCOUNT NUMBER 01-30259-86674

METER NUMBER 12100

TELEPHONE NUMBER _____

COMPLAINT

The water smells bad.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

Smell was coming from hot water side

Has been sitting for 4 months.

ACTION TAKEN

Informed customer to drain tank (Hot water Heater)

and fill it back up.

- Contacted customer at service address
- Contacted customer by phone
- *Contacted customer by letter

DATE 9/24/98 CG

*Please attach all correspondence, incoming and outgoing.

DATE Oct 5, 1998

WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____

ELECTRIC

WATER

NAME Robin Ryan 261-7651

ADDRESS 732 Tarpon Ave

NATURE OF WORK Rust in their water
when clothes are washed

REPORT Problem is on customer
side.

SIGNED _____ DATE _____

FERNANDINA BEACH, FLORIDA 32034

DATE 10-6 19 98 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME James T. Hayward

ADDRESS 1821 Atlantic

PH# 277-494

NATURE OF WORK Since water was last
worked on by us, there is
a real bad rotten egg smell.

REPORT Finished in 15

SIGNED [Signature] DATE _____

FERNANDINA BEACH, FLORIDA 32034

DATE 10-7 19 98 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Joe Winston
ADDRESS 2857 Park Square Place
321-0501

NATURE OF WORK Very low water
pressure -

Mtr # 8067

11:00 AM 10-9-98

REPORT Problem customer's side

SIGNED T.C. DATE 10/9/98

COMPLAINT FORM

DATE 10/14/98
 NAME Kenneth Furmanee
 SERVICE ADDRESS 107 N 20th St.
 ACCOUNT NUMBER 43883-56040
 METER NUMBER #9094349
 TELEPHONE NUMBER 261-5230

COMPLAINT

Bad smelling water

COMPLAINT BY PHONE *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

Told Customer to check & see if it is on hot water side only. Told them we changed out valve in their AREA yesterday which should improve the problem. She'll call if it is still a problem

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

J.M. 10/15/98

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 10-20-98 - RW
 NAME John Stancin
 SERVICE ADDRESS 2417 Via Del Rey
 ACCOUNT NUMBER 01-79531-55544
 METER NUMBER 11523
 TELEPHONE NUMBER _____

COMPLAINT

Dirty water

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Toilet had bad FLAPPER

ACTION TAKEN

Told Customer about their problem.

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE 10/23/98 C.G.

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 11-9-98 - RW

NAME Glenn Bailey

SERVICE ADDRESS 838 N. Fletcher Ave

ACCOUNT NUMBER _____

METER NUMBER 8963

TELEPHONE NUMBER 261-5655

COMPLAINT

Bad Sulphur Smell.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

FINDINGS

Left Door TAG Galv. Service Flushed out.

ACTION TAKEN

Contacted customer at service address _____

Contacted customer by phone _____

*Contacted customer by letter _____

DATE 11/13/98

MVZ

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 11-16-98 - RW
 NAME Robert Brown
 SERVICE ADDRESS 1 Jaconne Pl
 ACCOUNT NUMBER 01-21826-58303
 METER NUMBER 642326
 TELEPHONE NUMBER 321-1938

COMPLAINT

Low pressure, please leave a
dear hangar
w/ Results
Thank, RW

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

Passed

20 sec per 5 gal. AT meter - STATIC - 56 psi
34 sec per 5 gal. AT HOUSE - Residual - 40 psi

ACTION TAKEN

Informed customer that it was on his side
MVZ / CG

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

DATE 11/19/98

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE 11-17 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Barbara Hill

ADDRESS 316D Centre St. (Centre St. Cafe)

Johnny Kromar
277-6600

NATURE OF WORK _____

Bad water pressure - Real low
please check to see if its our
problem -

8682 meter #

REPORT 45 sec. at meter
unable to test because it serves
four different businesses.

Main is on opposite side of
street. Need a mole across
Centre Street

~~RAJ FAILED~~
~~RAJ SERVICE~~

SIGNED MU Z DATE 12/0/98

H#11-1000
Please work this
order Friday 11-20-98
Between 100-500
Per Cust

FBI

COMPLAINT FORM

DATE 11-17-98 - RW
NAME Baird Shinder - J. Johnson
SERVICE ADDRESS 303 N 15th St
ACCOUNT NUMBER CI-44028-55115
METER NUMBER 8372
TELEPHONE NUMBER 216-4256

COMPLAINT

The Water taste Bad per Cust.

No one home 11-23-98 left a CGI card on door.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE (PLEASE CHECK ONE)

DATE _____

FINDINGS

ACTION TAKEN

Please Call & make Appointment.
left CARD ON DOOR Found no problems

Contacted customer at service address
Contacted customer by phone
*Contacted customer by letter

DATE
MVZ 11-19-98

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE 11-19-98 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Constance Hart - 491-3497

ADDRESS 126 S 10th St

NATURE OF WORK _____
Water Pressure Check

REPORT FAILED

45sec. at Meter @ 5 gal. STATIC 64psi
Residual 23

MVZ

4" IRON OTHER SIDE OF STREET
Main is 6 1/2" from edge of Road.
Need MISSILE UNDER ROAD

RAO New Service
MVZ 12/3/98

SIGNED 11-19-98 DATE 80

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE 11-30- 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Nadine Kitchens 321-5880

ADDRESS 113 S 11th

NATURE OF WORK very low water pressure

REPORT Problem is on customer's

17 sec @ meter / 5 gal.
2 min @ HOUSE / 5 gal.
STATIC PRESSURE - 60 PSI
RESIDUAL PRESSURE - 5.5 PSI

SIGNED [Signature] DATE _____

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE 11-30- 1998 WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Jerry Lancaster - 261-8682

ADDRESS Amelia Bay the Sea - 3240 S Fletcher
Apt # 332

NATURE OF WORK _____

water smells like
~~also~~ sulphur

8:00am by 9:00am CLEARING

→ Residual READING ←
HOT WATER Heat?

REPORT OTHERS?

FOUND Cross Connection
by Pool Corrected
12/1/98 MUE & J.M.

SIGNED RO DATE 11-30-98

COMPLAINT FORM

DATE December 2, 1998
 NAME Janice Hennessy
 SERVICE ADDRESS 2835 A Ocean Dr
 ACCOUNT NUMBER 01-58257-82197
 METER NUMBER 9233
 TELEPHONE NUMBER 261-7673

COMPLAINT

field accuracy test ~~8/21/96~~ 10/24/96 tested

DAVIS
→ US Filter Fixer 10 Gallon CONTAINER

COMPLAINT BY PHONE *BY LETTER IN OFFICE (PLEASE CHECK ONE)

DATE December 2, 1998

FINDINGS

ACTION TAKEN

None He is a FLORIDA WATER
Employee and use to test Meters he
was curious as to what we did

DATE

Contacted customer at service address _____
 Contacted customer by phone _____
 *Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

COMPLAINT FORM

DATE 12-9-98 - RW
NAME T.J. Gibson - City Mgr
SERVICE ADDRESS 205 N 15th St.
ACCOUNT NUMBER 01-44024-59825
METER NUMBER 8158
TELEPHONE NUMBER 261-7315 - City Office

COMPLAINT

Low pressure

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE 12/10/98

FINDINGS

STATIC P.S. - 55 It Took 45 sec. at meter

Residual P.S. - 34 UNABLE to test at House.

There is a 6" P&C MAIN ON SAME side of Road.

We need to contact customer.
ACTION TAKEN

CLIFF GAINES

Service replaced. 12/11/98

FAILED

DATE

Contacted customer at service address _____
Contacted customer by phone _____
*Contacted customer by letter _____

*Please attach all correspondence, incoming and outgoing.

FLORIDA PUBLIC UTILITIES CO.

FERNANDINA BEACH, FLORIDA 32034

DATE 12/10/98 19____ WORK ORDER NO. _____

ACCOUNT TO BE CHARGED _____ ELECTRIC
WATER

NAME Shirley D. Matthews

ADDRESS Robin Way 1476

321-5862

NATURE OF WORK _____

Meter Box Re-Dig in.
→ Retire out Tap

REPORT _____

1476 → E. END PROPERTY

Box removed

TALKED TO CUSTOMER

SIGNED _____ DATE _____

COMPLAINT FORM

DATE 12-17-98 - RW
 NAME Ben Toward 261-4077
 SERVICE ADDRESS 210 N 15th St
 ACCOUNT NUMBER 01-44048-50967
 METER NUMBER 6979
 TELEPHONE NUMBER _____

COMPLAINT

Low Pressure.

COMPLAINT BY PHONE _____ *BY LETTER _____ IN OFFICE _____ (PLEASE CHECK ONE)

DATE _____

PASSED

FINDINGS

5 GAL @ 14 SEC. AT METER

COULD NOT TEST AT HOUSE MVZ

ACTION TAKEN

DATE

Contacted customer at service address
 Contacted customer by phone
 *Contacted customer by letter

xLeft message on 12/18/98

*Please attach all correspondence, incoming and outgoing.