

CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS

OF

Lake Utility Services, Inc.
Exact Legal Name of Utility

VOLUME III (b)



FOR THE

Test Year Ended: 6/30/2007

VOLUME III (a) - (e)

20070915 10:44:00 AM

01245 FEB 19 08

FPSC-001-00000000000000000000

LAKE UTILITY SERVICES, INC.

DOCKET NO.: 070693-WS

ADDITIONAL ENGINEERING INFORMATION

HIGHLAND POINT

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

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

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

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

May 25, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Annual Nitrate & Nitrite Sampling 2005
Chapter 62-550 FAC
Highland Point - PWS ID 3354652

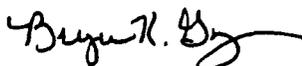
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: Bill Coates, Area Manager, UIOF

FILE COPY

Florida Department of Environmental Protection RECEIVED
Safe Drinking Water Program Laboratory Reporting Format MAY 24 2005

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

System Name: Highland Point PWS I.D. #:

3	3	5	4	6	5	2
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1051646-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 8⁰⁰ AM PM (Circle One)

Sample Location (be specific): POE to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: DANIEL SHERWOOD

Sampler's Phone #: 321-388-7893 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, DANIEL SHERWOOD, LEAD OPERATOR
 (Print Name) (Print Title)

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

Signature: Daniel Sherwood Date: 5/26/05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 5/11/2005 2:50:00
Lab Assigned Report Number or Job ID A051646 Sample Number (From page 1) A051646-01

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

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 5/12/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Report No.: A051646
Date Sampled: 5/11/2005
Date Received: 5/11/05 14:50
Date Reported: 5/21/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Highland Point

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Highland Point
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051646-01

Report No.: A051646
Date/Time Sampled: 05/11/05 8:00
Date/Time Received: 5/11/05 14:50

Sampled By: Dan Sherwood
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	2.4		SM4500NO3-F	0.028	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.086	I	SM4500NO3-F	0.025	5/12/2005	16:35	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: HIGHLAND POINT

Date/Time Rcvd: 5/11/05

14.50

Log-In request number: A051646

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A051646

CustomerName: Utilities, Inc.

Collector: Dan Sherwood

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051646-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 8:00	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051646-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 8:00	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 5/11/05 1700

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/12/05 1045

P.0



Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

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

LA'

A051646

CLIENT NAME: <i>UTILITIES INC</i>		PROJECT NAME: <i>HIGHLAND POINT</i>		BOTTLE SIZE & TYPE	A R N E A Q L U Y I S R I E S D	LAB NUMBER
ADDRESS: <i>200 WEATHERSFIELD AVE</i>		P.O. NUMBER / PROJECT NUMBER:				
<i>ALTAMONTE SPRINGS FL 32714</i>		PROJECT LOCATION: <i>CLERMONT</i>				
PHONE: <i>407 864-1419</i> FAX: <i>352-242-0565</i>		SAMPLED BY: <i>DAN SPERWOOD</i>				
CONTACT: <i>BILL COATES</i>		TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		REMARKS / SPECIAL INSTRUCTIONS: <i>C12 RES 2-3</i>		

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge							Preserv												
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.													
			DATE	TIME															
	<i>P.O.</i>	<i>G</i>	<i>5/11/05</i>	<i>0800</i>	<i>DW</i>	<i>1</i>	<i>Ice</i>	<i>X</i>											

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out: / /	Method Via:	Sample Kit	Cooler #	1	Relinquished by:	Date	Time	Received by:	Date	Time
Ret: / /	Via:	RB	D/T	1	<i>[Signature]</i>	<i>5/11/05</i>	<i>1350</i>	<i>[Signature]</i>	<i>5/11/05</i>	<i>1356</i>
		AB	D/T	2	<i>[Signature]</i>	<i>5/11/05</i>	<i>1452</i>	<i>[Signature]</i>	<i>5/11/05</i>	<i>1452</i>
		Trip Bl.		3						
				4						



Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

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

LAB NUMBER: _____

Page _____ of _____

CLIENT NAME: <i>UTILITIES INC</i>		PROJECT NAME: <i>HIGHLAND POND</i>		BOTTLE SIZE & TYPE	A R N E A Q U L Y I S R I E S D	LAB NUMBER
ADDRESS: <i>200 WENTWORTHFIELD AVE</i>		P.O. NUMBER / PROJECT NUMBER:				
PHONE: <i>407 867 1119</i> FAX: <i>352-292-0565</i>		PROJECT LOCATION: <i>CLERMONT</i>				
CONTACT: <i>Bill Carter</i>		SAMPLED BY: <i>DAN SPURWOOD</i>				
TURN AROUND TIME: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <i>C12 RES 2-3</i>				
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv						
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.
			DATE	TIME		
	<i>P.C.C.</i>	<i>G</i>	<i>5/11/05</i>	<i>0800</i>	<i>DW</i>	<i>1</i>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out: / /	Method Via: _____	Sample Kit	Cooler # _____	Relinquished by:		Received by:				
				Date	Time	Date	Time			
Ret: / /	Via: _____	Trip Bl. <input type="checkbox"/>	Cooler # _____	1	<i>[Signature]</i>	<i>5/11/05</i>	<i>1350</i>	<i>[Signature]</i>	<i>5/11/05</i>	<i>1350</i>
				2	<i>[Signature]</i>	<i>5/11/05</i>	<i>1450</i>	<i>[Signature]</i>	<i>5/11/05</i>	<i>1450</i>
				3						
				4						

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

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LAKE CRESCENT HILLS

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

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

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

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

June 15, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Annual Nitrate & Nitrite Sampling 2005
Chapter 62-550 FAC
Lake Crescent Hills - PWS ID 3354883

Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, A.M., UIOF

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

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

System Name: Lake Crescent Hills PWS I.D. #:

3	3	5	4	8	8	3
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051645-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 8²⁰ AM PM (Circle One)

Sample Location (be specific): PDE to distribution system

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

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Daniel Sherwood

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Daniel Sherwood, Operator
(Print Name) (Print Title)

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

Signature: Daniel Sherwood Date: 6/15/05

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

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

LabName: Advanced Environmental Labs - Orlando Florida Certification #: E53076
 Address: 528 S. North Lake Blvd., Suite 1016 Certification Expiration Date: 6/30/2005
Altamonte Springs, FL 32701 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 5/11/2005 2:50:00
 Lab Assigned Report Number or Job ID A051645 Sample Number (From page 1) A051645-01
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply):

- | | | | |
|---|--|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
 (Print Name)

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

Signature: Myrna Santiago Date: 5/25/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Lake Crescent Hills
Project Number:
PWS ID#:

Report No.: A051645
Date Sampled: 5/11/2005
Date Received: 5/11/05 14:50
Date Reported: 5/25/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Lake Crescent Hills

Approved By: *Myrna Santiago*
Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Lake Crescent Hills
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051645-01

Report No.: A051645
Date/Time Sampled: 05/11/05 8:20
Date/Time Received: 5/11/05 14:50

Sampled By: Dan Sherwood
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	4.1		SM4500NO3-F	0.070	5/12/2005	18:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.20	I	SM4500NO3-F	0.064	5/12/2005	18:35	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LAKE CRESCENT HILLS

Date/Time Rcvd: 5/11/05 14.50

Log-In request number: A051645

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input checked="" type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

P-5

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A051645

CustomerName: Utilities, Inc.

Collector: Dan Sherwood

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051645-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 8:20	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051645-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 8:20	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/11/05 12:00

Date/Time: 5/12/05 1045

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

R



Department of Environmental Protection

OK: 16:PF
cc: DB

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen M. Castille
Secretary

VIA FACSIMILE
407.869.6961

June 22, 2005

Patrick Flynn, Regional Director
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-CE-05-0607

Lake County – PW
Lake Crescent Hills
PWS ID Number 3354883
Monitoring Requirement for Water System

Dear Mr. Flynn:

Please be reminded that the next sample for the **Total Trihalomethanes and Haloacetic Acids (Five)** shall be taken between July 1 and September 30, 2005 at the same designated maximum residence time location: 10351 Thompson Lane, Clermont.

- **The chlorine residual shall be recorded at the time of sample collection.**
- **The sample location and chlorine residual shall be indicated on page 1 (sampler page) of the analysis report.**
- **"Maximum residence time" shall be checked off under sample type.**
- **The sampler shall sign and date this page before submitting the results to the Department.**

You may contact Ms. Marie Carrasquillo at (407) 894-7555, extension 2242 if you have any questions. Your continued cooperation in our drinking water program is appreciated.

Sincerely,

Paul J. Morrison
Environmental Manager
Drinking Water Compliance/Enforcement

PJM:mc/tw

cc: Marie Carrasquillo, DEP Drinking Water Compliance

File: 660.665.3.2

LAKE UTILITY SERVICES, INC.

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

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

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

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Lake Crescent Hills - PWS ID 3354883

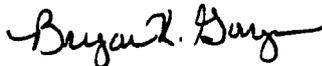
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

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

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

System Name: Lake Crescent Hills PWS I.D. #:

3	3	5	4	8	8	3
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052854-01 Location Code (if known): _____

Sample Date: 8/19/05 Sample Time: 2:15 AM PM (Circle One)

Sample Location (be specific): 10351 Thompson Lane, Clermont, FL.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.9 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades Operator
 (Print Name) (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
Lab Assigned Report Number or Job ID A052854 Sample Number (From page 1) A052854-01

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

- | | | | |
|--|--|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 9/2/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc. **Report No.:** A052854
Project Name: Lake Crescent Hills **Date Sampled:** 8/9/2005
Project Number: **Date Received:** 8/11/05 13:10
PWS ID#: **Date Reported:** 9/2/2005
Attention: William Coates
Phone Number: 8002721919
Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Project Description

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

Project Name: Lake Crescent Hills

Approved By: _____


Lynn Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Lake Crescent Hills

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 4

Site: 10351 Thompson

Sample Number: A052854-01

Report No.: A052854

Date/Time Sampled: 08/09/05 14:15

Date/Time Received: 8/11/05 13:10

Sampled By: Client

Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/18/2005	17:16	E82574
2451	Dichloroacetic Acid		ug/L	8.7		E552.2	0.56	8/18/2005	17:16	E82574
2452	Trichloroacetic Acid		ug/L	6.6		E552.2	0.60	8/18/2005	17:16	E82574
2453	Bromoacetic Acid		ug/L	0.52	I	E552.2	0.34	8/18/2005	17:16	E82574
2454	Dibromoacetic Acid		ug/L	2.7		E552.2	0.45	8/18/2005	17:16	E82574
2941	Chloroform		ug/L	17		E502.2	0.31	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	2.7		E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	12		E502.2	0.38	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	8.7		E502.2	0.28	8/15/2005	14:26	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LAKE CRESCENT HILLS

Date/Time Rcvd: 8/11/05 13.10

Log-In request number: A052854

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

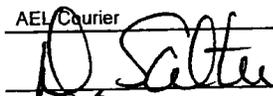
Project #: A052854
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052854-01	4	550 Haloacetic Acids (J)-55	Drinking Water	8/6/2005 14:15	8/11/05 13:10	8/20/2005	_____	40mL Vial Amber
A052854-01	4	THMs (DW)	Drinking Water	8/6/2005 14:15	8/11/05 13:10	8/19/2005	_____	40mL VOC vial

Orlando Relinquisher: 
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: 

Date/Time: 8/11/05 17:00
Date/Time: 8/2/05 0830



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: _____

Page 1 of 2

CLIENT NAME: UTILITIES INC		PROJECT NAME:		BOTTLE SIZE & TYPE	A R N E A Q U I S R I E S D	L A B N U M B E R																																																																																
ADDRESS: 200 WEATHERS FIELD AVE		P.O. NUMBER / PROJECT NUMBER:																																																																																				
PROJECT LOCATION: ALTA MONTE SPRINGS FL 32714		SAMPLED BY:																																																																																				
PHONE: 407-869-1919 FAX: 407-869-6961																																																																																						
CONTACT: BILL COATES				TTHM'S + HAAS'S																																																																																		
TURN AROUND TIME:		REMARKS / SPECIAL INSTRUCTIONS: CGROVES - C12																																																																																				
<input checked="" type="checkbox"/> STANDARD		ORANGES - C12		SAMPLES ON ICE																																																																																		
<input type="checkbox"/> RUSH		HIGH PT - C12																																																																																				
		CR. WEST - C12																																																																																				
		LIK. RIDGE - C12																																																																																				
		AMB. HILL - C12																																																																																				
		CR. BAY - C12		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Preserv</td> <td style="text-align: center;">X</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> </table>			Preserv	X	X	X	X	X	X	X		X									X									X									X									X									X									X								X								X
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WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge																																																																																						
SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.																																																																																
			DATE	TIME																																																																																		
A052850	G. GROVES 1635 US 27 - (7-11)	G	8/10/05	1405	D.W	6																																																																																
A052851	ORANGES-10001 CRENSHAW CT	G	8/9/05	1110	DW	6																																																																																
A052852	HIGHLAND PT 1440 EXPRESS DR	G	X	X	DW	6																																																																																
A052853	CRESCENT BAY - 10332 MURRAY DR	G	8/9/05	1250	D.W	6																																																																																
A052854	LIK. CR. HILL - 10351 THOMPSON LN.	G	8/9/05	1415	DW	6																																																																																
A052855	CR. WEST - 10731 PRIEBE RD	G	8/9/05	1340	DW	6																																																																																
A052856	LIK. RIDGE CLUB - 12134 OUTLOOK DR	G	8/10/05	1525	DW	6																																																																																
A052857	AMB HILL - 12647 VALENTIA DR	G	8/9/05	1210	DW	6																																																																																

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Relinquished by: _____

Date Time

Received by: _____

Date Time

	<p>1 [Signature] 8/11/05 0930</p> <p>2 [Signature] 8/11/05 1310</p> <p>3</p>
--	--

	<p>1 [Signature] 8/11/05 0930</p> <p>2 [Signature] 8/11/05 1310</p> <p>3</p>
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Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

F

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	40.4	Calculate the arithmetic average all HAA5s samples taken over the last year	18.52
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.080 mg/L for HAA5s? (YES/NO)**	NO

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

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

LAKE LOUISA

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 7, 2005

Mr. Paul Morrison
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Inorganics & Secondaries
Greater Groves
PWS ID# 3354881-2

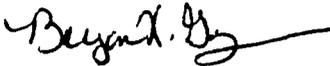
Dear Mr. Morrison:

Enclosed please find the results of samples taken March 10, 2005 for the above referenced analysis and system. A former employee obtained the samples. Due to his absence, I have taken the liberty of signing my name to the reporting form. If this is of concern or presents a problem, please let me know.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

cc: Bill Coates, Area Manager, UIOF



Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Project Number:
PWS ID#:

Report No.: T052276
Date Sampled: 3/10/2005
Date Received: 3/10/05 11:20
Date Reported: 3/23/2005

Attention: Bill Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Project Description

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

Project Name: Lake Louisa WTP

Approved By:



Nannette Staley, Project Coordinator

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

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

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

Total Number of Pages = 4

21

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Matrix: Drinking Water
PWS ID#:
Client Sample ID: Lake Louisa
Site: Clermont
Sample Number: T052276-01

Report No.: T052276
Date/Time Sampled: 03/10/05 8:05
Date/Time Received: 3/10/05 11:20

Sampled By: Nate Carver
Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1005	Arsenic	0.050	mg/L	0.0070	U	E200.7	0.0070	3/14/2005	10:54	E82574
1010	Barium	2.0	mg/L	0.019		E200.7	0.0025	3/14/2005	10:54	E82574
1015	Cadmium	0.0050	mg/L	0.00021	U	E200.7	0.00021	3/14/2005	10:54	E82574
1020	Chromium	0.10	mg/L	0.010		E200.7	0.00016	3/14/2005	10:54	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	3/22/2005	9:30	E84589
1025	Fluoride	4.0	mg/L	0.14	I	SM4500F-C	0.061	3/17/2005	13:00	E84589
1030	Lead	0.015	mg/L	0.0013	I	SM3113B	0.0013	3/11/2005	15:54	E82574
1035	Mercury	0.0020	mg/L	0.000020	U	E245.1	0.000020	3/17/2005	12:37	E82574
1036	Nickel	0.10	mg/L	0.0043	I	E200.7	0.0028	3/14/2005	10:54	E82574
1040	Nitrate (as N)	10	mg/L	2.6		SM4500NO3-F	0.027	3/10/2005	15:24	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	3/10/2005	15:24	E84589
1045	Selenium	0.050	mg/L	0.0025	I	SM3113B	0.0016	3/16/2005	11:15	E82574
1052	Sodium	160	mg/L	10		E200.7	0.0084	3/14/2005	10:54	E82574
1074	Antimony	0.0060	mg/L	0.0025	U	SM3113B	0.0025	3/17/2005	13:50	E82574
1075	Beryllium	0.0040	mg/L	0.000027	U	E200.7	0.000027	3/14/2005	10:54	E82574
1085	Thallium	0.0020	mg/L	0.0016	U	E200.9	0.0016	3/15/2005	16:57	E82574

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

27

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Matrix: Drinking Water
PWS ID#:
Client Sample ID: Lake Louisa
Site: Clermont
Sample Number: T052276-01

Report No.: T052276
Date/Time Sampled: 03/10/05 8:05
Date/Time Received: 3/10/05 11:20

Sampled By: Nate Carver
Shipping Method: AEL Pick-up

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1002	Aluminum	0.20	mg/L	0.017	U	E200.7	0.017	3/14/2005	10:54	E82574
1017	Total Chlorides	250	mg/L	17		E325.3	1.3	3/14/2005	11:00	E84589
1022	Copper	1.0	mg/L	0.012		E200.7	0.00096	3/14/2005	10:54	E82574
1025	Fluoride	2.0	mg/L	0.14	i	SM4500F-C	0.061	3/17/2005	13:00	E84589
1028	Iron	0.30	mg/L	0.074		E200.7	0.016	3/14/2005	10:54	E82574
1032	Manganese	0.050	mg/L	0.0062		E200.7	0.00022	3/14/2005	10:54	E82574
1050	Silver	0.10	mg/L	0.0019	U	E200.7	0.0019	3/14/2005	10:54	E82574
1055	Sulfate (as SO4)	250	mg/L	20		E375.4	1.4	3/15/2005	8:45	E84589
1095	Zinc	5.0	mg/L	0.041		E200.7	0.0072	3/14/2005	10:54	E82574
1905	* Color	15	Color Uni	5.0	U	SM2120B	5.0	3/10/2005	14:50	E84589
1920	Odor	3.0	TON	1.0	U	SM2150B	1.0	3/10/2005	14:40	E84589
1925	pH	6.5-8.5	pH Units	7.74	Q	E150.1		3/10/2005	15:00	E84589
1930	Total Dissolved Solids	500	mg/L	390		E160.1	10	3/11/2005	17:30	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.056	i	E425.1	0.035	3/11/2005	9:15	E84589

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

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

23

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

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

LabName: Advanced Environmental Labs - Tampa
Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
Certification Expiration Date: 6/30/2005
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 3/10/2005 11:20:00
Lab Assigned Report Number or Job ID T052276 Sample Number (From page 1) _____
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input checked="" type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input checked="" type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Nannette Staley, Project Coordinator
(Print Name)

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

Signature: Nannette Staley Date: 3-23-05

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

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

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

P-4

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

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

System Name: Lake Louisa PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

02

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

Address: 2425 US 87 Lake Utility Services, Inc.
200 Weathersfield Avenue

City: CLERMONT Altamonte Springs State: FL ZIP Code: 34711 32714

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

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 7052276-01 Location Code (if known): _____

Sample Date: 3/10/05 Sample Time: 8:05 AM PM (Circle One)

Sample Location (be specific): Point of entry to distribution system.

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: NATE CARVER I

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Bryan K. Gongre (Print Name), Assistant Operations Manager (Print Title)

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

Signature: Bryan K. Gongre DW-AD006568 Date: 4/7/05

P.5

Chain-of-Custody for AEL Tampa to AEL Jax

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

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

Project #: T052276
CustomerName: Utilities, Inc.
Collector: Nate Carver

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T052276-01	Lake Louisa	-550 Metals ICP (Primary) D	Drinking Water	3/10/2005 8:05	3/10/05 11:20	3/24/2005	_____	1L Poly
T052276-01	Lake Louisa	i50 Metals ICP (Secondary)	Drinking Water	3/10/2005 8:05	3/10/05 11:20	3/24/2005	_____	1L Poly
T052276-01	Lake Louisa	Hg (DW)	Drinking Water	3/10/2005 8:05	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052276-01	Lake Louisa	Pb (DW)	Drinking Water	3/10/2005 8:05	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052276-01	Lake Louisa	Sb (DW)	Drinking Water	3/10/2005 8:05	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052276-01	Lake Louisa	Se (DW)	Drinking Water	3/10/2005 8:05	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)
T052276-01	Lake Louisa	Tl (DW)	Drinking Water	3/10/2005 8:05	3/10/05 11:20	3/24/2005	_____	500mL Poly (HNO3)

26

Tampa Relinquisher: *MLV*
C. Ferguson

Shipping Receiver: *UPS*

Date/Time: *3/10/05 17:00*

Shipping Relinquisher: *UPS*

Jacksonville Receiver: *C. Ferguson*

Date/Time: *3/11/05 10:00*



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

Date/Time Rcvd: 3/10/05 1120

Log-in request number: 1052276

Received by: VIR

Completed by: TD

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID					
Temp (°C)	0°C				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

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

Comments:

Kit ID: _____

P-97

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 27, 2005

Mr. Paul Morrison
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
V.O.C's & Gross Alpha/228
Greater Groves
PWS ID# 3354881-2

Dear Mr. Morrison:

Enclosed please find the results of samples taken February 23, 2005 for the above referenced analysis and system. A former employee obtained the samples. Due to his absence, I have taken the liberty of signing my name to the reporting form. If this is of concern or presents a problem, please let me know.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.

Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF

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

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

System Name: Greater Groves / Lake Louisa PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 - 2

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T051797-~~02~~ Location Code (if known): _____

Sample Date: 2/23/05 Sample Time: 9:30 AM PM (Circle One)

Sample Location (be specific): Entry point to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Nathaniel Carver

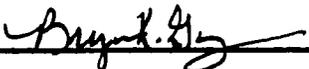
Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Bryank. Gongre, Asst. Operations Manager
(Print Name) (Print Title)

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

Signature:  Date: 4/27/05



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Project Number:
PWS ID#:

Report No.: T051797
Date Sampled: 2/23/2005
Date Received: 2/24/05 11:00
Date Reported: 4/18/2005

Attention: Bill Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Lake Louisa WTP

Approved By: _____

Michael Cammarata, Laboratory Manager

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

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

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

Total Number of Pages = 10

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1-7
Site: Lake Louisa WT
Sample Number: T051797-01

Report No.: T051797
Date/Time Sampled: 2/23/2005 9:30
Date/Time Received: 2/24/05 11:00

Sampled By: Nate Carver
Shipping Method: AEL Pick-up

Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.20	U	E502.2	0.20	1.0	3/1/2005	15:33	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	3/1/2005	15:33	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	3/1/2005	15:33	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	3/1/2005	15:33	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	3/1/2005	15:33	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	3/1/2005	15:33	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	3/1/2005	15:33	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	3/1/2005	15:33	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	3/1/2005	15:33	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	3/1/2005	15:33	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	3/1/2005	15:33	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/1/2005	15:33	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	3/1/2005	15:33	E82574
2984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	1.0	3/1/2005	15:33	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	3/1/2005	15:33	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/1/2005	15:33	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	3/1/2005	15:33	E82574
2990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	1.0	3/1/2005	15:33	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	3/1/2005	15:33	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	3/1/2005	15:33	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	3/1/2005	15:33	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # E83033

Work Order #: 0502244

Report Date: 03/08/05

Report to:

Advanced Environmental Laboratories, Inc.

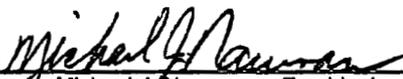
9610 Princess Palm Ave.

Tampa, FL 33619

Attention: Michael Cammarata

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards.

Signed


Michael J. Naumann - President

Date

3-8-05

P.



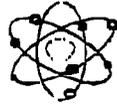
Florida Radiochemistry Services, Inc.

Sample Login

Client:	Advanced Environmental Laboratories, Inc.	Date / Time Received	Work order #
		02/26/05 10:16	0502244
Client Contact:	Michael Cammarata		
Client P.O.			
Project I.D.	T051797		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0502244-01	T051797-01	02/23/05 09:30	Ga, Ra228

Analysis Results

Gross Alpha	3.4	Radium 228	<0.9
Error +/-	0.8	Error +/-	0.6
MDL	0.8	MDL	0.9
EPA Method	900.0	EPA Method	Ra-05
Prep Date	03/02/05	Prep Date	02/26/05
Analysis Date	03/03/05	Analysis Date	03/07/05
Analyst	MJN	Analyst	PJ
Units	pCi/l	Units	pCi/l



Florida Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Gross Alpha	0502245-01	03/03/05	1.8	10.2	10.9	10.8	89	0.9
Radium 228	0502193-01	03/07/05	<0.9	9.4	9.7	9.2	103	5.3

	Quality Control	Limits
	% RPD	% Rec.
Gross Alpha	18.1	68-116
Radium 228	25.0	70-125

P. 5

P.

NO. 457 P. 16

Chain-of-Custody for AEL Tampa to Florida Radioch

AEL Tampa
9610 Princess Palm Avenue
Tampa, FL 33619
813-630-9816 Fax 813-630-4327
Contact Person: Michael Cammarata

Florida Radiochemistry
5456 Hoffner Ave., Suite 201
Orlando, FL 32812-2517
407-382-7733
Contact Person: Sample Receiving

Project #: T051797

Department: FloridaRad

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T051797-01	1-7	Radium 226	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/16/2005	_____	1L Amber glass
T051797-01	1-7	Gross Alpha	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/16/2005	_____	1L Amber glass

APR 18 2005 10:54AM

Tampa Relinquisher: *Olson*

Shipping Receiver: _____

Date/Time: 2/24/2005 3:14:40 PM

Shipping Relinquisher: _____

Florida Radiochemistry Receiver: *Kleber*

Date/Time: 2/25/05 10:16

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

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

ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
 Address: 9610 Princess Palm Avenue
Tampa, Florida 33619

Florida Certification #: E84589
 Certification Expiration Date: 6/30/2005
 phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____
 Lab Assigned Report Number or Job ID T051797

Date Sample(s) Received: 2/24/2005 11:00:00
 Sample Number (From page 1) T051797-01

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

- | | | | |
|--|--|---|------------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Triha |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloaceti |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input checked="" type="checkbox"/> Single Samp | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

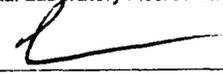
If yes, please provide DOH certification number E82574 E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Michael Cammarata, Laboratory Manager
 (Print Name)

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

Signature:  Date: 2/14/05

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

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

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



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

Date/Time Rcvd: 2/24/05 1100

Log-In request number: TD51797

Received by: TD

Completed by: TD

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID					
Temp (°C)	<u>0.2</u>				
Temp taken from	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input checked="" type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water	<input type="checkbox"/> Temp blank <input type="checkbox"/> Sample bottle <input type="checkbox"/> Ice Water
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

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

Comments:

Kit ID: _____

P.9

Chain-of-Custody for AEL Tampa to AEL Jax

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

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

Project #: T051797
CustomerName: Utilities, Inc.
Collector: Nate Carver

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T051797-01	1-7	550 Metals ICP (Primary) C	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/10/2005		1L Poly
T051797-01	1-7	50 Metals ICP (Secondary)	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/10/2005		
T051797-01	1-7	62-550 VOCs DW <i>OK</i>	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/9/2005		40mL VOC Vial
T051797-01	1-7	Hg (DW)	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T054797-01	1-7	Pb (DW)	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T054797-01	1-7	Sb (DW)	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T051797-01	1-7	Se (DW)	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)
T051797-01	1-7	Ti (DW)	Drinking Water	2/23/2005 9:30	2/24/05 11:00	3/10/2005		500mL Poly (HNO3)

Metals bottle damaged in shipment of
~~_____~~

Tampa Relinquisher: *Ashton, VIR*
Shipping Relinquisher: *UPS*

Shipping Receiver: *UPS*
Jacksonville Receiver: *V. Salter*

Date/Time: *2/24/05 1700*
Date/Time: *2/24/05 1300*



Environmental Laboratories, Inc.

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

LAB NUMBER: T351797

Page 1 of 1

CLIENT NAME: UTILITIES INC OF FLORIDA		PROJECT NAME: LAKE LOUISA WTP		BOTTLE SIZE & TYPE	A R E A C Q U I R E D	L A B N U M B E R
ADDRESS: 200 WEATHERFIELD AVE		P.O. NUMBER / PROJECT NUMBER:				
PROJECT LOCATION: ALTAMONTE SPRINGS FL		PROJECT LOCATION: LAKE LOUISA WTP				
PHONE: 407-869-1919 FAX: 407-869-6961		CONTACT: BILL COATES				
SAMPLED BY: NATE CARVER		TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		REMARKS / SPECIAL INSTRUCTIONS: cell # @ 407-948-9687		

GROSS ALPHA & 2/23/05
 SU
 3/05
 VOC's
 15
 SYNTHETIC ORGANICS
 15
 SECONDARIES 3/05

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

Preserv **ONICE / BOTTLES MARKED**

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.
			DATE	TIME		
1-7	LAKE LOUISA WTP	G	2/23/05	0930	DW	* * * * *
			(2/23/05)			

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out: / /	Method Via:	Sample Kit RB / AB / Trip Bl.	Cooler # D/T	Relinquished by:		Received by:	
				Date	Time	Date	Time
				<i>[Signature]</i>	2/24/05	08:00	<i>[Signature]</i>
				<i>[Signature]</i>	2/24/05	1100	<i>[Signature]</i>

Received on ice: yes no QC sent received

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 29, 2005

Mr. Paul Morrison
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Synthetic Organics
Greater Groves
PWS ID# 3354881-2

Dear Mr. Morrison:

Enclosed please find the results of samples taken March 18, 2005 for the above referenced analysis and system. A former employee obtained the samples. Due to his absence, I have taken the liberty of signing my name to the reporting form. If this is of concern or presents a problem, please let me know.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Lake Louise - Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -2

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A050916 Location Code (if known): _____

Sample Date: 3/18/05 Sample Time: 8:45 AM PM (Circle One)

Sample Location (be specific): Entry point to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

Sampler's Name: Nathaniel Carver

Sampler's Phone #: N/A Sampler's Fax #: N/A

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Bryan K. Gongre (Print Name), Asst. Operations Manager (Print Title)

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

Signature: Bryan K. Gongre Date: 4/29/05

pl

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-685-1844 fax 813-685-2213

Advanced Environmental Laboratories, Inc.
528 S. North Lake Blvd., Suite 1018
Altamonte Springs, FL 32701

March 31, 2005
Project No: 49435

Laboratory Report

FDEP Report form attached for the following samples:

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

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

Lab Name: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1018
Altamonte Springs, FL 32701

Florida Certification #: E63076
Certification Expiration Date: 6/30/2008
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 3/18/2005 1:20:00

Lab Assigned Report Number or Job ID A050918

Sample Number (From page 1) _____

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

Inorganics

- All 17
- Partial
- Nitrate
- Nitrite
- Asbestos Only

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
- Partial
- Radionuclides
- Single Sample
- Dirty Composite**

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Bromate
- Chlorite

Secondaries

- All 14
- Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E84128

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myma Santiago, Laboratory Manager
(Print Name)

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

Signature: Myma Santiago

Date: 4/10/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No

Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Revised Report Requested (circle or highlight group(s) above)

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

Reason(s): MCL(s) Exceeded

Detection(s)

Incomplete Report

Missing Analyte Sheet(s)

Location Unsatisfactory

Analysis Unsatisfactory

Other:

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

pl

SOUTHERN ANALYTICAL LABORATORIES, INC.

11121 DAYVIEW RD., DAYTON, OH 45424-1107 TEL: 513-233-7777 FAX: 513-233-9911



Advanced Environmental Laboratories, Inc.

A080916

Sample ID: A080916-01

March 31, 2005

Sample No.: 49435.01

PWS ID:

Synthetic Organics 62-655.3104(b)

Contaminant ID	Contaminant Name	MCL	Units	Analysis		Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
				Result	Qualifier*							
2005	Endrin	2	µg/L	0.1	U	EPA 826.2	0.1	0.01	03/28/05	03/30/05	05:36	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 826.2	0.06	0.02	03/28/05	03/30/05	05:36	E84129
2015	Methoxychlor	40	µg/L	0.06	U	EPA 826.2	0.05	0.1	03/28/05	03/30/05	05:36	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 808.1	0.5	1	03/28/05	03/29/05	22:45	E84129
2031	Dalapon	200	µg/L	1	U	EPA 815.3	1	1	03/28/05	03/30/05	07:23	E84129
2032	Diquat	20	µg/L	1	U	EPA 849.2	1	0.4	03/28/05	03/28/05	12:03	E84129
2033	Endosulf	100	µg/L	20	U	EPA 849.1	20	9	03/22/05	03/23/05	19:40	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 847	10	6	03/23/05	03/23/05	11:18	E84129
2036	D[2-ethylhexyl]edipate	400	µg/L	0.3	U	EPA 826.2	0.3	0.6	03/28/05	03/30/05	05:36	E84129
2038	Oxamyl (Vydate)	200	µg/L	0.8	U	EPA 831.1	0.5	2	03/28/05	03/30/05	06:36	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 826.2	0.07	0.07	03/28/05	03/30/05	05:36	E84129
2039	D[2-ethylhexyl]phthalate	6	µg/L	1.0	U	EPA 826.2	1.0	0.8	03/28/05	03/30/05	06:36	E84129
2040	Flourent	100	µg/L	0.75	U	EPA 815.3	0.75	0.1	03/29/05	03/30/05	07:23	E84129
2041	Dinoseb	7	µg/L	0.5	U	EPA 815.3	0.5	0.2	03/28/05	03/30/05	07:23	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.2	U	EPA 826.2	0.2	0.1	03/28/05	03/30/05	05:36	E84129
2046	Carbofuran	40	µg/L	0.8	U	EPA 831.1	0.6	0.8	03/28/05	03/30/05	06:36	E84129
2050	Atrazine	3	µg/L	0.09	U	EPA 826.2	0.08	0.1	03/28/05	03/30/05	06:36	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 826.2	0.2	0.2	03/28/05	03/30/05	06:36	E84129
2055	Heptachlor	0.4	µg/L	0.08	U	EPA 826.2	0.08	0.04	03/28/05	03/30/05	05:36	E84129
2057	Heptachlor Epoxide	0.2	µg/L	0.1	U	EPA 826.2	0.1	0.02	03/28/05	03/30/05	06:36	E84129
2105	2,4-D	70	µg/L	1	U	EPA 815.3	1	0.1	03/28/05	03/30/05	07:23	E84129
2110	2,4,6-TP (Silvex)	30	µg/L	0.25	U	EPA 815.3	0.25	0.2	03/28/05	03/30/05	07:23	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 826.2	0.05	0.1	03/28/05	03/30/05	06:36	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 826.2	0.1	0.02	03/28/05	03/30/05	06:36	E84129
2328	Fenachlorophenol	1	µg/L	0.1	U	EPA 815.3	0.1	0.04	03/28/05	03/30/05	07:23	E84129
2383	(PCB)	0.6	µg/L	0.2	U	EPA 808.1	0.2	0.1	03/28/05	03/28/05	22:45	E84129
2931	Dibromochloropropene	0.2	µg/L	0.009	U	EPA 804.1	0.005	0.02	03/28/05	03/29/05	04:41	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.005	U	EPA 804.1	0.005	0.01	03/28/05	03/29/05	04:41	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 806.1	0.05	0.2	03/28/05	03/28/05	22:45	E84129

* Qualifiers:

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

** Non-detects with a reported lab MDL < 50% of the MCL are acceptable for compliance with 62-655.3104(b)

pc

04/28/2005 13:53
 352242055
 4079371597
 LAKE UTILITIES
 AEL ORLANDO
 PAGE 04
 PAGE 04/30

49435

Chain-of-Custody for AEL Orlando to Southern Analytical

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

Southern Analytical
110 Bayview Blvd
Oldsmar, FL 34677
813-836-1844
Contact Person: Sample Receiving

Contact Person: Myrna Santiago

Project #: A050916

Department: SA

Check if Rush

04/28/2005 13:34
04/28/2005 13:53
3522420565
4079371597

LAKE UTILITIES
AEL ORLANDO

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type	(Pres)
A050916-01	1	62-550-549.2	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005	1	1LAP	Needles
A050916-01	1	62-550-548	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005	2	1LB	
A050916-01	1	62-550-547	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005	3	40mLAV	
A050916-01	1	62-550-531.1	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005	4	40mLV	
A050916-01	1	62-550-548.2	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005	1	40mLV	MT401
A050916-01	1	62-550-515.1	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005	1	40mLV	MT401
A050916-01	1	62-550-548.1	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005			MT401
A050916-01	1	62-550-504.1	Drinking Water	3/18/2005 8:45	3/18/05 13:20	4/1/2005			MT401

Orlando Relinquisher: [Signature]
Shipping Relinquisher: UPS

Shipping Receiver: UPS
Southern Analytical Receiver: [Signature]

Date/Time: 3/21/2005 12:44:43 PM
Date/Time: 3/22/05, MC

95

0.20



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A) Project name: LAKE LOUISA
 Date/Time Rcvd: 3/18/05 13:20 Log-in request number: A060916
 Received by: [Signature] Completed by: [Signature]

Cooler/Shipping Information:

Courier: AEL Client UPS Pony Express FedEx Other (describe): _____
 Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

pld

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

June 15, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Annual Nitrate/Nitrite & Quarterly Gross Alpha/228
Greater Groves
PWS ID# 3354881-2

Dear Mr. Morrison:

Enclosed please find the results of samples taken May 11, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF

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

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

System Name: Lake Louisa WTP PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051652 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 9 45 AM PM (Circle One)

Sample Location (be specific): PDE to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: William (Bill) Coates

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William Coates (Print Name), Area Manager (Print Title)

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

Signature: William H Coates Date: 6-15-05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): _____

Date Sample(s) Received: 5/11/2005 2:50:00

Lab Assigned Report Number or Job ID A051652

Sample Number (From page 1) A051652-01 & -02

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

- | | | | |
|---|--|---|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input checked="" type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E83033 E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago*

Date: 5/25/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Project Number:
PWS ID#:
Attention: William Coates
Phone Number: 8002721919
Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Report No.: A051652
Date Sampled: 5/11/2005
Date Received: 5/11/05 14:50
Date Reported: 5/25/2005

Project Description

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

Project Name: Lake Louisa WTP

Approved By:

Myra Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 13

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Matrix: Drinking Water
PWS ID#:

Report No.: A051652
Date/Time Sampled: 05/11/05 9:45
Date/Time Received: 5/11/05 14:50

Client Sample ID: 2
Site: Point of Entry
Sample Number: A051652-02

Sampled By: Bill Coates
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	2.0		SM4500NO3-F	0.028	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.074	I	SM4500NO3-F	0.025	5/12/2005	16:35	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

2.4



Florida Radiochemistry Services, Inc.

Contact: Michael J. Naumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407)382-7744

Certification I. D. # E83033

Work Order #: 0505192

Report Date: 05/19/05

Report to:

Advanced Environmental Laboratories, Inc.

528 South North Lake Blvd., S

Altamonte Springs, FL 32701

Attention: Myrna Santiago

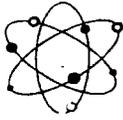
I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards.

Signed

Michael J. Naumann
Michael J. Naumann - President

Date

5-19-05



Florida Radiochemistry Services, Inc.

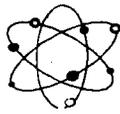
Sample Login

Client:	Advanced Environmental Laboratories, Inc.	Date / Time Received	Work order #
		05/12/05 09:00	0505192
Client Contact:	Myrna Santiago		
Client P.O.			
Project I.D.	A051652		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0505192-01	A051652-01	05/11/05 09:45	Gross Alpha

Analysis Results

Gross Alpha	3.8
Error +/-	1.4
MDL	1.2
EPA Method	900.0
Prep Date	05/17/05
Analysis Date	05/18/05
Analyst Initials	MJN
Units	pCi/l

10.6



Florida Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Gross Alpha	0505194-03	05/18/05	5.4	10.2	15.1	15.7	95	3.9

	Quality Control	Limits
	% RPD	% Rec.
Gross Alpha	18.1	68-116

2.7



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A) Project name: LAKE LOUISA
Date/Time Rcvd: 5/11/05 14.50 Log-in request number: A051652
Received by: RPG Completed by: RPG

Cooler/Shipping Information:

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

Type: [X] Cooler [] Box [] Other (describe):

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

Table with 6 columns for Cooler ID, Temp (°C), Temp taken from, and Temp measured with. Includes checkboxes for Temp blank, Cooler, IR gun, and Thermometer.

Other Information:

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

CHECKLIST table with 4 columns: Question, YES, NO, NA. Contains 17 items regarding custody seals, labels, and sample handling.

Kit ID

Comments:

Horizontal lines for entering Kit ID and Comments.

Handwritten mark '28'

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A051652

CustomerName: Utilities, Inc.

Collector: Bill Coates

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051652-02	2	Nitrate (J)-DW	Drinking Water	5/11/2005 9:45	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051652-02	2	Nitrite (J)-DW	Drinking Water	5/11/2005 9:45	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/11/05 1200

Date/Time: 5/12/05 1045

Chain-of-Custody for AEL Orlando to Florida Radiochemistry

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

Contact Person: Myrna Santiago

Florida Radiochemistry
5456 Hoffner Ave., Suite 201
Orlando, FL 32812-2517
407-382-7733
Contact Person: Sample Receiving

Project #: A051652

Department: FloridaRad

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051652-01	1	Gross Alpha	Drinking Water	5/11/2005 9:45	5/11/05 14:50	5/25/2005	_____	1L Amber glass

Orlando Relinquisher:



Shipping Receiver:

AEL Cum

Date/Time:

5/12/2005 8:01:48 AM

Shipping Relinquisher:

Jose Cuervo

Florida Radiochemistry Receiver:

KW...

Date/Time:

5/12/05 9:00

2.10



Advanced Environmental Laboratories, Inc.

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

CHAIN OF CUSTODY RECORD

LAB NUMBER

A051652

CLIENT NAME: Utilities Inc		PROJECT NAME: LAKE LOUISA WTP		BOTTLE SIZE & TYPE	A R N E A Q U I L Y S I R I E S D	LAB NUMBER
ADDRESS: 200 Weathersfield		P.O. NUMBER / PROJECT NUMBER:				
Altamonte Springs		PROJECT LOCATION:				
PHONE: 407-509-9098	FAX: 352-242-0565	CONTACT: Bill Coates				
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	REMARKS / SPECIAL INSTRUCTIONS: GROSS ALPHA NO₂ + NO₃					

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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	LAB NUMBER
			DATE	TIME				
LK	Louisa PDE	G	5-11-05	0945	DW	1	X	1
LK	Louisa PDE	G	5-11-05	0945	DW	1	X	2

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out	Method	Sample Kit	Center #	1	Relinquished by:	Date	Time	Received by:	Date	Time
				1	<i>[Signature]</i>	5-11	1100	<i>[Signature]</i>	5/11/05	1350
				2	<i>[Signature]</i>	5/11/05	1450	<i>[Signature]</i>	5/11/05	1450
				3						
				4						



Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

P.12

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 2

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

State Laboratory ID: E83033

EPA Lab Code: FL00012

(407) 382-7733

E83033
Florida Radiochemistry Services, Inc.
5456 Hoffner Rd. Suite 201
Orlando, FL 32812

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Gross-alpha	EPA 900	Radiochemistry	NELAP	6/28/2001
Gross-beta	EPA 900	Radiochemistry	NELAP	6/28/2001
Natural uranium	EPA 908	Radiochemistry	NELAP	6/28/2001
Radium-226	EPA 903	Radiochemistry	NELAP	12/15/2003
Radium-226	EPA 903.1	Radiochemistry	NELAP	6/28/2001
Radium-228	EPA Ra-05	Radiochemistry	NELAP	6/28/2001

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

NON-TRANSFERABLE 06/01/2004-E83033

P

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

LAKE HOUSA

July 15, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Synthetic Organics
Greater Groves
PWS ID# 3354881-2

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 10, 2005 for the above referenced analysis and system. Please note that the herbicide analysis under this testing requirement is void due to a preservative problem by the supplier of the sample containers. This parameter is required to be sampled over. The results of which will be submitted to the Department upon receipt.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF



Client/Project: A052008

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

A. Sample Preparation: All holding times were met.

B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: 515.3

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Spikes: All acceptance criteria were met.

Other: For this project, it was requested that sample A052008-01 be analyzed for herbicides by EPA method 515.3. AEL utilized containers for that parameter that were pre-preserved by the container supplier with Sodium Thiosulfate as per the method requirements. However the amount of preservative contained in the pre-preserved bottle caused a matrix interference that resulted in unacceptable detection levels. Therefore AEL has rejected the data and requested the client to re-sample for that parameter."

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

Signed:

Date:

7-11-05

Myrna Santiago, Laboratory Manager

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Greater Groves/Lake Lake Louisa WTP PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -2

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052008 Location Code (if known): _____

Sample Date: 6/10/05 Sample Time: 6:55 AM PM (Circle One)

Sample Location (be specific): Point of entry to distribution system

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

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

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

Sampler's Name: William H. Coates

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William H. Coates, Area Manager
 (Print Name) (Print Title)

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

Signature: William H. Coates Date: 7-13-05

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

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

LabName: Advanced Environmental Labs - Orlando
 Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
 Certification Expiration Date: 6/30/2006
 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 6/10/2005 3:30:00
 Lab Assigned Report Number or Job ID A052008 Sample Number (From page 1) _____

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

- | | | | |
|--|---|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574 E86515

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
 (Print Name)

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

Signature: *Myrna Santiago* Date: 7-11-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Lk Louisa POE Q2
Project Number:
PWS ID#:

Report No.: A052008
Date Sampled: 6/10/2005
Date Received: 6/10/05 15:30
Date Reported: 7/11/2005

Attention: William Coates
Phone Number: 8002721919
Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Lk Louisa POE Q2

Approved By: _____

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Report No.: A052008

Project Name: Lk Louisa POE Q2

Date/Time Sampled: 06/10/05 6:55

Matrix: Drinking Water

Date/Time Received: 6/10/05 15:30

PWS ID#:

Client Sample ID:

Sampled By: Bill Coates

Site: Lake Louisa POE

Shipping Method: AEL Courier

Sample Number: A052008-01

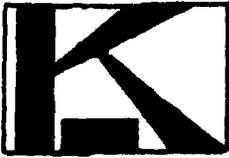
Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2274	Hexachlorbenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	6/17/2005	14:21	E82574
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	6/17/2005	14:21	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	6/17/2005	14:21	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	6/17/2005	14:21	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	6/17/2005	14:21	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0	6/16/2005	10:00	E82574
2033	Endothall	100	ug/L	7.2	U	E548.1	7.2	9.0	6/15/2005	14:33	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.28	U	E525.2	0.28	0.60	6/14/2005	14:22	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	0	6/20/2005	13:27	E82574
2037	Simazine	4.0	ug/L	0.20	U	E525.2	0.20	0.070	6/14/2005	14:22	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.79	U	E525.2	0.79	0.60	6/14/2005	14:22	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	6/17/2005	14:21	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0	6/20/2005	13:27	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	6/14/2005	14:22	E82574
2051	Alachlor	2.0	ug/L	0.27	U	E525.2	0.27	0.20	6/14/2005	14:22	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	6/17/2005	14:21	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	6/17/2005	14:21	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.16	U	E525.2	0.16	0.020	6/14/2005	14:22	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.31	U	E508	0.31	0.10	6/17/2005	14:21	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0	6/18/2005	10:31	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0	6/18/2005	10:31	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	6/17/2005	14:21	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



KAPPA LABORATORIES, INC.

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

LABORATORY REPORT

CLIENT: Advanced Environmental Labs, Inc
528 S Northlake Blvd
Altamonte Springs, Fl. 32701

REPORT DATE: 6/27/2005

SOURCE: Drinking Water
SAMPLE DATE: 0740 06/10/2005
SAMPLE RECEIVED: 1030 06/16/2005
SAMPLE BY: Client

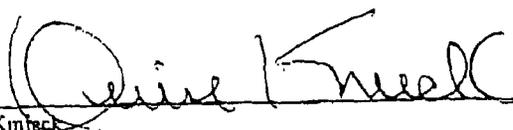
JOB #: 220037-8
SAMPLE LOG #: F963
SAMPLE I.D. A052008

PARAMETER	RESULT	UNITS	METHOD	DETECTION LIMIT	DATE EXT.	DATE ANALY.	ANALYST
Glyphosate	U	ug/l	547	40	06/16/05	06/16/05	IF

U: Undetected

=====

Kappa Laboratories has been inspected and is currently certified by the U. S. Department of Agriculture (USDA Microbiology-#0093); The Florida Dept of Health, Drinking Water, including Microbiology, Pesticides and PCB's; Environmental certification as Basic Environmental Laboratory (DOH #E86515) (FDEP Comp QAP #940109); Registered with the U.S. Food and Drug Administration (FDA-#1039389) and is an FDA Accepted Laboratory for Import Testing. Kappa Laboratory is currently a Contract Laboratory to the U.S. Centers for Disease Control (CDC), Atlanta, Georgia; Vessel Sanitation Program. Test results meet all requirements of NEI/AC requirements.

signed: 
Denise Kintech
Manager, Kappa Laboratories, Inc.



**Advanced
Environmental Laboratories, Inc.**

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

Laboratory Project No./SDG#: **A052008**

Analytical Batch ID: SV061705C-ECD

Client Name: **Utilities, Inc.**

Project ID: **Lk Louisa POE Q2**

I. RECEIPT

No Exceptions were encountered.

II. HOLDING TIMES

Preparation: There were varying volumes received in the collection bottles received versus the required method volumes. Since these volume discrepancies must be accounted for, the dilution factors for the affected samples are adjusted accordingly.

Analysis: All holding times were met.

III. METHOD

Analysis: E508

Preparation: METHOD

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Surrogates: All acceptance criteria were met.

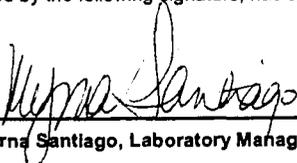
D. Spikes: The upper control criterion was exceeded for the following analytes in the matrix spike for analytical batch sv061705c-eed: Hexachlorocyclopentadiene and Heptachlor epoxide. The analytes in question were not detected in the associated client samples. The error associated with elevated recovery equates to a high bias. The quality of the data is not affected. No further corrective action is required.

E. Internal Standard: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

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


Myrna Santiago, Laboratory Manager



**Advanced
Environmental Laboratories, Inc.**

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

Laboratory Project No./SDG#: **A052008**

Analytical Batch ID: SV061405L

Client Name: **Utilities, Inc.**

Project ID: **Lk Louisa POE Q2**

I. RECEIPT

No Exceptions were encountered.

II. HOLDING TIMES

Preparation: All holding times were met.

Analysis: All holding times were met.

III. METHOD

Analysis: E525.2

Preparation: METHOD

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Surrogates: The control criterion were exceeded for 2-Fluorobiphenyl in J053857-02, A052008-01, T055635-01, and 02, and for p-Terphenyl-d14 in sample A052008-01 'Sample Number' due to matrix interferences: 'list surrogates'. Due to the presence of non-target background components that prevented adequate resolution of the surrogate, accurate quantitation was not possible. The affected surrogates are qualified accordingly.

D. Spikes: The matrix spike recovery of Simazine for J053857-01 was outside control criteria because of matrix interference. The chromatogram indicated the presence of non-target background components that prevented adequate resolution of the target analytes. As a result, accurate quantitation was not possible. The results are qualified to indicate matrix interference.

E. Internal Standard: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

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

Myrna Santiago, Laboratory Manager



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LAKE LOUISA

Date/Time Rcvd: 6/10/05 15:30

Log-In request number: A052008

Received by: MS

Completed by: MS

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	3				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:



Environmental Laboratories, Inc.

8601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9364 • E82574
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9618 • Fax 813.630.4327 • E84589
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82820
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076

CLIENT NAME: AEL - Orlando
PROJECT NAME: Glyphosate
ADDRESS: 528 S. Northlake Blvd
Altamonte Springs, FL 32701
PHONE: 407-937-1594
CONTACT: Myrna Santiago
TURN AROUND TIME:
REMARKS/SPECIAL INSTRUCTIONS:

Table with columns: SAMPLE ID, SAMPLE DESCRIPTION, Grab Comp, SAMPLING DATE, TIME, MATRIX, NO. COUNT, and analysis results (X marks).

Shipping and Requisition details including: Hicc, H=(HC), S=(H2SO4), N=(HNO3), T=(Sodium Thiosulfate), Requisition by: Ryan P. Melton, Date: 6/14/05, Time: 17:00, Received by: [Signature], Date: 6/16/05, Time: 10:30.

Received on ice [] Yes [] No [] QC [] sent [] received []

Vertical text on the right edge of the page, including 'LAB NUMBER' and other identifiers.

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052008

CustomerName: Utilities, Inc.

Collector: Bill Coates

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052008-01		62-550 508 Pests (J)	Drinking Water	6/10/2005 6:55	6/10/05 15:30	6/17/2005	_____	1L Amber glass
A052008-01		62-550 531.1 SOCs (J)	Drinking Water	6/10/2005 6:55	6/10/05 15:30	6/24/2005	_____	
A052008-01		62-550 Herbicides (J)-515.3	Drinking Water	6/10/2005 6:55	6/10/05 15:30	6/24/2005	_____	40mL Vial
A052008-01		62-550 SVOCs (J)-525.2	Drinking Water	6/10/2005 6:55	6/10/05 15:30	6/24/2005	_____	1L Amber glass
A052008-01		62-550 SVOCs (J)-548.1	Drinking Water	6/10/2005 6:55	6/10/05 15:30	6/17/2005	_____	1L Amber glass
A052008-01		Diquat	Drinking Water	6/10/2005 6:55	6/10/05 15:30	6/17/2005	_____	1L Amber glass
A052008-01		Ethylene Dibromide (EDB)	Drinking Water	6/10/2005 8:55	6/10/05 15:30	6/24/2005	_____	40mL VOC vial
A052008-01		Chloroform	Drinking Water	6/10/2005 6:55	6/10/05 15:30	6/21/2005	_____	1L Amber glass

Orlando Relinquisher: *Myrna Santiago*

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: *N. Salter*

Date/Time: 6/10/05 1700

Date/Time: 6/13/05 1040

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 2

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

State Laboratory ID: E86515

EPA Lab Code: FL00229

(305) 535-6125

E86515
Kappa Laboratories
4300 Alton Road
Miami, FL 33140

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
3-Hydroxycarbofuran	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/28/2002
Aldicarb (Temik)	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Aldicarb sulfone	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Aldicarb sulfoxide	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Carbaryl (Sevin)	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	7/15/2002
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	9/15/2004
Endothal	EPA 548.1	Synthetic Organic Contaminants	NELAP	3/27/2002
Fecal coliforms	SM 9221 E	Microbiology	NELAP	3/27/2002
Fecal coliforms	SM 9222 D	Microbiology	NELAP	3/28/2002
Glyphosate	EPA 547	Synthetic Organic Contaminants	NELAP	3/27/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	7/15/2002
Methomyl (Lannate)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/28/2002
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	7/15/2002
Total coliforms	SM 9221 B	Microbiology	NELAP	3/27/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	3/27/2002

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

NON-TRANSFERABLE 06/22/2005-E86515

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 06/29/2005-E82574

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

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

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

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NON-TRANSFERABLE 06/29/2005-E82574

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Governor



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Secretary

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

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

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NON-TRANSFERABLE 06/29/2005-E82574

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/29/2005-E82574

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

July 29, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Ra-228
Lake Louisa WTP
PWS ID# 3354881-2

Dear Mr. Morrison:

Enclosed please find the results of samples taken May 27, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF

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

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

System Name: Lakelouisa WTP PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -2

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.1961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A061828 Location Code (if known): _____

Sample Date: 5/27/05 Sample Time: 7:50 AM PM (Circle One)

Sample Location (be specific): Entry point to distribution system

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

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)
- Quarterly (Which Quarter? 2ND 2005)
- Confirmation of MCL Exceedance*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: William H. Coates

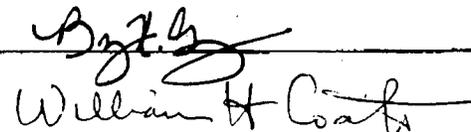
Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6461

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Bryan L. Gongre / William H. Coates (Print Name) Asst. Operations manager / Area Mgr. (Print Title)

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

Signature:  Date: 5/27/05
7-27-05

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

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

LabName: Advanced Environmental Labs - Orlando Florida Certification #: E53076
Address: 528 S. North Lake Blvd., Suite 1016 Certification Expiration Date: 6/30/2006
Altamonte Springs, FL 32701 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 3354881-2 Date Sample(s) Received: 5/27/2005 12:45:00
Lab Assigned Report Number or Job ID A051626 Sample Number (From page 1) A051828

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

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

Were any analyses subcontracted? [X] Yes [] No
If yes, please provide DOH certification number E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: Myrna Santiago Date: 7-27-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory [X] Yes [] No Sample Analysis Info Satisfactory: [X] Yes [] No
[] Replacement Sample(s) Requested (circle or highlight group(s) above) [] Revised Report Requested (circle or highlight group(s) above)
[] Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): [X] MCL(s) Exceeded [] Detection(s) [] Incomplete Report
[] Missing Analyte Sheet(s) [] Location Unsatisfactory [] Analysis Unsatisfactory
[] Other:

Person Notified: Date Notified:
Comments:
Date Reviewed: DEP/DOH Reviewing Official:

JUL. 26. 2005 10:58AM

NO. 132 P. 1



Florida Radiochemistry Services, Inc.

Contact: Michael J. Neumann

5456 Hoffner Ave., Suite 201 Orlando, FL 32812

Phone: (407) 382-7733 Fax: (407) 382-7744

Certification I. D. # E83033

Work Order #: 0506038

Report Date: 06/08/05

Report to:

Advanced Environmental Laboratories, Inc.

528 South North Lake Blvd., S

Altamonte Springs, FL 32701

Attention: Myrna Santiago

I do hereby affirm that this record contains no willful misrepresentations and that this information given by me is true to the best of my knowledge and belief. I further certify that the methods and quality control measures used to produce these laboratory results were implemented in accordance with the requirements of this laboratory's certification and NELAC Standards.

Signed Michael J. Neumann
Michael J. Neumann - President

Date 6-8-05

JUL. 26. 2005 10:58AM

NO. 132 P. 2



Florida Radiochemistry Services, Inc.

Sample Login

Client:	Advanced Environmental Laboratories, Inc.	Date / Time Received	Work order #
Client Contact:	Myma Santiago	06/03/05 09:08	0506038
Client P.O.			
Project I.D.	A051828		
Lab Sample I.D.	Client Sample I.D.	Sample Date/Time	Analysis Requested
0506038-01	A051828-01	06/27/05 07:50	Radium 228

Analysis Results

Radium 228	0.9U
Error +/-	0.6
MDL	0.0
EPA Method	Ra-05
Prep Date	06/03/05
Analysis Date	06/07/05
Analyst Initials	PJ
Units	pCi/l

pc

JUL. 26. 2005 10:59AM

NO. 132 P. 3



Florida Radiochemistry Services, Inc.

QA Page

Analyte	Sample #	Date Analyzed	Sample Result	Amount Spiked	Spike Result	Spike /Dup Result	Spike % Rec.	Spike Dup % Rpd
Radium 228	0506036-07	06/07/05	0.9	9.2	9.3	9.6	91	3.2

	Quality	Control	Limits
Radium 228	% RPD		% Rec.
	25.0		70-125

p5

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: A051828-01

PWS ID (From Page 1): 3354881-2

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L					3				E
4002	Gross Alpha (Incl Uranium)	***	pCi/L					1				E
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L					*****				E
		30	µg/L					*****				E
4020	Radium-226	5	pCi/L					1				E
4030	Radium-228			0.9	U	Ra-05	0.9	1	+/-0.6	06/07/05	—	E83033

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

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

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

***** Reserved

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

Page 6

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

07/27/2005 12:01

4079371597

AEI ORLANDO

PAGE 07/19

pc



Advanced Environmental Labs Inc

528 S North Lake Blvd, Ste 1018
Altamonte Springs, FL 32701

Client: UTL-A
Date/Time Rcvd: 5/27/05 12:45
Received by: R

Project name: HOUSTON LAKE LOUISIA
Log-In request number: A051828
Completed by: R

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Cit ID

Comments:

NO. 132 P. 4

Chain-of-Custody for AEL Orlando to Florida Radiochemistry

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

Contact Person: Nyma Santiago

Florida Radiochemistry
5456 Hoffman Ave., Suite 201
Orlando, FL 32812-2517
407-382-7733
Contact Person: Sample Receiving

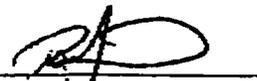
Project #: A051828

Department: FloridaRad

Check if Rush

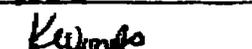
Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051828-01	1	Radium 228	Drinking Water	5/27/2005 7:50	5/27/05 12:45	6/18/2005		1L Amber glass

JUL. 26. 2005 10:59AM

Gainesville Relinquisher: 

Shipping Relinquisher: 

Shipping Receiver: 

Florida Radiochemistry Receiver: 

Date/Time: 5/27/2005 1:22:38 PM

Date/Time: 6/3/05 9:08



Advanced Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82820
 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1584 • Fax 407.937.1597 • E53076

LAB NUMBER

A051828

07/27/2005 12:01 4079371597

CLIENT NAME: Utilities Inc.		PROJECT NAME: Lake Louisa WTP				BOTTLE SIZE & TYPE		ANALYSIS REQUIRED Radium 228				LAB NUMBER	
ADDRESS:		P.O. NUMBER/PROJECT NUMBER:											
PHONE: 407-509-9098		PROJECT LOCATION: WTP											
CONTACT: Bill Coates		FAX: 352-242-0565											
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:											
<input checked="" type="checkbox"/> STANDARD													
<input type="checkbox"/> RUSH													
WW=wastewater SW=surface water GW=ground water DW=drinking water		OIL		A=air		SO=soil		SL=sledge					
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv						
			DATE	TIME									
1	POE	G	5-27	0750	DW	1		X					
I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)		Relinquish by:		Date		Time		Received by:		Date		Time	
Shipment	Method	Sample Kit	Cooler #	1	5/27		0915	[Signature]		5/27/05		1100	
Out	Via:	RB	D/T	2	5/27/05		1245	[Signature]		5/27/05		1245	
Rel	Via:	AB	D/T	3									
		Trip Bl.		4									

AEL ORLANDO

PAGE 10/19

Received on Ice Yes No QC sent received

revised #01

79

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

November 8, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
4th Quarter GA & Ra-228
Lake Louisa WTP
PWS ID# 3354881-2

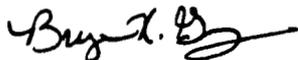
Dear Mr. Morrison:

Enclosed please find the results of samples taken October 7, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF

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

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

System Name: Lake Louisa/Greater Groves PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A053906 Location Code (if known): _____

Sample Date: 10/7/05 Sample Time: 8:25 AM PM (Circle One)

Sample Location (be specific): POE to distribution system

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

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Quarterly (Which Quarter? 4th qtr.)
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Clearance (permitting)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Charles G. Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles G. Schwades, operator
(Print Name) (Print Title)

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

Signature: Charlie G. Schwades Date: 11/3/05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 3354881-2

Date Sample(s) Received: 10/7/2005 3:50:00

Lab Assigned Report Number or Job ID A053906

Sample Number (From page 1) A053906-01

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

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	<u>Radionuclides</u>	<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Single Sample	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? Yes No

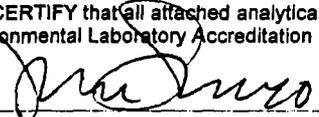
If yes, please provide DOH certification number E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: 

Date: 10-28-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Project Number:

Report No.: A053906
Date Sampled: 10/7/2005
Date Received: 10/7/05 15:50
Date Reported: 10/28/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Lake Louisa WTP

Approved By:

Myrna Santiago, Laboratory Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 8

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job ID: A053906/A053906-01

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L	3.6		900.0	1.5	3	1.4	10/14/05		E83033
4002	Gross Alpha (Incl Uranium)	***	pCi/L					1				
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L					*****				
		30	µg/L					*****				
4020	Radium-226	5	pCi/L					1				
4030	Radium-228			1.0	U	Ra-05	1.0	1	0.6	10/21/05		E83033

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

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

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

***** Reserved



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LAKE LOUISA

Date/Time Rcvd: 10/7/05 15.50

Log-In request number: A053906

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: [X] Cooler [] Box [] Other (describe):

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

Table with 6 columns: Cooler ID, Temp (°C), Temp taken from, Temp measured with, and two empty columns. Rows include checkboxes for Temp blank, Cooler, IR gun, and Thermometer (enter ID).

Other Information:

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

CHECKLIST table with 4 columns: Question, YES, NO, NA. Contains 17 items regarding custody seals, papers, bottles, labels, and sample handling.

Kit ID

Comments:

Horizontal lines for entering Kit ID and Comments.

NO. 705 P. 4/4

Chain-of-Custody for AEL Olando to Florida Radiochemistry

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

Contact Person: Myrna Santiago

Florida Radiochemistry
5456 Hoffner Ave., Suite 201
Orlando, FL 32812-2517
407-382-7733

Contact Person: Sample Receiving

Project #: A053906

Department: FloridaRad

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type	(Pres.)
A053906-01	1	Radium 228	Drinking Water	10/7/2005 8:25	10/7/05 15:50	10/21/2005	_____		
A053906-01	1	Gross Alpha	Drinking Water	10/7/2005 8:25	10/7/05 15:50	10/21/2005	_____		

OCT. 25. 2005 9:22AM

Orlando Relinquisher:



Shipping Receiver:



Date/Time:

10/10/2005 4:01:30 PM

Shipping Relinquisher:



Florida Radiochemistry Receiver:



Date/Time:

10/11/05 9:08



Advanced Environmental Laboratories, Inc.

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

CHAIN OF CUSTODY RECORD

LAB

A053906

CLIENT NAME: <i>Utilities</i>		PROJECT NAME: <i>Lake Louisa</i>		BOTTLE SIZE & TYPE: <i>950cc PLASTIC</i>	LAB NUMBER	
ADDRESS: <i>200 Wootersfield Ave</i>		P.O. NUMBER / PROJECT NUMBER:		<i>950cc PLASTIC</i>		
<i>Altamonte Springs, FL 32701</i>		PROJECT LOCATION:		<i>GROSS ALPHA RAD 228</i>		
PHONE:	FAX:	CONTACT: <i>Bill Coates</i>				SAMPLED BY: <i>Chuck Schwades</i>
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		REMARKS / SPECIAL INSTRUCTIONS:				

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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv							
			DATE	TIME										
1	<i>POE</i>	<i>6</i>	<i>10/7/05</i>	<i>0825</i>	<i>DW</i>	<i>2</i>		<i>X</i>	<i>X</i>					<i>1</i>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment Out: / /	Method Via:	Sample Kit	Cooler #	Relinquished by:		Date	Time	Received by:		Date	Time
				RB	D/T						
				1	<i>[Signature]</i>	<i>10/7</i>	<i>1445</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/7/05</i>	<i>1445</i>
				2	<i>[Signature]</i>	<i>10/7/05</i>	<i>1550</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/7/05</i>	<i>1550</i>
Ret: / /	Via: _____	AB _____	D/T _____	3							
		Trip Bl. _____		4							

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 2

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

State Laboratory ID: E83033

EPA Lab Code: FL00012

(407) 382-7733

E83033
Florida Radiochemistry Services, Inc.
5456 Hoffner Rd. Suite 201
Orlando, FL 32812

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Gross-alpha	EPA 900	Radiochemistry	NELAP	6/28/2001
Gross-beta	EPA 900	Radiochemistry	NELAP	6/28/2001
Natural uranium	EPA 908	Radiochemistry	NELAP	6/28/2001
Radium-226	EPA 903	Radiochemistry	NELAP	12/15/2003
Radium-226	EPA 903.1	Radiochemistry	NELAP	6/28/2001
Radium-228	EPA Ra-05	Radiochemistry	NELAP	6/28/2001

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

NON-TRANSFERABLE 04/29/2005-E83033

73

LAKE UTILITY SERVICES, INC.

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

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

November 30, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd. - Suite 232
Orlando, FL 32803

RE: Triennial Monitoring
Chapter 62-550 FAC
Synthetic Organics - Partial
Lake Louisa
PWS ID# 3354881-2

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 20, 2005 for the above referenced analysis and system. Please note that the herbicide analysis under this testing requirement was repeated due to a preservative problem by the supplier of the sample containers.

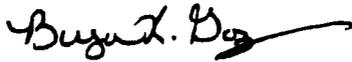
Apparently the laboratory had neglected to forward these results to our office resulting in our mishandling of the reporting. We would like to extend a thank you to Barbara Browning for bringing this matter to our attention.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Mr. Paul Morrison
November 30, 2005

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager, UIOF

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: Lake Louisa WTP PWS I.D. #:

3	3	5	4	8	8	1
---	---	---	---	---	---	---

 -2

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

Address: Lake Utility Services, Inc.
200 Weatherfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongre@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052508 Location Code (if known): _____

Sample Date: 7/20/05 Sample Time: 2:40 AM PM (Circle One)

Sample Location (be specific): Entry Point to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: William Coates

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William Coates (Print Name), Area Manager (Print Title)

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

Signature: William Coates Date: 11-30-05

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

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

LabName: Advanced Environmental Labs - Orlando

Florida Certification #: E53076

Address: 528 S. North Lake Blvd., Suite 1016

Certification Expiration Date: 6/30/2005

Altamonte Springs, FL 32701

Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 7/20/2005 4:05:19

Lab Assigned Report Number or Job ID A052506

Sample Number (From page 1) _____

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

Inorganics

- All 17
- Partial
- Nitrate
- Nitrite
- Asbestos Only

Synthetic Organics

- All 30
- All Except Dioxin
- Partial
- Dioxin Only

Volatile Organics

- All 21
 - Partial
- Radionuclides
- Single Sample
 - Dirty Composite**

Disinfection Byproducts

- Trihalomethanes
- Haloacetic Acids
- Bromate
- Chlorite

Secondaries

- All 14
- Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myma Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myma Santiago*

Date: 8-15-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No

Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Revised Report Requested (circle or highlight group(s) above)

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

Reason(s): MCL(s) Exceeded

Detection(s)

Incomplete Report

Missing Analyte Sheet(s)

Location Unsatisfactory

Analysis Unsatisfactory

Other: _____

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Project Number:
PWS ID#:
Attention: William Coates
Phone Number: 8002721919
Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Report No.: A052506
Date Sampled: 7/20/2005
Date Received: 7/20/05 16:05
Date Reported: 8/19/2005

Project Description

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

Project Name: Lake Louisa WTP

Approved By:

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Lake Louisa WTP
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: POE
Sample Number: A052506-01

Report No.: A052506
Date/Time Sampled: 07/20/05 14:40
Date/Time Received: 7/20/05 16:05

Sampled By: Bill Coates
Shipping Method: AEL Courier

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2031	Dalapon	200	ug/L	0.86	U	E515.3	0.86	1.0	8/2/2005	11:58	E82574
2040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	8/2/2005	11:58	E82574
2041	Dinoseb	7.0	ug/L	0.64	U	E515.3	0.64	0.20	8/2/2005	11:58	E82574
2105	2,4-D	70	ug/L	1.7	U	E515.3	1.7	0.10	8/2/2005	11:58	E82574
2110	2,4,5-TP (Silvax)	50	ug/L	0.080	U	E515.3	0.080	0.20	8/2/2005	11:58	E82574
2328	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	8/2/2005	11:58	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

PH

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

Client: UTILITIES, INC. (UTL-A) Project name: LAKE LOUISA
 Date/Time Rcvd: 7/20/05 16.05 Log-In request number: A052506
 Received by: RPG Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1	2	3	4	5
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

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

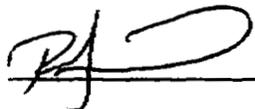
AEL Jax
660f Southpoint Parkway
Jacksonville, Fl 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

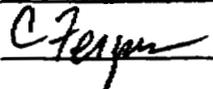
Contact Person: Myrna Santiago

Project #: A052504
CustomerName: utilities INC
Collector: Bill Cortes

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
<u>A052504-01</u>	<u>1</u>	<u>62550 HCHOALDHDS</u> <u>(1) SIS.3</u>	<u>DW</u>	<u>7/20/05 1440</u>	<u>7/20/05</u>	<u>8/2/05</u>	<u>1</u>	<u>1-L</u> <u>AMBIDE</u>

Orlando Relinquisher: 
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: 

Date/Time: 7/20/05 1440
Date/Time: 7-21-05 900

pd

LAKE RIDGE CLUB

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

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

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

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

May 25, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Annual Nitrate & Nitrite Sampling 2005
Chapter 62-550 FAC
Lake Ridge Club - PWS ID 3354884

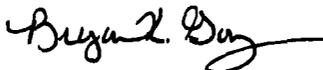
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc Bill Coates, Area Manager, UIOF

FILE COPY

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

RECEIVED
MAY 24 2005

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

System Name: Lakeridge Club PWS I.D. #:

3	3	5	4	8	8	4
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051643-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 9:15 AM PM (Circle One)

Sample Location (be specific): POE to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: DANIEL SHERWOOD

Sampler's Phone #: 321-388-7893 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, DANIEL SHERWOOD, LEAD OPERATOR
(Print Name) (Print Title)

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

Signature: Daniel Sherwood Date: 5/26/05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): _____

Date Sample(s) Received: 5/11/2005 2:50:00

Lab Assigned Report Number or Job ID A051643

Sample Number (From page 1) A051643-01

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

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 5/23/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other:

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



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

Report No.: A051643
Date Sampled: 5/11/2005
Date Received: 5/11/05 14:50
Date Reported: 5/21/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Lakeridge Club

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Lakeridge Club

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A051643-01

Report No.: A051643

Date/Time Sampled: 05/11/05 9:15

Date/Time Received: 5/11/05 14:50

Sampled By: Dan Sherwood

Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	0.31		SM4500NO3-F	0.014	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.040	i	SM4500NO3-F	0.013	5/12/2005	16:35	E82574

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

MDL Method Reporting Limit

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

P-1



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LAKERIDGE CLUB

Date/Time Rcvd: 5/11/05

14.50

Log-In request number: A051643

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

25

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A051643

CustomerName: Utilities, Inc.

Collector: Dan Sherwood

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051643-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 9:15	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051643-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 9:15	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: _____



Shipping Receiver: AEL Courier _____

Date/Time: _____

5/11/05 1200

Shipping Relinquisher: AEL Courier _____

Jacksonville Receiver: _____



Date/Time: _____

5/12/05 1045

D.P.

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

P-4



Department of Environmental Protection

ORIG:PF
CC:BL

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen M. Castille
Secretary

VIA FACSIMILE
407.869.6961

June 22, 2005

Patrick Flynn, Regional Director
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-CE-05-0608

Lake County – PW
Lake Ridge Club
PWS ID Number 3354884
Monitoring Requirement for Water System

Dear Mr. Flynn:

Please be reminded that the next sample for the **Total Trihalomethanes and Haloacetic Acids (Five)** shall be taken between July 1 and September 30, 2005 at the same designated maximum residence time location: 12134 Outlook Drive, Clermont.

- **The chlorine residual shall be recorded at the time of sample collection.**
- **The sample location and chlorine residual shall be indicated on page 1 (sampler page) of the analysis report.**
- **"Maximum residence time" shall be checked off under sample type.**
- **The sampler shall sign and date this page before submitting the results to the Department.**

You may contact Ms. Marie Carrasquillo at (407) 894-7555, extension 2242 if you have any questions. Your continued cooperation in our drinking water program is appreciated.

Sincerely,

Paul J. Morrison
Environmental Manager
Drinking Water Compliance/Enforcement

PJM:mc/tw

cc: Marie Carrasquillo, DEP Drinking Water Compliance

File: 660.634.3.2

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Lake Ridge Club - PWS ID 3354884

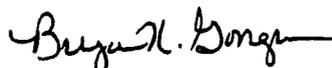
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

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

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

System Name: Lake Ridge Club PWS I.D. #:

3	3	5	4	8	8	4
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052856-01 Location Code (if known): _____

Sample Date: 8/10/05 Sample Time: 3:25 AM PM (Circle One)

Sample Location (be specific): 12134 Outlook Drive, Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.3 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(8) for requirements and restrictions.
 NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades (Print Name), Operator (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

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

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

LabName: Advanced Environmental Labs - Orlando
 Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
 Certification Expiration Date: 6/30/2006
 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
 Lab Assigned Report Number or Job ID A052856 Sample Number (From page 1) A052856-01

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

- | | | | |
|--|--|--|--|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
 If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
 (Print Name)

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

Signature: *Myrna Santiago* Date: 9/2/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

22



Client: Utilities, Inc.
Project Name: Lake Ridge Club
Project Number:
PWS ID#:

Report No.: A052856
Date Sampled: 8/10/2005
Date Received: 8/11/05 13:10
Date Reported: 9/2/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

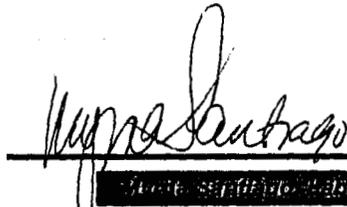
Altamonte Springs, FL 32714

Project Description

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

Project Name: Lake Ridge Club

Approved By:



William Coates, Laboratory Director

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Lake Ridge Club

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 6

Site: 12134 Outcook

Sample Number: A052856-01

Report No.: A052856

Date/Time Sampled: 08/10/05 15:25

Date/Time Received: 8/11/05 13:10

Sampled By: Client

Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/19/2005	8:55	E82574
2451	Dichloroacetic Acid		ug/L	18		E552.2	0.56	8/19/2005	8:55	E82574
2452	Trichloroacetic Acid		ug/L	16		E552.2	0.60	8/19/2005	8:55	E82574
2453	Bromoacetic Acid		ug/L	1.0	I	E552.2	0.34	8/19/2005	8:55	E82574
2454	Dibromoacetic Acid		ug/L	1.7	I	E552.2	0.45	8/19/2005	8:55	E82574
2941	Chloroform		ug/L	48		E502.2	1.6	8/15/2005	14:28	E82574
2942	Bromoform		ug/L	0.38	U	E502.2	0.38	8/15/2005	14:28	E82574
2943	Bromodichloromethane		ug/L	13		E502.2	0.38	8/15/2005	14:28	E82574
2944	Dibromochloromethane		ug/L	3.9		E502.2	0.28	8/15/2005	14:28	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

P-7



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LAKERIDGE CLUB

Date/Time Rcvd: 8/11/05 13.10

Log-In request number: A052856

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe):

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

P-5

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052856
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052856-01	6	550 Haloacetic Acids (J)-55	Drinking Water	8/10/2005 15:25	8/11/05 13:10	8/24/2005	_____	40mL Vial Amber
A052856-01	6	THMs (DW)	Drinking Water	8/10/2005 15:25	8/11/05 13:10	8/24/2005	_____	40mL VOC vial

Orlando Relinquisher: 
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: 

Date/Time: 8/11/05 17:00
Date/Time: 8/12/05 0830

p.v



Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

P

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	64.9	Calculate the arithmetic average all HAA5s samples taken over the last year	36.7
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.080 mg/L for HAA5s? (YES/NO)**	NO

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

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

LAKE SAUNDERS

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

April 24, 2006

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Triennial Monitoring
Chapter 62-550 FAC
Inorganics/VOC/SOC/Secondaries
Lake Saunders - PWS ID 3354695

Dear Mr. Morrison:

Please find the enclosed sample results taken February 23, 2006 for the above referenced analysis and system.

If you should have any questions or require additional information, please do not hesitate to contact me at 407.869.8588, extension 502.

Sincerely,

LAKE UTILITY SERVICES, INC.

William H. Coates

William H. Coates
Assistant Operations Manager

Enclosures

Cc: Bryan K. Gongre, Regional Manager, UIOF
Chuck Schwades, Area manager, UIOF

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

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

System Name: Lake Saunders WTP PWS I.D. #: 3354696
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Alane Ct. and Carrolls Ct.

City: Tavares State: Fla. ZIP Code: 32778
Phone #: 407-869-1919 Fax #: 407-869-6961
E-Mail Address: b.coates@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 11298DW1 Location Code (if known): Water
Sample Date: 2/23/2006 Sample Time: 2:35 pm AM PM (Circle One)
Sample Location (be specific): P.O.E.
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Daniel S. Anderson
Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961
Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Daniel S. Anderson, Operator
(Print Name) (Print Title)

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

Signature: Daniel S. Anderson Date: 4/13/06

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2006
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 11298DW1

Report Number: 11298
Date Sample Received: 02/24/06

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

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics
 All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries
 All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 03/27/06

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

Compliance Determination (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 11298DW1 PWS ID: 3354696 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.01 (0.05)	0.00100	U	EPA200.8	0.00100	02/28/06	
1010	Barium	mg/L	2	0.0591		EPA200.8	0.00200	02/28/06	
1015	Cadmium	mg/L	0.005	0.00100	U	EPA200.8	0.00100	02/28/06	
1020	Chromium	mg/L	0.1	0.00680		EPA200.8	0.00100	02/28/06	
1024	Cyanide	mg/L	0.2	0.00500	U	SM4500-CN E	0.00500	03/06/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.200	U	EPA300.0	0.200	02/24/06	
1030	Lead	mg/L	0.015	0.00100	U	EPA200.8	0.00100	02/28/06	
1035	Mercury	mg/L	0.002	0.000200	U	EPA245.1	0.000200	03/02/06	
1036	Nickel	mg/L	0.1	0.00200	U	EPA200.8	0.00200	02/28/06	
1040	Nitrate	mg/L	10	0.0500	U	EPA300.0	0.0500	02/24/06	03:04 PM
1041	Nitrite	mg/L	1	0.0500	U	EPA300.0	0.0500	02/24/06	03:04 PM
1045	Selenium	mg/L	0.05	0.00200	U	EPA200.8	0.00200	02/28/06	
1052	Sodium	mg/L	160	18.0		EPA200.7	0.500	02/27/06	
1074	Antimony	mg/L	0.006	0.00100	U	EPA200.8	0.00100	02/28/06	
1075	Beryllium	mg/L	0.004	0.00100	U	EPA200.8	0.00100	02/28/06	
1085	Thallium	mg/L	0.002	0.00100	U	EPA200.8	0.00100	02/28/06	

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

Secondary Contaminants: 62-550.320 Lab ID: 11298DW1 PWS ID: 3354696 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.0200	U	EPA200.8	0.0200	02/28/06	
1017	Chloride	mg/L	250	38.0		EPA300.0	4.00	03/07/06	
1022	Copper	mg/L	1.0	0.00450		EPA200.8	0.00100	02/28/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.200	U	EPA300.0	0.200	02/24/06	
1028	Iron	mg/L	0.3	0.0100	U	EPA200.7	0.0100	02/27/06	
1032	Manganese	mg/L	0.05	0.0100	U	EPA200.7	0.0100	02/27/06	
1050	Silver	mg/L	0.1	0.00100	U	EPA200.8	0.00100	02/28/06	
1055	Sulfate	mg/L	250	1.00	U	EPA300.0	1.00	02/24/06	
1095	Zinc	mg/L	5	0.0100	U	EPA200.8	0.0100	02/28/06	
1905	Color	PCU	15 color units	1.00	U	SM2120B	1.00	02/24/05	03:07 PM
1920	Odor	TON	3	1.00	U	SM2150B	1.00	02/24/06	
1925	pH	pH	6.5 -8.5	7.51		EPA150.1	0.0100	02/24/06	04:30 PM
1930	Total Dissolved Solids	mg/L	500	284		SM2540C	2.50	02/28/06	
2905	Foaming Agents	mgLAS(340)/L	0.5	0.200	U	SM5540C	0.200	02/24/06	03:30 PM

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

Volatile Organics: 62-550.310(2)(b) Lab ID: 11298DW1 PWS ID: 3354696 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2378	1,2,4,-trichlorobenzene	ug/L	70	0.500	U	EPA524.2	0.500	02/28/06	
2380	cis-1,2-Dichloroethylene	ug/L	70	0.500	U	EPA524.2	0.500	02/28/06	
2955	Xylenes	ug/L	10,000	0.500	U	EPA524.2	0.500	02/28/06	
2964	Dichloromethane	ug/L	5	0.500	U	EPA524.2	0.500	02/28/06	
2968	o-dichlorobenzene	ug/L	600	0.500	U	EPA524.2	0.500	02/28/06	
2969	Para-dichlorobenzene	ug/L	75	0.500	U	EPA524.2	0.500	02/28/06	
2976	Vinyl Chloride	ug/L	1	0.500	U	EPA524.2	0.500	02/28/06	
2977	1,1-Dichloroethylene	ug/L	7	0.500	U	EPA524.2	0.500	02/28/06	
2979	trans-1,2-Dichloroethylene	ug/L	100	0.500	U	EPA524.2	0.500	02/28/06	
2980	1,2-dichloroethane	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/28/06	
2981	1,1,1-trichloroethane	ug/L	200	0.500	U	EPA524.2	0.500	02/28/06	
2982	Carbon tetrachloride	ug/L	3	0.500	U	EPA524.2	0.500	02/28/06	
2983	1,2-dichloropropane	ug/L	5	0.500	U	EPA524.2	0.500	02/28/06	
2984	Trichloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/28/06	
2985	1,1,2-trichloroethane	ug/L	5	0.500	U	EPA524.2	0.500	02/28/06	
2987	Tetrachloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/28/06	
2989	Monochlorobenzene	ug/L	100	0.500	U	EPA524.2	0.500	02/28/06	
2990	Benzene	ug/L	1	0.500	U	EPA524.2	0.500	02/28/06	
2991	Toluene	ug/L	1,000	0.500	U	EPA524.2	0.500	02/28/06	
2992	Ethylbenzene	ug/L	700	0.500	U	EPA524.2	0.500	02/28/06	
2996	Styrene	ug/L	100	0.500	U	EPA524.2	0.500	02/28/06	

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

Synthetic Organics: 62-550.310(2)(c) Lab ID: 11298DW1 PWS ID: 3354696 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2005	Endrin	ug/L	2	0.0100	U	EPA505	0.0100	02/28/06	
2010	Lindane	ug/L	0.2	0.0100	U	EPA505	0.0100	02/28/06	
2015	Methoxychlor	ug/L	40	0.0500	U	EPA505	0.0500	02/28/06	
2020	Toxaphene	ug/L	3	0.500	U	EPA505	0.500	02/28/06	
2031	Dalapon	ug/L	200	0.100	U	EPA515.1	0.100	03/07/06	
2032	Diquat	ug/L	20	0.400	U	EPA549.2	0.400	03/08/06	
2033	Endothall	ug/L	100	9.00	U	EPA548.1	9.00	03/10/06	
2034	Glyphosate	ug/L	700	6.00	U	EPA547	6.00	03/06/06	
2035	Di(2-ethylhexyl) adipate	ug/L	400	0.600	U	EPA525.2	0.600	03/13/06	
2036	Oxamyl (Vydate)	ug/L	200	2.00	U	EPA531.1	2.00	02/27/06	
2037	Simazine	ug/L	4	0.0700	U	EPA507	0.0700	03/09/06	
2039	Di(2-ethylhexyl)phthalate	ug/L	6	0.600	U	EPA525.2	0.600	03/13/06	
2040	Picloram	ug/L	500	0.100	U	EPA515.1	0.100	03/07/06	
2041	Dinoseb	ug/L	7	0.200	U	EPA515.1	0.200	03/07/06	
2042	Hexachlorocyclopentadiene	ug/L	50	0.100	U	EPA505	0.100	02/28/06	
2046	Carbofuran	ug/L	40	0.900	U	EPA531.1	0.900	02/27/06	
2050	Atrazine	ug/L	3	0.100	U	EPA507	0.100	03/09/06	
2051	Alachlor	ug/L	2	0.200	U	EPA507	0.200	03/09/06	
2065	Heptachlor	ug/L	0.4	0.0100	U	EPA505	0.0100	02/28/06	
2067	Heptachlor epoxide	ug/L	0.2	0.0100	U	EPA505	0.0100	02/28/06	
2105	2,4-D	ug/L	70	0.100	U	EPA515.1	0.100	03/07/06	
2110	2,4,5-TP	ug/L	50	0.200	U	EPA515.1	0.200	03/07/06	
2274	Hexachlorobenzene	ug/L	1	0.100	U	EPA505	0.100	02/28/06	
2306	Benzo(a)pyrene	ug/L	0.2	0.0200	U	EPA550	0.0200	03/13/06	
2326	Pentachlorophenol	ug/L	1	0.0400	U	EPA515.1	0.0400	03/07/06	
2383	Polychlorinated biphenyls (PCBs)	ug/L	0.5	0.100	U	EPA505	0.100	02/28/06	
2931	Dibromochloropropane	ug/L	0.2	0.0200	U	EPA504.1	0.0200	03/02/06	
2946	Ethylene Dibromide	ug/L	0.02	0.0100	U	EPA504.1	0.0100	03/02/06	
2959	Chlordane	ug/L	2	0.0100	U	EPA505	0.0100	02/28/06	
9999	Diquat Extraction	mL		100		X549.2		03/01/06	
9999	Benzo(a)pyrene Extraction	mL		1000		X550		03/02/06	
9999	Endothall Extraction	mL		100		X548		03/01/06	
9999	Brom Insect Extraction	mL		35.0		X504		02/27/06	
9999	Phos Pest Extraction	mL		1000		X507		03/03/06	
9999	Chlor Pest Extraction	mL		35.0		X505		02/27/06	

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

9999 Chlor Herb Extraction

mL

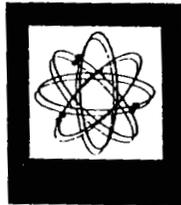
1000

X515.1

03/02/06

FLOWERS

**CHEMICAL
LABORATORIES**
INCORPORATED



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

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

PICK UP

Client <i>Utilities Inc. of Florida</i>	Public Water System Name <i>Lake Saunders</i>		
Address <i>200 Weatherfield Ave.</i>	PWS ID# <i>3354696</i>	P.O. # <i>DA W</i>	
<i>Altamonte Springs, FL 32714</i>	FCL Lab Coordinator	Kit #	
Phone <i>407-869-1919</i>	Public Water System Type: <input type="checkbox"/> Limited Use Commercial / Public		COMMENTS
Sampled By (PRINT) <i>Daniel S. Anderson</i>	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-transient / Non-Community		

Sampler Signature: *Daniel S. Anderson* Date Sampled: *2/23/06*

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

ITEM NO	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES					Primary Inorg.	Secondaries	VOCs	SOCs	NO ₂ /NO ₃	TTHM	THAA	Pb/Cu	GA / RA228 RA226	Asbestos	Field pH	Cl ₂ Res	Res
						NONE	NaOH	HNO ₃	HCl	Na ₂ S ₂ O ₃													
1	<i>507/51521/548.1/547 (sec)</i>	<i>2/23/06</i>	<i>1435 hrs</i>	<i>(11298DW)</i>	<i>1</i>					<i>X</i>			<i>X</i>										<i>2.1</i>
2	<i>525.2/550 (sec)</i>	<i>2/23/06</i>	<i>1440 hrs</i>		<i>2</i>				<i>X</i>				<i>X</i>										<i>2.1</i>
3	<i>Odor/Color</i>	<i>2/23/06</i>	<i>1450 hrs</i>		<i>1</i>																		<i>2.0</i>
4	<i>Secondaries/Primary</i>	<i>2/23/06</i>	<i>1455 hrs</i>		<i>1</i>						<i>X</i>	<i>X</i>											<i>2.1</i>
5	<i>Secondary/Primary Metals</i>	<i>2/23/06</i>	<i>1500 hrs</i>		<i>1</i>			<i>X</i>			<i>X</i>	<i>X</i>											<i>2.1</i>
6	<i>Diquat/544 (sec)</i>	<i>2/23/06</i>	<i>1505 hrs</i>		<i>1</i>				<i>X</i>				<i>X</i>										<i>2.1</i>
7	<i>Primary Cyanide</i>	<i>2/23/06</i>	<i>1510 hrs</i>		<i>1</i>	<i>X</i>																	<i>2.0</i>
8	<i>ARS 531.1 (sec)</i>	<i>2/23/06</i>	<i>1525 hrs</i>		<i>2</i>				<i>X</i>				<i>X</i>										<i>2.0</i>
9	<i>EDB/DCEP (sec)</i>	<i>2/23/06</i>	<i>1535 hrs</i>		<i>2</i>				<i>X</i>				<i>X</i>										<i>2.1</i>
10	<i>VOC (522.2)(524.2)</i>	<i>2/23/06</i>	<i>1557 hrs</i>		<i>3</i>			<i>X</i>	<i>X</i>			<i>X</i>											<i>2.0</i>

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
<i>Daniel S. Anderson</i>	<i>2/24/06</i>	<i>0740 hrs</i>	<i>Cheryl Ketting</i>	<i>2/24/06</i>	<i>1100 hrs</i>	<i>Cheryl Ketting</i>	<i>2/24/06</i>	<i>345</i>			

• WHITE - Ship with Samples / To Be Returned with ...

Flowers Chemical Laboratories

481 Newburyport Ave.

Altamonte Springs, FL 32701

Phone (407) 339-5984 Fax (407) 260-6110

FCL Project Manager: J. Smith

THIS IS NOT TO BE USED AS A CHAIN OF CUSTODY

Total Containers	PARAMETERS	Containers per Sample	Matrix	Preservative							Plastic Containers					Glass Containers								
				Methanol 10ml	HNO ₃	H ₂ SO ₄	Na ₂ S ₂ O ₃	Zn (C ₂ H ₃ O ₂) NaOH	NaOH / ASC ACID	MCAA BUFFER	HCL	60 mL	125 mL	250 mL	500 mL	1 L	Whirl Pak Bag	40 mL vial	500 mL	1 L	1 L	4 L	4 oz Soil Jar	8 oz Soil Jar
1	Secondaries/Primary	1	DW											X										
1	Secondaries/Prim. metals	1	DW		X									X										
1	Prim (Cyanide)	1	DW					X					X											
1	Odor/Color	1	DW															X						
2	EPA525.2/550(SOC)	2	DW							X								X						
1	EPA507/515.1/548.1/547 (SOC)	1	DW				X												X					
2	EDB/DBCP(SOC)	2	DW				X								X									
1	Diquat/ 549, (SOC)	1	DW				X					X												
2	EPA 531.1 (SOC)	2	DW				X		X						X									
3	VOC (524.2)	3	DW				X			X					X									HCL in separate plastic

Ship To:	Client #	Date Ordered:	Date to be Shipped:	Date Needed:
Utilities Inc.- Lk Groves		Extra Coolers: <input type="checkbox"/> (L) <input type="checkbox"/> (M) <input type="checkbox"/> (S)	<input checked="" type="checkbox"/> Customer Pick Up:	Cheryl- Courier
Clermont		Trip Blanks: <input type="checkbox"/> w/HCl <input type="checkbox"/> w/o HCl	Date: 02-20-06	Time: a.m.
ATTN Chuck		Custody Chain: <input type="checkbox"/> Env. <input checked="" type="checkbox"/> 1 DW	SHIPPING METHOD	
Project: Lk Saunders		Temp Blank: <input type="checkbox"/> Bailers: <input type="checkbox"/>	<input type="checkbox"/> STD. UPS <input type="checkbox"/> UPS 2nd Day	
Location:		Special Notes:	<input type="checkbox"/> Fed-Ex Flowers Account	
Sampling Dates:		Cooler ID	<input type="checkbox"/> Fed-Ex Client Account #	
			<input type="checkbox"/> Other:	

SAMPLE KIT ID: PDL 01-011606 <-----Must be on Return COC

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

FILE COPY

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

August 30, 2006

Mr. Paul Morrison, Environmental Manager
Florida Department of Environmental Protection
Drinking Water Program
3319 Maguire Blvd.-Suite 232
Orlando, Fl. 32803

RE: TTHM/HAA5 Monitoring, Annual 2006
Lake Utility Services, Inc.- Lake Saunders
PWS ID# 3354695

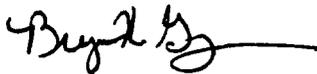
Dear Mr. Morrison:

Enclosed please find the annual results of TTHM/HAA5 monitoring analysis for the above referenced system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Regional Manager

Enclosures: Sample Results

cc: Domenic Gentilucci, A.M., UIF

664.3.2

**DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s])
EXAMPLE REPORTING FORMAT**

MONITORING FREQUENCY: <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> ANNUALLY	YEAR: 2006
QUARTERLY REPORTING PERIOD: July - September	

SYSTEM INFORMATION	
PWS NAME: Lake Utility Services Inc. – Lake Saunders WTP	
PWS ID NUMBER: 3354695	COUNTY: Lake
CONTACT PERSON: Bryan Gongre	PHONE NUMBER : 407-869-1919
E-MAIL ADDRESS (optional): b.gongre@utilitiesinc-usa.com	FAX NUMBER (optional): 407-869-6961

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

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

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	31.1	Calculate the arithmetic average all HAA5s samples taken over the last year	19.5
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	No	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	No

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

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2007
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 20759DW1

Report Number: 20759
Date Sample Received: 07/28/06

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

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos

Volatile Organics

- All 21 Partial

Synthetic Organics
 All 30 Partial

Radionuclides

- Single Sample
 Qtrly Composite**

Secondaries
 All 14 Partial

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Were any analyses subcontracted? Yes No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 08/08/06

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

Compliance Determination (to be completed by DEP or DOH)

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

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

Disinfection Byproducts: 62-550.310(3) Lab ID: 20759DW1 PWS ID: 3354695 Sample ID: 31636 Gladys Ln.

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2450	Monochloroacetic Acid	ug/L	N/A	3.62		EPA552.2	2.00	08/04/06	
2451	Dichloroacetic Acid	ug/L	N/A	6.95		EPA552.2	2.00	08/04/06	
2452	Trichloroacetic Acid	ug/L	N/A	3.97		EPA552.2	0.500	08/04/06	
2453	Monobromoacetic Acid	ug/L	N/A	1.00	U	EPA552.2	1.00	08/04/06	
2454	Dibromoacetic Acid	ug/L	N/A	4.94		EPA552.2	0.500	08/04/06	
2456	HAA5	ug/L	60ppb	19.5		EPA552.2	0.500	08/04/06	
2941	Chloroform	ug/L	N/A	10.0		EPA524.2	0.500	08/07/06	
2942	Bromoform	ug/L	N/A	1.37		EPA524.2	0.500	08/07/06	
2943	Bromodichloromethane	ug/L	N/A	11.4		EPA524.2	0.500	08/07/06	
2944	Dibromochloromethane	ug/L	N/A	8.29		EPA524.2	0.500	08/07/06	
2950	Total Trihalomethanes	ug/L	80	31.1		EPA524.2	1.00	08/07/06	
9999	HAA_Extraction	mL	N/A	40.0		X552		08/04/06	

Job Bush
Governor



M. Rony François, M.D., M.S.P.H, Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 7 of 33

Attachment to Certificate #: E83018-09, expiration date June 30, 2007. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code: FL00091

(407) 339-5984

E83018

Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/29/2006
Total organic carbon	SM 5310B	Primary Inorganic Contaminants	NELAP	3/29/2006
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Toxaphene (Chlorinated camphene)	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
trans-1,3-Dichloropropylene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
trans-1,3-Dichloropropylene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/14/2003
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Trichlorofluoromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Trichlorofluoromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/14/2003
Uranium	EPA 200.8	Primary Inorganic Contaminants	NELAP	2/23/2005
Vanadium	EPA 200.8	Secondary Inorganic Contaminants	NELAP	11/10/2005
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Zinc	EPA 200.8	Secondary Inorganic Contaminants	NELAP	6/1/2001

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2006

Expiration Date: 6/30/2007

Jeb Bush
Governor



M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

Laboratory Scope of Accreditation

Page 6 of 33

Attachment to Certificate #: E83018-09, expiration date June 30, 2007. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E83018

EPA Lab Code: FL00091

(407) 339-5984

E83018
Flowers Chemical Laboratories
481 Newburyport Avenue
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Nitrite as N	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/29/2006
n-Propylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
n-Propylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	6/1/2001
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	6/1/2001
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	6/1/2001
PCBs	EPA 505	Synthetic Organic Contaminants	NELAP	6/1/2001
Pentachlorophenol	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/8/2006
pH	EPA 150.1	Secondary Inorganic Contaminants, Primary Inorganic Contaminants	NELAP	6/1/2001
Pictoram	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Propachlor (Ramrod)	EPA 508	Group I Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
sec-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Selenium	EPA 200.8	Primary Inorganic Contaminants	NELAP	3/1/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silver	EPA 200.8	Secondary Inorganic Contaminants	NELAP	6/1/2001
Silvex (2,4,5-TP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	6/1/2001
Simazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/1/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	6/1/2001
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	6/1/2001
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	6/1/2001
tert-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	6/1/2001
tert-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	6/1/2001
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Thallium	EPA 200.8	Primary Inorganic Contaminants	NELAP	5/1/2001
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	6/1/2001
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	6/1/2001
Total coliforms	SM 9222 B	Microbiology	NELAP	3/22/2002
Total coliforms & E. coli	COLITAG	Microbiology	NELAP	11/10/2005
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	6/1/2001
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	5/15/2003

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2006

Expiration Date: 6/30/2007

THE ORANGES

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

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

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

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

May 25, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Annual Nitrate & Nitrite Sampling 2005
Chapter 62-550 FAC
The Oranges - PWS ID 3354685

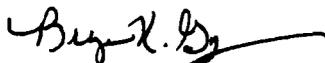
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: Bill Coates, Area Manager, UIOF

FILE COPY

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

RECEIVED
MAY 24 2005

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

System Name: The Oranges PWS I.D. #:

3	3	5	4	6	8	5
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051649-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 9:30 AM PM (Circle One)

Sample Location (be specific): PDE to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: William H Coates

Sampler's Phone #: 407-509-9098 Sampler's Fax #: 352-407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William H Coates, Area Manager
(Print Name) (Print Title)

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

Signature: William H Coates Date: 5-25-05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 5/11/2005 2:50:00
Lab Assigned Report Number or Job ID A051649 Sample Number (From page 1) A051649-01

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

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 5/23/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.

Project Name: The Oranges

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A051649

Date Sampled: 5/11/2005

Date Received: 5/11/05 14:50

Date Reported: 5/21/2005

Project Description

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

Project Name: The Oranges

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: The Oranges
Matrix: Drinking Water
PWS ID#:

Report No.: A051649
Date/Time Sampled: 05/11/05 9:30
Date/Time Received: 5/11/05 14:50

Client Sample ID: 1

Site: Point of Entry

Sample Number: A051649-01

Sampled By: Bill Coates
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	0.014	U	SM4500NO3-F	0.014	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.037	i	SM4500NO3-F	0.013	5/12/2005	16:35	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

P. 4



Client: UTILITIES, INC. (UTL-A)

Project name: THE ORANGES

Date/Time Rcvd: 5/11/05 14.50

Log-In request number: A051649

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A051649

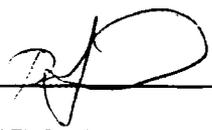
CustomerName: Utilities, Inc.

Collector: Bill Coates

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051649-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 9:30	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051649-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 9:30	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/11/05 14:50

Date/Time: 5/12/05 1045

n.c

John Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

P. 3



Department of Environmental Protection

OCIG: PP
CCBG

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen M. Castille
Secretary

VIA FACSIMILE
407.869.6961

June 22, 2005

Patrick Flynn, Regional Director
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-CE-05-0610

Lake County – PW
The Oranges Subdivision
PWS ID Number 3354685
Monitoring Requirement for Water System

Dear Mr. Flynn:

Please be reminded that the next sample for the **Total Trihalomethanes and Haloacetic Acids (Five)** shall be taken between July 1 and September 30, 2005 at the same designated maximum residence time location: 10001 Crenshaw Court, Clermont.

- **The chlorine residual shall be recorded at the time of sample collection.**
- **The sample location and chlorine residual shall be indicated on page 1 (sampler page) of the analysis report.**
- **“Maximum residence time” shall be checked off under sample type.**
- **The sampler shall sign and date this page before submitting the results to the Department.**

You may contact Ms. Marie Carrasquillo at (407) 894-7555, extension 2242 if you have any questions. Your continued cooperation in our drinking water program is appreciated.

Sincerely,

Paul J. Morrison
Environmental Manager
Drinking Water Compliance/Enforcement

PJM:mc/tw

cc: Marie Carrasquillo, DEP Drinking Water Compliance

File: 660.633.3.2

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

December 5, 2005

01

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
The Oranges - PWS ID 3354685

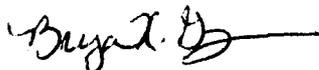
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A. M., UIOF

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

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

System Name: The Oranges PWS I.D. #:

3	3	5	4	6	8	5
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: b.k.gongare@utilitiesinc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052851-01 Location Code (if known): _____

Sample Date: 8/9/05 Sample Time: 11:10 AM PM (Circle One)

Sample Location (be specific): 10001 Crenshaw Ct.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

*See 62-550.600(6) for requirements and restrictions.
NOTE: See 62-550.612(3) for additional requirements
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Bryank Gongare (Print Name), Assistant Operations Manager (Print Title)

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

Signature: Bryank Gongare Date: 12/5/05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 8/11/2005 1:10:00

Lab Assigned Report Number or Job ID A052851

Sample Number (From page 1) A052851-01

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

<u>Inorganics</u>	<u>Synthetic Organics</u>	<u>Volatile Organics</u>	<u>Disinfection Byproducts</u>
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input checked="" type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	<u>Radionuclides</u>	<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Single Sample	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Qtrly Composite**	<u>Secondaries</u>
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: Myrna Santiago

Date: 9/19/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____



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

Report No.: A052851
Date Sampled: 8/9/2005
Date Received: 8/11/05 13:10
Date Reported: 9/17/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: The Oranges

Approved By: _____

Yvonne Santiago

██

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

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

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

Total Number of Pages = 8

23

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: The Oranges
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 2
Site: 10001 Crenshaw
Sample Number: A052851-01

Report No.: A052851
Date/Time Sampled: 08/09/05 11:10
Date/Time Received: 8/11/05 13:10

Sampled By: Client
Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/18/2005	17:16	E82574
2451	Dichloroacetic Acid		ug/L	17		E552.2	0.56	8/18/2005	17:16	E82574
2452	Trichloroacetic Acid		ug/L	17		E552.2	0.80	8/18/2005	17:16	E82574
2453	Bromoacetic Acid		ug/L	1.9		E552.2	0.34	8/18/2005	17:16	E82574
2454	Dibromoacetic Acid		ug/L	2.8		E552.2	0.45	8/18/2005	17:16	E82574
2941	Chloroform		ug/L	32		E502.2	0.31	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	9.8		E502.2	0.38	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	2.5		E502.2	0.28	8/15/2005	14:26	E82574

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an U, the PQL is defined to be 4 times the MDL.



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: THE ORANGES

Date/Time Rcvd: 8/11/05

13.10

Log-In request number: A052851

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe):

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

Cooler ID					
Temp (°C)					
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

7.5

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052851
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

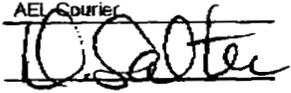
Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052851-01	2	550 Halobacetic Acids (J)-55	Drinking Water	8/9/2005 11:10	8/11/05 13:10	8/23/2005	_____	40mL Vial Amber
A052851-01	2	THMs (DW)	Drinking Water	8/9/2005 11:10	8/11/05 13:10	8/23/2005	_____	40mL VOC vial

Orlando Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 8/11/05 17:00

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: 

Date/Time: 8/12/05 0830



Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

- Jacksonville: 6801 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER:

Page 1 of 2

CLIENT NAME: UTILITIES INC
 ADDRESS: 200 WEATHERSFIELD AVE
 ALTA MONTE SPRINGS FL 32714
 PHONE: 407-869-1919 FAX: 407-869-6961
 CONTACT: BILL COATES

PROJECT NAME:
 P.O. NUMBER / PROJECT NUMBER:
 PROJECT LOCATION:
 SAMPLED BY:

BOTTLE SIZE & TYPE	ANALYSES REQUIRED	LAB NUMBER
	TTHM's + HAA5's	

TURN AROUND TIME:
 STANDARD
 RUSH

REMARKS / SPECIAL INSTRUCTIONS: GROUNDWATER - C12
 ORANGES - C12 I.D.
~~HIGHWAY - C12~~
 CR. WEST - C12
 LIK. R. HILLS - C12
 AND. HILL - C12
 CR. WEST - C12

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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.
			DATE	TIME		
A052850	G. GROVES 1635 US 27. (7-11)	G	8/10/05	1405	DW	6
A052851	ORANGES-10001 CRENSHAW CT	G	8/9/05	1110	DW	6
A052852	HIGHWAY - 1440 EXPRESS DR	G	X	X	DW	6
A052853	CRESCENT BAY - 10332 MONPAY DR	G	8/9/05	1250	DW	6
A052854	LIK. RP. HILLS - 10351 THOMPSON LN.	G	8/9/05	1415	DW	6
A052855	CR. WEST - 10731 PRIEBE RD	G	8/9/05	1340	DW	6
A052856	LIK. RIDGE CLUB - 12134 OUTLOOK DR	G	8/10/05	1525	DW	6
A052857	AND. HILL - 12647 VANCE DR	G	8/9/05	1210	DW	6

Preserv	SAMPLES ON ICE						
X	X	X	X	X	X	X	X
X							
	X						
		X					
			X				
				X			
					X		
						X	
							X

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #	Relinquished by:	Date	Time	Received by:	Date	Time
Out 1/1	Via:	RB	D/T	<i>[Signature]</i>	8/10/05	0930	<i>[Signature]</i>	8/11/05	0930
Ref: 1/1	Via:	AB	D/T	<i>[Signature]</i>	8/11/05	1310	<i>[Signature]</i>	8/11/05	1310
		Trip Bl.							

PAGE 06

LAKE UTILITIES

0602747206

07.01 00071701717

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total halocetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

2.8

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	0.044 443	Calculate the arithmetic average all HAA5s samples taken over the last year	0.039 388
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

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

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

THE VISTAS

25.30.440 (3)
CHEMICAL ANALYSES

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

May 25, 2005

Mr. Paul Morrison
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Boulevard-Suite 232
Orlando, FL 32803

RE: Annual Nitrate/Nitrite Monitoring Requirements
Chapter 62-550 FAC
The Vistas
PWS ID# 3354773

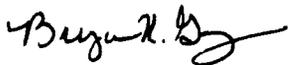
Dear Mr. Morrison:

Enclosed please find the annual results of samples taken May 5, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

Cc: William Coates, Area Manager, UIOF

FILE COPY

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

RECEIVED
MAY 24 2005

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

System Name: The Vistas PWS I.D. #:

3	3	5	4	7	7	3
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: A Humante Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051650-01 Location Code (if known): _____

Sample Date: 5/11/05 Sample Time: 9:10 AM PM (Circle One)

Sample Location (be specific): POE to distribution system

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

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: William Coates

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, William H Coates, Area Manager
(Print Name) (Print Title)

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

Signature: William H Coates Date: 5-25-05

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

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

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 5/11/2005 2:50:00

Lab Assigned Report Number or Job ID A051650

Sample Number (From page 1) A051650-01

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

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: Myrna Santiago

Date: 5/23/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No

Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Revised Report Requested (circle or highlight group(s) above)

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

Reason(s): MCL(s) Exceeded

Detection(s)

Incomplete Report

Missing Analyte Sheet(s)

Location Unsatisfactory

Analysis Unsatisfactory

Other: _____

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____

p. 2



Client: Utilities, Inc.

Project Name: The Vistas

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A051650

Date Sampled: 5/11/2005

Date Received: 5/11/05 14:50

Date Reported: 5/21/2005

Project Description

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

Project Name: The Vistas

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

P. 3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: The Vistas
Matrix: Drinking Water
PWS ID#:

Report No.: A051650
Date/Time Sampled: 05/11/05 9:10
Date/Time Received: 5/11/05 14:50

Client Sample ID: 1
Site: Point of Entry
Sample Number: A051650-01

Sampled By: Bill Coates
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	4.1		SM4500NO3-F	0.14	5/12/2005	16:35	E82574
1041	Nitrite (as N)	1.0	mg/L	0.38	I	SM4500NO3-F	0.13	5/12/2005	16:35	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: THE VISTAS

Date/Time Rcvd: 5/11/05 14.50

Log-In request number: A051650

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

PS

Chain-of-Custody for AEL Orlando to AEL Jax

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

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

Contact Person: Myrna Santiago

Project #: A051650
CustomerName: Utilities, Inc.
Collector: Bill Coates

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051650-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005 9:10	5/11/05 14:50	5/13/2005	_____	250mL Poly
A051650-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005 9:10	5/11/05 14:50	5/13/2005	_____	250mL Poly

Orlando Relinquisher: 

Shipping Receiver: AEL Courier

Date/Time: 5/11/05 1700

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: 

Date/Time: 5/12/05 1045

PL



Environmental Laboratories, Inc.

Jacksonville 8601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
Tampa 9510 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
Gainesville 2106 NW 87th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
Orlando 526 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

A051650

CLIENT NAME:

Utilities Inc

PROJECT NAME:

Vistas WTP

ADDRESS:

200 Weathersfield Av

P.O. NUMBER / PROJECT NUMBER:

Altamonte Springs

PROJECT LOCATION:

PHONE:

FAX:

407-509-9098 352-242-0565

CONTACT:

Bill Coates

SAMPLED BY:

Bill Coates

TURN AROUND TIME:

REMARKS / SPECIAL INSTRUCTIONS:

STANDARD

RUSH

BOTTLE
SIZE
&
TYPE

AR
NE
AO
LU
YI
SR
IE
SD

203
+
202

L
A
B
N
U
M
B
E
R

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

Preserv

SAMPLE ID

SAMPLE DESCRIPTION

Grab Composite

SAMPLING

DATE

TIME

MATRIX

NO. CONT.

Vistas POE

G

5-11-05

0910

DW

1

X

1

shipment

Method

Sample Kit

Cooler #

1

Relinquished by: *Bill Coates*

Date Time

Received by:

Date Time

Via:

RB

D/T

2

5/11/05 1100

[Signature]

5/11/05 1350

Via:

Trip Bl.

3

5/11/05 1430

[Signature]

5/11/05 1450

4

JeB Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

P.F.

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FLORIDA 32714

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

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

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
The Vistas - PWS ID 3354773

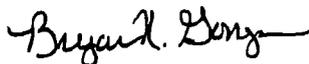
Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.



Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

Safe Drinking Water Program Laboratory Reporting Format

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

System Name: The Vistas PWS I.D. #:

3	3	5	4	7	7	3
---	---	---	---	---	---	---

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

Address: Lake Utility Services, Inc.
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052858-01 Location Code (if known): _____

Sample Date: 8/10/05 Sample Time: 2:30 AM PM (Circle One)

Sample Location (be specific): 1402 Lake Mist Lane, Clermont, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Charles Schwades (Print Name), Operator (Print Title)

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

Signature: Charles Schwades Date: 9/19/05

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

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

LabName: Advanced Environmental Labs - Orlando
 Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
 Certification Expiration Date: 6/30/2006
 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 8/11/2005 1:10:00
 Lab Assigned Report Number or Job ID A052858 Sample Number (From page 1) A052858-01

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

- | | | | |
|--|--|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
 (Print Name)

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

Signature: *Myrna Santiago* Date: 9/2/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.

Project Name: The Vistas

Project Number:

PWS ID#:

Attention: William Coates

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A052858

Date Sampled: 8/10/2005

Date Received: 8/11/05 13:10

Date Reported: 9/2/2005

Project Description

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

Project Name: The Vistas

Approved By: 

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: The Vistas

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 9

Site: 1402 Lake Mist L

Sample Number: A052858-01

Report No.: A052858

Date/Time Sampled: 08/10/05 14:30

Date/Time Received: 8/11/05 13:10

Sampled By: Client

Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/19/2005	8:55	E82574
2451	Dichloroacetic Acid		ug/L	23		E552.2	0.56	8/19/2005	8:55	E82574
2452	Trichloroacetic Acid		ug/L	23		E552.2	0.60	8/19/2005	8:55	E82574
2453	Bromoacetic Acid		ug/L	1.0	I	E552.2	0.34	8/19/2005	8:55	E82574
2454	Dibromoacetic Acid		ug/L	2.1		E552.2	0.45	8/19/2005	8:55	E82574
2941	Chloroform		ug/L	61		E502.2	1.6	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	15		E502.2	0.38	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	3.7		E502.2	0.28	8/15/2005	14:26	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

P.V.



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: THE VISTAS

Date/Time Rcvd: 8/11/05 13.10

Log-In request number: A052858

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler			
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

YES NO NA

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

Kit ID

Comments:

P.S

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052858
CustomerName: Utilities, Inc.
Collector: Client

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

Check if Rush

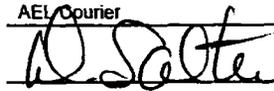
Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052858-01	9	550 Haloacetic Acids (J)-55	Drinking Water	8/10/2005 14:30	8/11/05 13:10	8/24/2005	_____	40mL Vial Amber
A052858-01	9	THMs (DW)	Drinking Water	8/10/2005 14:30	8/11/05 13:10	8/24/2005	_____	40mL VOC vial

Orlando Relinquisher: _____



Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier



Jacksonville Receiver: _____

Date/Time: 8/11/05 17:00

Date/Time: 8/12/05 0830

21

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA-502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

P-8

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	79.7	Calculate the arithmetic average all HAA5s samples taken over the last year	49.1
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.060 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

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

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

Lake Utility Services, Inc.

Docket No.: 070693-WS

Lake County

25.30.440 (4)
OPERATIONS REPORTS

Test Year Ended June 30, 2007

July - December 2005

25.30.440 (4)
OPERATIONS REPORTS



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

631

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER , 2005

A. Public Water System (PWS) Information

PWS Name: AMBER HILL		PWS Identification Number: 3354648	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 193	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: AMBER HILL		Plant Telephone Number: 407-869-1919	
Plant Address: End of Topaz St.		City: CLERMONT	State: FL Zip Code: 34711
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days(Sun)
	James Carroll	C	8494	Days-Sun, Mon, Tue
	Bill Coates	C	8333	Days, Mon - Fri

II. Certification by Lead/Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3354648

Plant Name: AMBER HILL

DECEMBER , 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	100.000									1.1	0.000 Indicates No Flow
2	X	24	0.000									1.1	
3		24	86.000										
4	X	24	87.000									1.4	
5	X	24	0.000									1.0	
6	X	24	0.000									1.1	
7	X	24	143.000									1.3	See Attachment Sheets
8	X	24	29.000									1.3	
9	X	24	0.000									1.3	
10		24	23.000										
11	X	24	24.000									1.0	
12	X	24	0.000									1.0	
13	X	24	0.000									1.1	
14	X	24	101.000									1.3	
15	X	24	67.000									1.2	
16	X	24	0.000									1.1	
17		24	85.000										
18	X	24	85.000									1.0	
19	X	24	0.000									1.3	
20	X	24	0.000									1.1	
21	X	24	80.000									1.0	
22	X	24	78.000									1.0	
23	X	24	0.000									1.1	
24		24	47.000										
25	X	24	47.000									1.2	
26	X	24	134.000									1.2	
27	X	24	0.000									1.1	
28	X	24	107.000									1.2	
29	X	24	60.000									1.2	
30	X	24	0.000									1.2	
31		24	88.000										
Total			1,471.000										
Average			47.452										
Maximum			143.000										

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

PWS Identification Number: 3354648

Plant Name: AMBER HILL

NOVEMBER 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	0.000											1.1	<i>*0 indicates no flow</i>
2	X	24	0.000											1.2	
3	X	24	0.000											1.3	
4	X	24	3.000											1.1	
5	X	24	0.000											1.0	
6		24	0.000												
7	X	24	0.000											1.1	
8	X	24	0.000											1.0	
9	X	24	3.000											1.1	
10	X	24	64.000											1.2	
11	X	24	0.000											1.1	
12		24	72.000												
13	X	24	71.000											1.0	
14	X	24	0.000											1.1	
15	X	24	0.000											1.1	
16	X	24	77.000											1.2	
17	X	24	61.000											1.0	
18	X	24	0.000											1.1	
19		24	44.000												
20	X	24	45.000											1.0	
21	X	24	0.000											1.1	
22	X	24	0.000											1.0	
23	X	24	111.000											1.1	
24	X	24	99.000											1.2	
25	X	24	0.000											1.1	
26		24	60.000												
27	X	24	61.000											1.0	
28	X	24	0.000											1.1	
29	X	24	0.000											1.1	
30	X	24	53.000											1.1	
31															
Total			824.000												
Average			27.467												
Maximum			111.000												

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Amber Hill

MONTH/YEAR: Nov 2005

DATE	SIZE	TYPE (see notes)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	pe
2						
3						
4						
5						
6					25	pe
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17					25	pe
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30					25	pe
31						

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

100 GAL PLANT EYEWAHS
Total



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

631

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: AMBER HILL		PWS Identification Number: 3354648	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 193	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: AMBER HILL		Plant Telephone Number: 407-869-1919		
Plant Address: End of Topaz St.		City: CLERMONT	State: Fl Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days(Sun)
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 10/2/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

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

PWS Identification Number: **3354648** Plant Name: **AMBER HILL**

OCTOBER 2005

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	0.000												
2	X	24	0.000										1.5		
3	X	24	0.000										1.5		
4	X	24	0.000										1.3		
5	X	24	0.000										1.5		
6	X	24	0.000										1.3		
7	X	24	0.000										1.3		
8		24	4.000												
9	X	24	4.000										1.2		
10	X	24	0.000										1.2		
11	X	24	0.000										1.2		
12	X	24	1.000										1.3		
13	X	24	2.000										1.1		
14	X	24	0.000										1.2		
15		24	24.000												
16	X	24	25.000										1.0		
17	X	24	0.000										1.1		
18	X	24	0.000										1.1		
19	X	24	77.000										1.0		
20	X	24	51.000										1.3		
21	X	24	0.000										1.1		
22		24	0.000												
23	X	24	0.000										1.0		
24	X	24	0.000										1.0		
25	X	24	0.000										1.1		
26	X	24	0.000										1.1		
27	X	24	0.000										1.1		
28	X	24	0.000										1.1		
29		24	1.000												
30	X	24	1.000										1.4		
31	X	24	0.000										1.3		

Total	190.000
Average	6.129
Maximum	77.000



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

FILE COPY

631

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: AMBER HILL		PWS Identification Number: 3354648	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 193	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: AMBER HILL		Plant Telephone Number: 407-869-1919	
Plant Address: End of Topaz St.		City: CLERMONT	State: FL Zip Code: 34711
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Charles G. Schwades	C	7368
Other Operators:	Nathaniel Q. Carver	C	13261
	Lyle F. Steady Jr.	C	7170

II. Certification by Lead/Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3354648

Plant Name: AMBER HILL

SEPTEMBER 2005

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24	0.000										1.6	
2	X	24	0.000										1.6	
3		24	0.000											
4	X	24	0.000										1.3	
5	X	24	0.000										1.4	
6	X	24	0.000										1.5	
7	X	24	0.000										1.4	
8	X	24	2.000										1.4	
9	X	24	0.000										1.5	
10		24	1.000											
11	X	24	1.000										1.3	
12	X	24	0.000										1.1	
13	X	24	0.000										1.1	
14	X	24	56.000										1.5	
15	X	24	75.000										1.7	
16	X	24	0.000										1.6	
17		24	71.000											
18	X	24	72.000										1.3	
19	X	24	0.000										1.4	
20	X	24	0.000										1.3	
21	X	24	66.000										1.5	
22	X	24	58.000										1.3	
23	X	24	0.000										1.3	
24		24	47.000											
25	X	24	48.000										1.3	
26	X	24	0.000										1.3	
27	X	24	0.000										1.3	
28	X	24	0.000										1.4	
29	X	24	0.000										1.4	
30	X	24	0.000										1.0	
31														
Total			497.000											
Average			17.000											
Maximum			75.000											



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

631

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: AMBER HILL		PWS Identification Number: 3354648	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 55		Total Population Served at End of Month: 193	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: AMBER HILL		Plant Telephone Number: 407-869-1919		
Plant Address: End of Topaz St.		City: CLERMONT	State: Fl Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days(Sun)

II. Certification by Lead/Chief Operator

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

	<i>9/1/05</i>	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3354648

Plant Name: AMBER HILL

AUG 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	0												2.0	
2	X	24	0												1.7	
3	X	24	75,000												1.6	
4	X	24	0												1.6	
5	X	24	2,000												1.8	
6		24	0													
7	X	24	0												1.2	
8	X	24	0												1.5	
9	X	24	0												1.6	
10	X	24	0												1.5	
11	X	24	0												1.5	
12	X	24	0												1.6	
13		24	0													
14	X	24	0												1.5	
15	X	24	0												1.5	
16	X	24	6,000												1.6	
17	X	24	65,000												1.8	
18	X	24	78,000												1.3	
19	X	24	0												1.6	
20		24	19,000													
21	X	24	19,000												1.4	
22	X	24	0												1.6	
23	X	24	0												1.3	
24	X	24	91,000												1.2	
25	X	24	66,000												1.9	
26	X	24	0												1.8	
27		24	23,000													
28	X	24	24,000												1.4	
29	X	24	0												1.5	
30	X	24	0												1.2	
31	X	24	78,000												1.4	
Total			546,000													
Average			17,600													
Maximum			78,000 91,000													

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

PWS Identification Number: **3354648**

Plant Name: **AMBER HILL**

JULY 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	1,000												1.1	
2		24	7,000													
3	X	24	7,000												1.0	
4	X	24	0												0.8	
5	X	24	0												0.8	
6	X	24	129,000												1.4	
7	X	24	31,000												1.4	
8	X	24	0												1.2	
9		24	0													
10	X	24	1,000												1.3	
11	X	24	0												1.1	
12	X	24	0												0.8	
13	X	24	0												0.8	
14	X	24	0												0.8	
15	X	24	0												0.8	
16		24	0													
17	X	24	0												1.0	
18	X	24	1,000												1.0	
19	X	24	0												1.2	
20	X	24	8,000												0.8	
21	X	24	0												0.8	
22	X	24	0												1.0	
23		24	0													
24	X	24	0												1.3	
25	X	24	0												1.2	
26	X	24	0												1.1	
27	X	24	67,000												1.7	
28	X	24	86,000												1.9	
29	X	24	29,000												2.0	
30		24	0													
31	X	24	0												2.2	
Total			367,000													
Average			11,839													
Maximum			129,000													



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

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FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: **CLERMONT # 1** PWS Identification Number: **3351582**

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

Number of Service Connections at End of Month: **144** Total Population Served at End of Month **504**

PWS Owner: **LAKE UTILITY SERVICES INC.**

Contact Person: **Patrick Flynn** Contact Person's Title: **REGIONAL DIRECTOR**

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

Contact Person's Telephone Number: **407-869-1919** Contact Person's Fax Number: **407-869-6961**

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

B. Water Treatment Plant Information

Plant Name: **CLERMONT # 1** Plant Telephone Number: **407-869-1919**

Plant Address: **13225 ANDERSON HILL RD.** City: **CLERMONT** State: **FL** Zip Code: **34711**

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: **115,000**

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun, Mon, Tue.
	Daniel S. Andeson	A	7141	Days- Sat
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: 3351582

Plant Name: CLERMONT # 1

III. Daily Data for the Month/Year: DECEMBER, 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System 0.5 mg/L 1.0	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	64,000											1.2	.000 Indicates No Flow	
2	X	24	103,000											1.2		
3		24	77,000													
4	X	24	77,000											1.3		
5	X	24	89,000											1.2		
6	X	24	.000											1.1		
7	X	24	61,000											1.2		
8	X	24	44,000											1.2		
9	X	24	7,000											1.2		
10		24	60,000													
11	X	24	61,000											1.3		
12	X	24	3,000											1.6		
13	X	24	31,000											1.5		
14	X	24	43,000											1.0		
15	X	24	69,000											1.2		
16	X	24	43,000											1.3		
17		24	68,000													
18	X	24	68,000											1.6		
19	X	24	23,000											2.1		
20	X	24	.000											1.7		
21	X	24	27,000											1.6		
22	X	24	60,000											1.5		
23	X	24	58,000											1.4		
24		24	47,000													
25	X	24	48,000											1.9		
26	X	24	156,000											1.4		
27	X	24	44,000											1.3		
28	X	24	58,000											1.3		
29	X	24	106,000											1.2		
30	X	24	89,000											1.3		
31	X	24	63,000											1.8		
Total			1747,000													
Average			56,355													
Maximum			156,000													

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



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

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FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 1		PWS Identification Number: 3351582	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 144		Total Population Served at End of Month 504	
PWS Owner: LAKE UTILTY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 1		Plant Telephone Number: 407-869-1919		
Plant Address: 13225 ANDERSON HILL RD.		City: CLERMONT	State: Fl Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun, Mon, Tue.
	Daniel S. Andeson	A	7141	Days- Sat

II. Certification by Lead Chief Operator

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

Charles G. Schwades 12-6-05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: 3351582

Plant Name: CLERMONT # 1

III. Daily Data for the Month/Year **NOVEMBER 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System 0.5 mg/L:0		
1	X	24	50,000											1.6	
2	X	24	36,000											1.5	
3	X	24	82,000											1.1	
4	X	24	73,000											1.0	
5	X	24	69,000											1.7	
6	X	24	118,000											1.3	
7	X	24	111,000											1.5	
8	X	24	72,000											1.6	
9	X	24	65,000											1.7	
10	X	24	109,000											1.9	
11	X	24	87,000											1.3	
12	X	24	102,000											2.2	
13	X	24	100,000											1.6	
14	X	24	133,000											1.8	
15	X	24	45,000											1.4	
16	X	24	74,000											1.3	
17	X	24	98,000											1.2	
18	X	24	87,000											1.1	
19		24	83,000												
20	X	24	84,000											1.0	
21	X	24	72,000											0.9	
22	X	24	6,000											1.1	
23	X	24	32,000											1.3	
24	X	24	83,000											1.3	
25	X	24	47,000											1.2	
26		24	80,000												
27	X	24	80,000											1.0	
28	X	24	123,000											1.3	
29	X	24	12,000											1.2	
30	X	24	32,000											1.2	
31															
Total			2,245,000												
Average			74,833												
Maximum			133,000												

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 1		PWS Identification Number: 3351582	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 144		Total Population Served at End of Month 504	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 1		Plant Telephone Number: 407-869-1919		
Plant Address: 13225 ANDERSON HILL RD.		City: CLERMONT	State: Fl Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	Daniel S. Anderson	A	7141	Days Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 11/3/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: 3351582

Plant Name: CLERMONT # 1

III. Daily Data for the Month/Year **OCTOBER 2005**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System 0.5, mg/L 1.0	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	61.000										1.9	
2		24	79.000											
3	X	24	80.000										1.8	
4	X	24	25.000										1.3	
5	X	24	34.000										1.5	
6	X	24	44.000										1.6	
7	X	24	7.000										1.1	
8	X	24	41.000										3.0	
9		24	76.000											
10	X	24	77.000										1.7	
11	X	24	21.000										0.9	
12	X	24	40.000										1.0	
13	X	24	96.000										1.2	
14	X	24	93.000										1.3	
15	X	24	93.000										2.6	
16		24	114.000											
17	X	24	114.000										1.7	
18	X	24	98.000										1.0	
19	X	24	83.000										1.3	
20	X	24	115.000										1.2	
21	X	24	101.000										1.4	
22	X	24	77.000										2.2	
23		24	60.000											
24	X	24	61.000										1.0	
25	X	24	8.000										1.1	
26	X	24	35.000										1.2	
27	X	24	89.000										1.4	
28	X	24	97.000										1.3	
29	X	24	70.000										1.8	
30		24	101.000											
31	X	24	101.000										1.2	
Total			2191.000											
Average			70.677											
Maximum			115.000											

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



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

628
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See page 4 for instructions.

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

A. Public Water System (PWS) Information

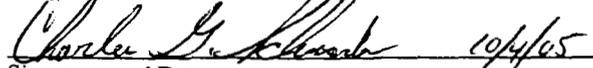
PWS Name: CLERMONT # 1		PWS Identification Number: 3351582	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 144		Total Population Served at End of Month 504	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 1		Plant Telephone Number: 407-869-1919		
Plant Address: 13225 ANDERSON HILL RD.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	Daniel S. Andeson	A	7141	Days Sat

II. Certification by Lead/Chief Operator

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


10/4/05
 Signature and Date Charles G. Schwades Printed or Typed Name C-License Number 7368

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

PWS Identification Number: 3351582

Plant Name: CLERMONT # 1

III. Daily Data for the Month Year SEPTEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System 0.5, mg/L 1.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	62,000												1.9	
2	X	24	0												1.7	
3	X	24	0												1.7	
4		24	0													
5	X	24	0												1.6	
6	X	24	0												1.5	
7	X	24	20,000												1.6	
8	X	24	37,000												1.7	
9	X	24	0												1.5	
10	X	24	50,000												1.3	
11		24	124,000													
12	X	24	124,000												1.3	
13	X	24	38,000												1.4	
14	X	24	100,000												1.6	
15	X	24	89,000												1.8	
16	X	24	113,000												1.7	
17	X	24	147,000												1.2	
18		24	144,000													
19	X	24	145,000												1.5	
20	X	24	100,000												1.4	
21	X	24	52,000												1.5	
22	X	24	106,000												1.6	
23	X	24	64,000												1.5	
24	X	24	105,000												2.0	
25		24	118,000													
26	X	24	118,000												1.7	
27	X	24	76,000												1.7	
28	X	24	55,000												1.9	
29	X	24	61,000												1.8	
30	X	24	108,000												1.8	
31																
Total			2,156,000													
Average			72,000													
Maximum			147,000													



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

628

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 1		PWS Identification Number: 3351582	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 144		Total Population Served at End of Month 504	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 1		Plant Telephone Number: 407-869-1919		
Plant Address: 13225 ANDERSON HILL RD.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	Daniel S. Andeson	A	7141	Days Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 9/1/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: 3351582

Plant Name: CLERMONT # 1

III. Daily Data for the Month/Year: AUG 2005

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System 0.5. mg/L1.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	88,000											1.7	
2	X	24	11,000											1.4	
3	X	24	42,000											1.9	
4	X	24	42,000											1.7	
5	X	24	110,000											1.8	
6	X	24	27,000											1.9	
7		24	56,000												
8	X	24	56,000											1.6	
9	X	24	0											1.4	
10	X	24	16,000											1.4	
11	X	24	65,000											1.3	
12	X	24	71,000											1.9	
13	X	24	50,000											2.5	
14		24	98,000												
15	X	24	98,000											1.7	
16	X	24	16,000											1.7	
17	X	24	76,000											1.7	
18	X	24	104,000											1.5	
19	X	24	19,000											1.7	
20	X	24	55,000											1.9	
21		24	106,000												
22	X	24	106,000											1.7	
23	X	24	58,000											1.6	
24	X	24	52,000											1.7	
25	X	24	105,000											1.6	
26	X	24	12,000											1.7	
27	X	24	47,000											1.3	
28		24	54,000												
29	X	24	54,000											1.6	
30	X	24	11,000											1.5	
31	X	24	50,000											1.9	
Total			1,755,000												
Average			56,600												
Maximum			110,000												



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

628

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 1		PWS Identification Number: 3351582	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 144		Total Population Served at End of Month: 504	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 1		Plant Telephone Number: 407-869-1919		
Plant Address: 13225 ANDERSON HILL RD.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 8/2/05 _____ Charles G. Schwades C-License Number 7368
 Signature and Date Printed or Typed Name

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

PWS Identification Number: 3351582

Plant Name: CLERMONT # 1

III. Daily Data for the Month/Year **JULY 2005**

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System 0.5, mg/L1.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L			Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²
1	X	24	3,000										1.7	
2	X	24	0										1.3	
3		24	27,000											
4	X	24	26,000										1.0	
5	X	24	1,000										0.8	
6	X	24	28,000										0.8	
7	X	24	93,000										1.8	
8	X	24	117,000										2.4	
9	X	24	0										0.8	
10		24	1,000											
11	X	24	0										0.8	
12	X	24	0										1.0	
13	X	24	32,000										2.0	
14	X	24	44,000										2.1	
15	X	24	0										1.0	
16	X	24	48,000										3.0	
17		24	30,000											
18	X	24	30,000										1.0	
19	X	24	1,000										1.0	
20	X	24	38,000										1.8	
21	X	24	75,000										1.6	
22	X	24	77,000										1.3	
23	X	24	113,000										3.0	
24		24	107,000											
25	X	24	108,000										1.5	
26	X	24	109,000										1.4	
27	X	24	93,000										1.5	
28	X	24	101,000										2.0	
29	X	24	162,000										1.8	
30	X	24	59,000										2.3	
31		24	88,000											
Total			1,611,000											
Average			52,000											
Maximum			162,000											



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

628

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER , 2005

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 2		PWS Identification Number: 3350153	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 39		Total Population Served at End of Month: 137	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 2		Plant Telephone Number: 407-869-1919		
Plant Address: END OF SUNSET RIDGE		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun, Mon, Tue
	Daniel A. Anderson	A	7141	DAYS (Sat)
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades *1-4-05*

 Signature and Date

Charles G. Schwades

 Printed or Typed Name

C-7368

 License Number

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

PWS Identification Number: 3350153

Plant Name: CLERMONT # 2

III. Daily Data for the Month/Year: DECEMBER, 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	0.000											0.9	0.000 Indicates No Flow
2	X	24	0.000											0.9	
3		24	0.000												
4	X	24	0.000											1.1	
5	X	24	0.000											1.0	
6	X	24	0.000											1.1	
7	X	24	1.000											0.9	
8	X	24	0.000											1.0	
9	X	24	0.000											1.2	
10		24	0.000												
11	X	24	0.000											1.0	
12	X	24	0.000											1.1	
13	X	24	0.000											1.3	
14	X	24	0.000											1.2	
15	X	24	0.000											1.2	
16	X	24	0.000											1.1	
17		24	0.000												
18	X	24	0.000											1.0	
19	X	24	0.000											1.1	
20	X	24	0.000											1.1	
21	X	24	0.000											1.0	
22	X	24	0.000											1.0	
23	X	24	0.000											1.1	
24		24	0.000												
25	X	24	0.000											1.0	
26	X	24	0.000											0.9	
27	X	24	0.000											1.0	
28	X	24	0.000											1.1	
29	X	24	0.000											1.2	
30	X	24	0.000											1.1	
31		24	0.000												
Total			1.000												
Average			0.032												
Maximum			1.000												

000032

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

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

PWS Identification Number: 3350153 Plant Name: Clermont 2

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2005

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

Polymer Dose, ppm = _____ Acrylamide Level, %¹ = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, %¹ = _____

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

Type of Sequestrant (polyphosphate or sodium silicate): POLYPHOSPHATE

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 4.8

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ = _____

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.
¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

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FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

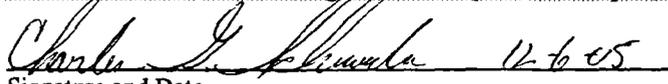
PWS Name: CLERMONT # 2		PWS Identification Number: 3350153	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 39		Total Population Served at End of Month: 137	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 2		Plant Telephone Number: 407-869-1919		
Plant Address: END OF SUNSET RIDGE		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun, Mon, Tue
	Daniel A. Anderson	A	7141	DAYS (Sat)

II. Certification by Lead Chief Operator

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


11-6-05
Charles G. Schwades
C-7368
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 3350153

Plant Name: CLERMONT # 2

III. Daily Data for the Month/Year **NOVEMBER 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	10,000											1.1	
2	X	24	14,000											1.3	
3	X	24	18,000											0.6	
4	X	24	11,000											0.5	
5	X	24	22,000											0.9	
6	X	24	18,000											0.6	
7	X	24	24,000											0.6	
8	X	24	10,000											0.4	
9	X	24	23,000											0.5	
10	X	24	28,000											0.6	
11	X	24	12,000											0.6	
12	X	24	29,000											0.3	
13	X	24	20,000											0.3	
14	X	24	23,000											0.4	
15	X	24	6,000											0.8	
16	X	24	25,000											0.9	
17	X	24	25,000											1.0	
18	X	24	14,000											0.5	
19		24	23,000											0.6	
20	X	24	23,000											1.3	
21	X	24	22,000											1.3	
22	X	24	11,000											0.6	
23	X	24	18,000											0.6	
24	X	24	24,000											0.7	
25	X	24	17,000											0.8	
26		24	23,000											0.6	
27	X	24	24,000											0.3	
28	X	24	21,000											0.3	
29	X	24	9,000											0.3	
30	X	24	2,000											0.9	
31															
Total			549,000												
Average			18,300												
Maximum			29,000												

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 2		PWS Identification Number: 3350153	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 39		Total Population Served at End of Month: 137	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 2		Plant Telephone Number: 407-869-1919		
Plant Address: END OF SUNSET RIDGE		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	Daniel A. Anderson	A	7141	DAYS (Sat)

II. Certification by Lead/Chief Operator

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

	11/3/05	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3350153

Plant Name: CLERMONT # 2

III. Daily Data for the Month/Year **OCTOBER 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	17,000												1.8	
2	X	24	17,000												1.7	
3	X	24	17,000												1.6	
4	X	24	14,000												1.5	
5	X	24	10,000												1.5	
6	X	24	16,000												1.0	
7	X	24	18,000												1.6	
8	X	24	10,000												1.6	
9	X	24	10,000												1.3	
10	X	24	11,000												1.5	
11	X	24	12,000												1.4	
12	X	24	13,000												0.7	
13	X	24	9,000												0.8	
14	X	24	15,000												1.1	
15	X	24	17,000												1.1	
16	X	24	19,000												1.1	
17	X	24	20,000												1.1	
18	X	24	14,000												0.5	
19	X	24	13,000												1.9	
20	X	24	18,000												1.8	
21	X	24	15,000												2.1	
22	X	24	24,000													
23	X	24	17,000												1.9	
24	X	24	17,000												1.0	
25	X	24	10,000												1.1	
26	X	24	15,000												1.5	
27	X	24	20,000												0.8	
28	X	24	51,000												1.4	
29	X	24	21,000													
30	X	24	15,000													
31	X	24	16,000												1.1	
Total			511,000													
Average			16,484													
Maximum			51,000													

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



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

628

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 2		PWS Identification Number: 3350153	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 39		Total Population Served at End of Month: 137	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 2		Plant Telephone Number: 407-869-1919		
Plant Address: END OF SUNSET RIDGE		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	Daniel A. Anderson	A	7141	DAYS (Sat)

II. Certification by Lead/Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3350153

Plant Name: CLERMONT # 2

III. Daily Data for the Month/Year **SEPTEMBER 2005**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	26,000											0.6	
2	X	24	11,000											0.6	
3	X	24	15,000											0.7	
4		24	13,000												
5	X	24	13,000											0.8	
6	X	24	9,000											0.6	
7	X	24	18,000											0.7	
8	X	24	14,000											0.6	
9	X	24	5,000											0.4	
10	X	24	12,000											1.0	
11		24	20,000												
12	X	24	21,000											0.6	
13	X	24	11,000											0.5	
14	X	24	28,000											0.6	
15	X	24	28,000											3.0	
16	X	24	26,000											2.9	
17	X	24	28,000											0.9	
18		24	30,000												
19	X	24	31,000											0.8	
20	X	24	22,000											0.6	
21	X	24	26,000											0.5	
22	X	24	28,000											1.1	
23	X	24	20,000											1.0	
24	X	24	22,000											2.1	
25		24	19,000												
26	X	24	19,000											2.1	
27	X	24	22,000											2.0	
28	X	24	10,000											1.9	
29	X	24	16,000											0.9	
30	X	24	17,000											0.7	
31															
Total			580,000												
Average			19,000												
Maximum			31,000												

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

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: CLC/Maint #2

MONTH/YEAR: SEPT 05

DATE	SIZE	TYPE (see below)	PLUMBING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE OF WORK
1					3,000	Flushed new lines
2					25	Plant eye wash
3					25	Center bottom 1/2" drain line flush
4						
5					25	PE
6					25	
7					25	
8					25	
9					25	
10					25	
11					25	
12					25	
13					25	
14					25	
15					2,000	SERVICE LEAK (ALS)
16					25	
17						
18					25	
19					25	
20					25	
21					25	
22					25	
23					25	
24						
25						
26					25	
27					25	
28					25	
29					25	
30					25	
31					25	

Type Code

- 1) Water breaks
- 2) Flushing hydrants
- 3) Meter defect
- 4) Consumption
- 5) Other

Total = 5,500 GAL

pe = Plant eye wash



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

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See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

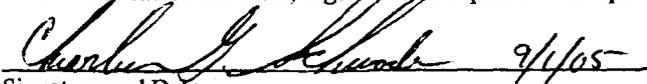
PWS Name: CLERMONT # 2		PWS Identification Number: 3350153	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 39		Total Population Served at End of Month: 137	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 2		Plant Telephone Number: 407-869-1919		
Plant Address: END OF SUNSET RIDGE		City: CLERMONT	State: Fl Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	Daniel A. Anderson	A	7141	DAYS (Sat)

II. Certification by Lead/Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3350153

Plant Name: CLERMONT # 2

III. Daily Data for the Month/Year: AUG 2005

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose			
											Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24	11,000									2.8		
2	X	24	13,000									3.0		
3	X	24	9,000									2.9		
4	X	24	16,000									1.5		
5	X	24	18,000									2.0		
6	X	24	8,000									1.6		
7		24	12,000											
8	X	24	12,000									2.9		
9	X	24	8,000									1.5		
10	X	24	9,000									1.6		
11	X	24	11,000									1.5		
12	X	24	4,000									0.8		
13	X	24	11,000									1.3		
14		24	15,000											
15	X	24	16,000									1.3		
16	X	24	4,000									1.5		
17	X	24	14,000									1.5		
18	X	24	11,000									1.6		
19	X	24	23,000									1.5		
20	X	24	10,000									1.7		
21		24	14,000											
22	X	24	14,000									0.7		
23	X	24	6,000									1.1		
24	X	24	13,000									1.1		
25	X	24	22,000									1.0		
26	X	24	10,000									1.1		
27	X	24	20,000									1.8		
28		24	13,000											
29	X	24	14,000									2.5		
30	X	24	10,000									0.5		
31	X	24	20,000									0.5		
Total			391,000											
Average			12,600											
Maximum			23,000											

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



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

628

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: CLERMONT # 2		PWS Identification Number: 3350153	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 39		Total Population Served at End of Month: 137	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CLERMONT # 2		Plant Telephone Number: 407-869-1919		
Plant Address: END OF SUNSET RIDGE		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Daniel A. Anderson	A	7141	DAYS (Sat)

II. Certification by Lead Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: **3350153** Plant Name: **CLERMONT # 2**

III. Daily Data for the Month Year **JULY 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	15,000											2.0	
2	X	24	9,000											1.9	
3		24	8,000												
4	X	24	7,000											1.6	
5	X	24	10,000											1.0	
6	X	24	10,000											1.2	
7	X	24	16,000											1.6	
8	X	24	33,000											0.8	
9	X	24	18,000											1.3	
10		24	9,000												
11	X	24	8,000											2.6	
12	X	24	10,000											2.6	
13	X	24	11,000											2.8	
14	X	24	13,000											0.4	
15	X	24	12,000											0.5	
16	X	24	10,000											0.3	
17		24	9,000												
18	X	24	8,000											0.5	
19	X	24	6,000											0.4	
20	X	24	8,000											2.0	
21	X	24	8,000											2.4	
22	X	24	7,000											3.5	
23	X	24	15,000											1.5	
24		24	11,000												
25	X	24	11,000											0.3	
26	X	24	12,000											3.2	
27	X	24	18,000											5.0	
28	X	24	28,000											3.4	
29	X	24	20,000											2.9	
30	X	24	12,000											2.9	
31		24	11,000												
Total			383,000												
Average			12,355												
Maximum			33,000												

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



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

661

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: CRESCENT BAY		PWS Identification Number: 3354686	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT BAY		Plant Telephone Number: 407-869-1919		
Plant Address: 11001 Crescent Bay Blvd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Bill Coates	C	8333	Days, Mon - Fri
	James Carroll	C	8494	Days-Sun, Mon, Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator:

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

39,600PWS Identification Number: 3354686

Plant Name: CRESCENT BAY

205,000

DECEMBER, 2005

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	136.000									1.1	0.000 Indicates No Flow	
2	X	24	0.000									1.1		
3		24	135.000											
4	X	24	136.000									1.0		
5	X	24	0.000									1.0		
6	X	24	0.000									0.8		
7	X	24	193.000									1.2		
8	X	24	0.000									1.2		
9	X	24	0.000									1.3		
10		24	0.000											
11	X	24	0.000									1.1		
12	X	24	0.000									1.0		
13	X	24	4.000									1.3		
14	X	24	109.000									1.3		
15	X	24	0.000									1.2		
16	X	24	14.000									1.1		
17		24	2.000											
18	X	24	83.000									1.0		
19	X	24	0.000									1.0		
20	X	24	7.000									1.2		
21	X	24	68.000									1.7		
22	X	24	93.000									1.8		
23	X	24	32.000									1.5		
24		24	41.000											
25	X	24	41.000									1.5		
26	X	24	113.000									1.3		
27	X	24	0.000									1.1		
28	X	24	110.000									1.2		
29	X	24	89.000									1.3		
30	X	24	0.000									1.3		
31		24	114.000											
Total			1,520.000											
Average			49.032											
Maximum			193.000											



661

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month Year of: November 2005

A. Public Water System (PWS) Information

PWS Name: CRESCENT BAY		PWS Identification Number: 3354686	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT BAY		Plant Telephone Number: 407-869-1919	
Plant Address: 11001 Crescent Bay Blvd.		City: CLERMONT	State: FL Zip Code: 34711
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Weekends
	James carroll	C	8494	Days-Sun, Mon, Tue

II. Certification by Lead Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

39,000 PWS Identification Number: 3354686 Plant Name: CRESCENT BAY

205.000

NOVEMBER 2005

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

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

Day of the Month	Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	0.000											1.1	<i>*0* indicates no flow</i>
2	X	24	0.000											1.2	
3	X	24	126.000											1.3	
4	X	24	0.000											1.2	
5		24	145.000												
6	X	24	145.000											1.1	
7	X	24	0.000											1.3	
8	X	24	0.000											1.0	
9	X	24	195.000											1.1	
10	X	24	220.000											1.2	
11	X	24	0.000											1.2	
12		24	0.000												
13	X	24	1.000											1.0	
14	X	24	0.000											1.1	
15	X	24	0.000											1.1	
16	X	24	182.000											1.2	
17	X	24	244.000											1.2	
18	X	24	0.000											1.2	
19		24	171.000												
20	X	24	171.000											1.0	
21	X	24	0.000											1.1	
22	X	24	0.000											1.1	
23	X	24	172.000											1.3	
24	X	24	157.000											1.2	
25	X	24	0.000											1.2	
26		24	173.000												
27	X	24	174.000											1.3	
28	X	24	0.000											1.6	
29	X	24	0.000											1.2	
30	X	24	0.000											1.2	
31															
Total			2,276.000												
Average			75.867												
Maximum			244.000												

WATER LOSS RECORD

Include Service Lines and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/QUIP #: CRESSENT BAY

MONTH/YEAR: NOV 2005

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

6000

OPR 200 GPD

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



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

FILE COPY

See page 4 for instructions.

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

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A. Public Water System (PWS) Information

PWS Name: CRESCENT BAY		PWS Identification Number: 3354686	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT BAY		Plant Telephone Number: 407-869-1919	
Plant Address: 11001 Crescent Bay Blvd.		City: CLERMONT	State: FL Zip Code: 34711
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Weekends
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

39,000 PWS Identification Number: 3354686

Plant Name: CRESCENT BAY

OCTOBER 2005

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

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide
 CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
											Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	141.000													
2	X	24	141.000													
3	X	24	0.000										1.3			
4	X	24	0.000										1.5			
5	X	24	35.000										1.2			
6	X	24	1.000										1.2			
7	X	24	0.000										1.4			
8	X	24	44.000										1.0			
9	X	24	44.000													
10	X	24	0.000										1.4			
11	X	24	0.000										1.2			
12	X	24	159.000										1.1			
13	X	24	151.000										1.2			
14	X	24	0.000										1.1			
15	X	24	239.000										1.1			
16	X	24	239.000													
17	X	24	123.000										1.2			
18	X	24	0.000										1.0			
19	X	24	225.000										1.1			
20	X	24	340.000										1.0			
21	X	24	118.000										1.2			
22	X	24	174.000										1.1			
23	X	24	175.000													
24	X	24	0.000										1.0			
25	X	24	0.000										1.1			
26	X	24	117.000										0.7			
27	X	24	121.000										1.1			
28	X	24	0.000										1.2			
29	X	24	164.000										1.2			
30	X	24	164.000													
31	X	24	0.000										1.3			
Total			2,915.000											1.6		
Average			94.032													
Maximum			340.000													



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

661

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CRESCENT BAY		PWS Identification Number: 3354686	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT BAY		Plant Telephone Number: 407-869-1919		
Plant Address: 11001 Crescent Bay Blvd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Weekends
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

39,000PWS Identification Number: 3354686

Plant Name: CRESCENT BAY

SEPTEMBER 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	112,000											1.7	
2	X	24	6,000											1.5	
3		24	0												
4	X	24	0											1.5	
5	X	24	0											1.1	
6	X	24	0											1.2	
7	X	24	3,000											1.4	
8	X	24	0											1.2	
9	X	24	0											1.1	
10		24	115,000												
11	X	24	115,000											1.5	
12	X	24	152,000											1.6	
13	X	24	3,000											1.2	
14	X	24	210,000											1.1	
15	X	24	375,000											1.1	
16	X	24	266,000											1.1	
17		24	501,000												
18	X	24	502,000											1.1	
19	X	24	382,000											1.3	
20	X	24	33,000											1.2	
21	X	24	160,000											1.1	
22	X	24	210,000											1.3	
23	X	24	0											1.1	
24		24	171,000												
25	X	24	171,000											1.3	
26	X	24	97,000											1.4	
27	X	24	78,000											1.0	
28	X	24	142,000											1.0	
29	X	24	103,000											1.0	
30	X	24	56,000											1.5	
31															
Total			3,963,000												
Average			132,000												
Maximum			502,000												



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

661

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See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CRESCENT BAY		PWS Identification Number: 3354686	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT BAY		Plant Telephone Number: 407-869-1919		
Plant Address: 11001 Crescent Bay Blvd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Weekends
	Lyle F. Steady Jr.	C	7170	Days Mon-Fri

II. Certification by Lead/Chief Operator

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

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

39,000PWS Identification Number: 3354686

Plant Name: CRESCENT BAY

AUG 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	31,000											1.5	
2	X	24	0											1.2	
3	X	24	101,000											1.3	
4	X	24	0											1.2	
5	X	24	0											1.9	
6		24	40,000												
7	X	24	41,000											1.3	
8	X	24	0											1.4	
9	X	24	0											0.4	
10	X	24	0											1.5	
11	X	24	116,000											1.6	
12	X	24	30,000											1.6	Main repair @ 11054 Crescent Bay Blvd. See Attached Report faxed 8-12-05
13		24	57,000												
14	X	24	57,000											1.4	
15	X	24	0											1.5	
16	X	24	0											1.6	
17	X	24	189,000											1.4	
18	X	24	373,000											1.6	
19	X	24	0											1.2	
20		24	104,000												
21	X	24	104,000											0.5	
22	X	24	99,000											1.0	
23	X	24	0											1.4	
24	X	24	279,000											1.5	
25	X	24	386,000											1.2	
26	X	24	0											1.5	
27		24	175,000												
28	X	24	175,000											1.4	
29	X	24	0											1.6	
30	X	24	0											1.5	
31	X	24	3,000											1.1	
Total			2,360,000												
Average			76,100												
Maximum			386,000												



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

6661

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CRESCENT BAY		PWS Identification Number: 3354686	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 87		Total Population Served at End of Month: 305	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT BAY		Plant Telephone Number: 407-869-1919		
Plant Address: 11001 Crescent Bay Blvd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Weekends

II. Certification by Lead Chief Operator

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

	9/2/05	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

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

39,000PWS Identification Number: **3354686** Plant Name: **CRESCENT BAY**

205.009

JULY 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	1,000									1.0	
2		24	15,000										
3	X	24	16,000									1.2	
4	X	24	0									1.0	
5	X	24	0									1.1	
6	X	24	114,000									1.0	
7	X	24	188,000									1.2	
8	X	24	79,000									1.2	
9	X	24	0									1.1	
10	X	24	3,000									1.0	
11	X	24	0									1.0	
12	X	24	1,000									0.8	
13	X	24	0									0.8	
14	X	24	0									0.6	
15	X	24	4,000									0.5	
16		24	49,000										
17	X	24	50,000									0.9	
18	X	24	50,000									0.6	
19	X	24	0									0.8	
20	X	24	0									0.6	
21	X	24	35,000									0.8	
22	X	24	0									0.9	
23		24	140,000										
24	X	24	141,000									1.0	
25	X	24	0									1.2	
26	X	24	0									1.0	
27	X	24	291,000									0.6	
28	X	24	497,000									0.4	
29	X	24	188,000									0.4	
30		24	81,000										
31	X	24	81,000									1.0	
Total			2,024,000										
Average			65,290										
Maximum			497,000										



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

162
FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: CRESCENT WEST		PWS Identification Number: 3354690	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 100		Total Population Served at End of Month: 350	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT WEST		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days- Sun, Mon, Tue
	Steve Pfouts	C	14204	Days- Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 1-4-06
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

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

PWS Identification Number: 3354690

Plant Name: CRESCENT WEST

DECEMBER, 2005

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	365.000										1.3		
2	X	24	323.000										1.1		
3		24	362.000												
4	X	24	362.000										1.0		
5	X	24	397.000										1.3		
6	X	24	243.000										1.8		
7	X	24	311.000										1.4		
8	X	24	335.000										1.3		
9	X	24	115.000										1.3		
10		24	197.000												
11	X	24	197.000										2.0		
12	X	24	147.000										1.7		
13	X	24	123.000										1.7		
14	X	24	208.000										1.3		
15	X	24	351.000										1.3		
16	X	24	106.000										1.4		
17		24	258.000												
18	X	24	259.000										1.3		
19	X	24	133.000										1.6		
20	X	24	45.000										1.3		
21	X	24	209.000										1.5		
22	X	24	338.000										1.6		
23	X	24	292.000										1.5		
24		24	118.000												
25	X	24	118.000										1.4		
26	X	24	577.000										1.6		
27	X	24	142.000										1.7		
28	X	24	253.000										1.3		
29	X	24	365.000										1.2		
30	X	24	329.000										1.3		
31		24	356.000												
Total			7,934.000												
Average			255.935												
Maximum			577.000												



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

662

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CRESCENT WEST		PWS Identification Number: 3354690	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 100		Total Population Served at End of Month: 350	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE		City: ALTAMONTE SPRINGS	State: FL
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT WEST		Plant Telephone Number: 407-869-1919	
Plant Address: Lake Hill Circle		City: CLERMONT	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun.
	James Carroll	C	8494	Days-Sun, Mon, Tue

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 12-6-05 Charles G. Schwades C-7368
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 3354690

Plant Name: CRESCENT WEST

NOVEMBER 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	259,000												1.1	
2	X	24	170,000												1.2	
3	X	24	390,000												1.3	
4	X	24	330,000												1.1	
5		24	420,000													
6	X	24	421,000												1.0	
7	X	24	399,000												1.5	
8	X	24	281,000												1.7	
9	X	24	394,000												1.6	
10	X	24	400,000												1.4	
11	X	24	443,000												1.3	
12		24	439,000													
13	X	24	440,000												1.1	
14	X	24	410,000												1.1	
15	X	24	273,000												1.2	
16	X	24	358,000												1.1	
17	X	24	452,000												1.2	
18	X	24	375,000												1.2	
19		24	409,000													
20	X	24	409,000												1.3	
21	X	24	374,000												1.1	
22	X	24	186,000												1.2	
23	X	24	309,000												1.2	
24	X	24	390,000												1.2	
25	X	24	444,000												1.2	
26		24	462,000													
27	X	24	461,000												1.3	
28	X	24	391,000												1.5	
29	X	24	139,000												1.3	
30	X	24	133,000												1.3	
31																
Total			10,761,000													
Average			358,700													
Maximum			462,000													



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

FILE COPY

See page 4 for instructions.

662

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

A. Public Water System (PWS) Information

PWS Name: CRESCENT WEST		PWS Identification Number: 3354690	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 100		Total Population Served at End of Month: 350	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT WEST		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 11/2/05
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

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

PWS Identification Number: 3354690

Plant Name: CRESCENT WEST

OCTOBER 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	306.000												
2	X	24	307.000										1.5		
3	X	24	196.000										1.8		
4	X	24	112.000										1.2		
5	X	24	170.000										1.2		
6	X	24	181.000										1.4		
7	X	24	0.000										1.0		
8		24	199.000												
9	X	24	199.000										1.2		
10	X	24	262.000										1.2		
11	X	24	86.000										1.1		
12	X	24	221.000										0.8		
13	X	24	364.000										1.3		
14	X	24	263.000										1.2		
15		24	346.000												
16	X	24	347.000										1.1		
17	X	24	345.000										1.0		
18	X	24	279.000										1.3		
19	X	24	370.000										1.2		
20	X	24	424.000										1.2		
21	X	24	392.000										1.3		
22		24	372.000												
23	X	24	373.000										1.3		
24	X	24	119.000										1.3		
25	X	24	111.000										1.1		
26	X	24	234.000										1.2		
27	X	24	345.000										1.2		
28	X	24	289.000										1.2		
29		24	393.000												
30	X	24	393.000										1.3		
31	X	24	377.000										1.4		
Total			8,375.000												
Average			270.161												
Maximum			424.000												



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

662

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: CRESCENT WEST		PWS Identification Number: 3354690	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 100		Total Population Served at End of Month: 350	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT WEST		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 10/4/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

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

PWS Identification Number: 3354690

Plant Name: CRESCENT WEST

SEPTEMBER 2005

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	59,000										2.5	
2	X	24	25,000										1.4	
3		24	123,000											
4	X	24	123,000										1.7	
5	X	24	121,000										1.4	
6	X	24	12,000										1.0	
7	X	24	176,000										1.2	
8	X	24	131,000										1.1	
9	X	24	94,000										1.2	
10		24	91,000											
11	X	24	91,000										1.4	
12	X	24	0										1.2	
13	X	24	0										1.2	
14	X	24	353,000										1.0	
15	X	24	430,000										1.1	
16	X	24	18,000										1.2	
17		24	0											
18	X	24	0										0.7	
19	X	24	2,000										1.1	
20	X	24	295,000										1.2	
21	X	24	235,000										1.1	
22	X	24	371,000										1.2	
23	X	24	133,000										1.1	
24		24	306,000											
25	X	24	307,000										1.5	
26	X	24	349,000										1.2	
27	X	24	125,000										1.0	
28	X	24	271,000										1.1	
29	X	24	59,000										1.0	
30	X	24	0										1.5	
31														
Total			4,300,000											
Average			143,000											
Maximum			430,000											

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

1062

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **CRESCENT WEST** PWS Identification Number: **3354690**

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

Number of Service Connections at End of Month: **100** Total Population Served at End of Month: **350**

PWS Owner: **LAKE UTILITY SERVICES INC.**

Contact Person: **PATRICK FLYNN** Contact Person's Title: **REGIONAL DIRECTOR**

Contact Person's Mailing Address: **200 WEATHERSFIELD AVE** City: **ALTAMONTE SPRINGS** State: **FL** Zip Code: **32714**

Contact Person's Telephone Number: **407-869-1919** Contact Person's Fax Number: **407-869-6961**

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

B. Water Treatment Plant Information

Plant Name: **CRESCENT WEST** Plant Telephone Number: **407-869-1919**

Plant Address: **Lake Hill Circle** City: **CLERMONT** State: **FL** Zip Code: **34711**

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: **432,000**

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 9/1/05 Charles G. Schwades C-7368
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 3354690 Plant Name: CRESCENT WEST

AUG 2005

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	302,000										1.0		
2	X	24	145,000										1.3		
3	X	24	248,000										1.2		
4	X	24	360,000										1.3		
5	X	24	312,000										1.7		
6		24	251,000												
7	X	24	251,000										1.1		
8	X	24	68,000										1.4		
9	X	24	0										1.0		
10	X	24	134,000										1.3		
11	X	24	325,000										1.1		
12	X	24	177,000										1.3		
13		24	202,000												
14	X	24	203,000										1.3		
15	X	24	199,000										1.5		
16	X	24	183,000										1.5		
17	X	24	327,000										1.1		
18	X	24	449,000										0.7		
19	X	24	201,000										0.6		
20		24	225,000												
21	X	24	226,000										0.4		
22	X	24	287,000										0.7		
23	X	24	246,000										0.9		
24	X	24	0										1.1		
25	X	24	0										1.1		
26	X	24	202,000										1.5		
27		24	181,000												
28	X	24	181,000										1.3		
29	X	24	48,000										1.5		
30	X	24	189,000										1.6		
31	X	24	171,000										1.5		
Total			6,293,000												
Average			203,000												
Maximum			449,000												

062.



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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: CRESCENT WEST		PWS Identification Number: 3354690	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 100		Total Population Served at End of Month: 350	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: CRESCENT WEST		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun.

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 8/2/05
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

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

PWS Identification Number: **3354690**

Plant Name: **CRESCENT WEST**

JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	0											1.0	
2		24	123,000												
3	X	24	123,000											1.5	
4	X	24	86,000											1.4	
5	X	24	0											1.4	
6	X	24	198,000											1.8	
7	X	24	388,000											1.4	
8	X	24	285,000											1.2	
9		24	97,000												
10	X	24	97,000											0.7	
11	X	24	0											1.0	
12	X	24	0											1.0	
13	X	24	143,000											0.8	
14	X	24	208,000											0.6	
15	X	24	0											0.8	
16		24	231,000												
17	X	24	231,000											1.5	
18	X	24	0											1.8	
19	X	24	47,000											1.4	
20	X	24	170,000											1.4	
21	X	24	290,000											1.6	
22	X	24	278,000											1.0	
23		24	339,000												
24	X	24	340,000											0.9	
25	X	24	288,000											0.9	
26	X	24	254,000											0.8	
27	X	24	412,000											0.9	
28	X	24	479,000											1.5	
29	X	24	424,000											0.6	
30		24	237,000												
31	X	24	237,000											1.0	
Total			6,005,000												
Average			193,710												
Maximum			479,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

663

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: FOUR LAKES		PWS Identification Number: 3354647	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: LAKE UTILITY SERVICES INC			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: FOUR LAKES		Plant Telephone Number:		
Plant Address: LOT 33 ALPHA AVE		City: Montverde	State: Fl Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	James Carroll	C	8494	DaysSun, Mon.- Tue
	Steve Pfouts	C	14204	Days Tue - Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 1-4-06
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 33546475

Plant Name: FOUR LAKES

III. Daily Data for the Month/Year **DECEMBER 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	25,000												1.2	
2	X	24	22,000												1.6	
3		24	34,000													
4	X	24	35,000												1.5	
5	X	24	27,000												1.4	
6	X	24	21,000												1.6	
7	X	24	24,000												1.3	
8	X	24	29,000												1.6	
9	X	24	15,000												1.7	
10		24	22,000													
11	X	24	23,000												1.3	
12	X	24	22,000												1.6	
13	X	24	17,000												1.5	
14	X	24	22,000												1.7	
15	X	24	22,000												1.7	
16	X	24	14,000												1.4	
17		24	26,000													
18	X	24	27,000												1.5	
19	X	24	21,000												1.5	
20	X	24	13,000												1.7	
21	X	24	21,000												1.9	
22	X	24	24,000												1.8	
23	X	24	20,000												1.8	
24		24	16,000													
25	X	24	17,000												1.3	
26	X	24	33,000												1.9	
27	X	24	17,000												1.4	
28	X	24	22,000												1.5	
29	X	24	21,000												1.3	
30	X	24	22,000												1.9	
31	X	24	25,000												1.7	
Total			699,000													
Average			22,548													
Maximum			35,000													

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

663

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

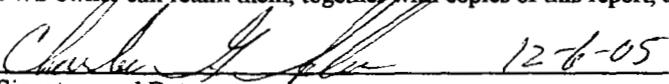
PWS Name: FOUR LAKES		PWS Identification Number: 3354647	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: LAKE UTILITY SERVICES INC			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: FOUR LAKES		Plant Telephone Number:		
Plant Address: LOT 33 ALPHA AVE		City: Montverde	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	James Carroll	C	8494	DaysSun, Mon.- Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


12-8-05
Charles G. Schwades
C-7368
 Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 33546475

Plant Name: FOUR LAKES

III. Daily Data for the Month Year: NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	28,000											0.1	
2	X	24	32,000											1.4	
3	X	24	28,000											1.3	
4	X	24	21,000											1.2	
5	X	24	23,000											2.4	
6		24	31,000												
7	X	24	32,000											1.3	
8	X	24	25,000											1.0	
9	X	24	31,000											1.5	
10	X	24	35,000											1.3	
11	X	24	22,000											1.3	
12		24	31,500												
13	X	24	31,500											1.1	
14	X	24	28,000											1.3	
15	X	24	21,000											1.3	
16	X	24	30,000											0.9	
17	X	24	26,000											1.4	
18	X	24	15,000											1.2	
19		24	26,000												
20	X	24	26,000											1.1	
21	X	24	27,000											1.0	
22	X	24	15,000											1.6	
23	X	24	21,000											1.7	
24	X	24	23,000											1.4	
25	X	24	24,000											1.8	
26		24	32,000												
27	X	24	32,000											1.1	
28	X	24	27,000											1.4	
29	X	24	21,000											1.3	
30	X	24	24,000											1.3	
31															
Total			787,000												
Average			26,233												
Maximum			35,000												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

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I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: FOUR LAKES		PWS Identification Number: 3354647	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: LAKE UTILITY SERVICES INC			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: FOUR LAKES		Plant Telephone Number:		
Plant Address: LOT 33 ALPHA AVE		City: Montverde	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Lyle F. Steady Jr.	C	7170	Days Mon.- Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	11/3/05	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 33546475

Plant Name: FOUR LAKES

III. Daily Data for the Month/Year **OCTOBER 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	20,000											2.1	
2		24	26,000												
3	X	24	25,000											1.5	
4	X	24	24,000											1.6	
5	X	24	14,000											1.5	
6	X	24	20,000											1.2	
7	X	24	16,000											1.0	
8	X	24	34,000											2.7	
9		24	19,000												
10	X	24	19,000											1.2	
11	X	24	30,000											0.9	
12	X	24	30,000											1.1	
13	X	24	19,000											1.0	
14	X	24	25,000											0.3	
15	X	24	22,000											3.0	
16		24	31,000												
17	X	24	31,000											0.4	
18	X	24	22,000											0.4	
19	X	24	31,000											3.5	
20	X	24	22,000											2.0	
21	X	24	24,000											2.5	
22	X	24	34,000											2.1	
23		24	24,000												
24	X	24	24,000											1.5	
25	X	24	19,000											1.1	
26	X	24	17,000											1.6	
27	X	24	20,000											1.0	
28	X	24	21,000											1.0	
29	X	24	29,000											1.7	
30		24	25,000												
31	X	24	25,000											1.6	
Total			742,000												
Average			23.935												
Maximum			34,000												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

663

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: FOUR LAKES		PWS Identification Number: 3354647	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: LAKE UTILITY SERVICES INC			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: FOUR LAKES		Plant Telephone Number:		
Plant Address: LOT 33 ALPHA AVE		City: Montverde	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Lyle F. Steady Jr.	C	7170	Days Mon.- Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **33546475** Plant Name: **FOUR LAKES**

III. Daily Data for the Month/Year **SEPTEMBER 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	32,000											1.1	
2	X	24	11,000											1.6	
3	X	24	26,000											2.1	
4		24	18,000												
5	X	24	17,000											2.0	
6	X	24	25,000											1.4	
7	X	24	19,000											1.7	
8	X	24	24,000											1.2	
9	X	24	13,000											1.5	
10	X	24	24,000											1.6	
11		24	32,000												
12	X	24	31,000											1.1	
13	X	24	22,000											1.0	
14	X	24	23,000											1.1	
15	X	24	41,000											1.4	
16	X	24	34,000											1.1	
17	X	24	45,000											1.0	
18		24	33,000												
19	X	24	33,000											1.1	
20	X	24	28,000											0.7	
21	X	24	26,000											2.1	
22	X	24	32,000											2.4	
23	X	24	15,000											3.0	
24	X	24	27,000											3.0	
25		24	30,000												
26	X	24	31,000											2.6	
27	X	24	27,000											2.5	
28	X	24	30,000											2.6	
29	X	24	24,000											2.0	
30	X	24	23,000											3.5	
31															
Total			796,000												
Average			26,000 27,000												
Maximum			45,000												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

663

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: FOUR LAKES		PWS Identification Number: 3354647	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: LAKE UTILITY SERVICES INC			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: FOUR LAKES		Plant Telephone Number:		
Plant Address: LOT 33 ALPHA AVE		City: Montverde	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Lyle F. Steady Jr.	C	7170	Days Mon.- Fri.

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 8/1/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 33546475 Plant Name: FOUR LAKES

III. Daily Data for the Month/Year **AUG 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	19,000											0.3	
2	X	24	19,000											1.0	
3	X	24	18,000											1.8	
4	X	24	17,000											1.6	
5	X	24	20,000											1.5	
6	X	24	11,000											1.5	
7		24	24,000												
8	X	24	24,000											2.1	
9	X	24	17,000											2.1	
10	X	24	18,000											1.6	
11	X	24	21,000											1.7	
12	X	24	27,000											1.9	
13	X	24	15,000											1.5	
14		24	22,000												
15	X	24	22,000											1.9	
16	X	24	32,000											1.8	
17	X	24	25,000											1.8	
18	X	24	31,000											1.5	
19	X	24	23,000											1.5	
20	X	24	22,000											0.4	
21		24	23,000												
22	X	24	22,000											1.5	
23	X	24	17,000											1.5	
24	X	24	19,000											1.5	
25	X	24	23,000											1.0	
26	X	24	19,000											1.1	
27	X	24	24,000											1.5	
28		24	24,000												
29	X	24	23,000											1.2	
30	X	24	28,000											0.9	
31	X	24	23,000											1.2	
Total			672,000												
Average			21,677												
Maximum			32,000												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

663

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: FOUR LAKES		PWS Identification Number: 3354647	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: LAKE UTILITY SERVICES INC			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: FOUR LAKES		Plant Telephone Number:	
Plant Address: LOT 33 ALPHA AVE		City: Montverde	State: FL Zip Code: 32714
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Charles G. Schwades	C	7368
Other Operators:	Daniel S. Anderson	A	7141

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 33546475

Plant Name: FOUR LAKES

III. Daily Data for the Month Year **JULY 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	18,000											2.2	
2	X	24	11,000											1.0	
3		24	20,000												
4	X	24	20,000											1.2	
5	X	24	20,000											1.0	
6	X	24	14,000											1.1	
7	X	24	30,000											1.1	
8	X	24	24,000											1.0	
9	X	24	17,000											1.1	
10		24	19,000												
11	X	24	19,000											1.0	
12	X	24	14,000											0.8	
13	X	24	14,000											0.9	
14	X	24	18,000											0.5	
15	X	24	14,000											2.0	
16	X	24	25,000											2.1	
17		24	20,000												
18	X	24	19,000											0.4	
19	X	24	15,000											0.6	
20	X	24	19,000											0.6	
21	X	24	34,000											0.8	
22	X	24	15,000											2.8	
23	X	24	34,000											0.5	
24		24	25,000												
25	X	24	25,000											2.9	
26	X	24	34,000											2.5	
27	X	24	45,000											0.5	
28	X	24	49,000											0.9	
29	X	24	23,000											1.0	
30	X	24	24,000											1.7	
31		24	19,000												
Total			697,000												
Average			22,484												
Maximum			49,000												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: HIGHLAND POINT		PWS Identification Number: 3354652	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 46		Total Population Served at End of Month: 161	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: HIGHLAND POINT		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Clair Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	James Carroll	C	8494	Days Sun, Mon, Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C 7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354652 Plant Name: **HIGHLAND POINT**

DECEMBER, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	238.000											1.2	
2	X	24	137.000											1.4	
3		24	230.000												
4	X	24	231.000											1.5	
5	x	24	190.000											1.6	
6	X	24	42.000											1.5	
7	X	24	160.000											1.6	
8	X	24	160.000											1.4	
9	X	24	12.000											1.3	
10		24	99.000												
11	X	24	99.000											1.4	
12	X	24	9.000											1.3	
13	X	24	9.000											1.1	
14	X	24	131.000											1.2	
15	X	24	194.000											1.3	
16	X	24	47.000											1.3	
17		24	122.000												
18	X	24	122.000											1.3	
19	X	24	35.000											1.7	
20	X	24	65.000											1.6	
21	X	24	55.000											1.6	
22	X	24	145.000											1.7	
23	X	24	63.000											1.4	
24		24	68.000												
25	X	24	69.000											1.1	
26	X	24	184.000											1.6	
27	X	24	7.000											1.4	
28	X	24	126.000											1.3	
29	X	24	194.000											1.2	
30	X	24	82.000											1.3	
31		24	138.000												
Total			3,463.000												
Average			111.710												
Maximum			238.000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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See page 4 for instructions.

I. General Information for the Month/Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: HIGHLAND POINT		PWS Identification Number: 3354652	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 46		Total Population Served at End of Month: 161	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: HIGHLAND POINT		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Clair Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS- Sun
	James Carroll	C	8494	Days - Sun, Mon, Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades - 12-6-05 Charles G. Schwades C 7368
Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354652

Plant Name: HIGHLAND POINT

NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	50,000											0.8	
2	X	24	117,000											0.7	
3	X	24	238,000											1.2	
4	X	24	150,000											1.1	
5		24	248,000												
6	X	24	249,000											1.4	
7	X	24	115,000											1.6	
8	X	24	84,000											1.4	
9	X	24	179,000											1.5	
10	X	24	316,000											1.3	
11	X	24	171,000											1.3	
12		24	268,000												
13	X	24	268,000											1.1	
14	X	24	155,000											1.3	
15	X	24	97,000											1.1	
16	X	24	194,000											1.1	
17	X	24	334,000											1.2	
18	X	24	175,000											1.2	
19		24	231,000												
20	X	24	232,000											1.0	
21	X	24	121,000											1.1	
22	X	24	51,000											1.1	
23	X	24	179,000											1.2	
24	X	24	300,000											1.1	
25	X	24	165,000											1.1	
26		24	232,000												
27	X	24	233,000											1.0	
28	X	24	127,000											1.4	
29	X	24	5,000											1.0	
30	X	24	113,000											1.1	
31															
Total			5,397,000												
Average			179,900												
Maximum			334,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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See page 4 for instructions.

I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: HIGHLAND POINT		PWS Identification Number: 3354652	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 46		Total Population Served at End of Month: 161	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: HIGHLAND POINT		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Clair Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS- Sun
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: *Charles G. Schwades* 11/2/05

Charles G. Schwades
Printed or Typed Name

C 7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354652

Plant Name: HIGHLAND POINT

OCTOBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1		24	332.000													
2	X	24	333.000													
3	X	24	319.000											1.4		
4	X	24	242.000											1.6		
5	X	24	231.000											1.5		
6	X	24	283.000											1.2		
7	X	24	119.000											1.4		
8		24	264.000											1.2		
9	X	24	265.000													
10	X	24	360.000											1.2		
11	X	24	229.000											1.0		
12	X	24	317.000											1.1		
13	X	24	351.000											1.0		
14	X	24	313.000											1.3		
15		24	406.000											1.4		
16	X	24	407.000													
17	X	24	463.000											1.2		
18	X	24	373.000											1.3		
19	X	24	384.000											1.7		
20	X	24	317.000											1.2		
21	X	24	242.000											1.2		
22		24	231.000											0.8		
23	X	24	232.000													
24	X	24	26.000											0.4		
25	X	24	2.000											0.9		
26	X	24	151.000											0.7		
27	X	24	226.000											1.0		
28	X	24	114.000											1.2		
29		24	252.000											1.0		
30	X	24	253.000													
31	X	24	73.000											1.4		
Total			8,110.000												1.6	
Average			261.613													
Maximum			463.000													



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

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I. General Information for the Month/Year of: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: HIGHLAND POINT		PWS Identification Number: 3354652	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 46		Total Population Served at End of Month: 161	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: HIGHLAND POINT		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Clair Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS- Sun
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so th PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C 7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354652

Plant Name: HIGHLAND POINT

SEPTEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	239,000											1.8	
2	X	24	217,000											1.6	
3		24	233,000												
4	X	24	234,000											0.5	
5	X	24	473,000											0.8	
6	X	24	100,000											2.8	
7	X	24	148,000											1.6	
8	X	24	243,000											2.0	
9	X	24	213,000											2.2	
10		24	311,000												
11	X	24	312,000											1.3	
12	X	24	422,000											2.0	
13	X	24	265,000											1.2	
14	X	24	335,000											1.1	
15	X	24	343,000											1.0	
16	X	24	339,000											1.4	
17		24	443,000												
18	X	24	444,000											1.3	
19	X	24	488,000											1.2	
20	X	24	330,000											1.4	
21	X	24	286,000											1.2	
22	X	24	341,000											1.3	
23	X	24	256,000											2.0	
24		24	353,000												
25	X	24	354,000											1.5	
26	X	24	377,000											1.4	
27	X	24	311,000											1.2	
28	X	24	319,000											1.1	
29	X	24	303,000											1.2	
30	X	24	292,000											1.6	
31															
Total			9,324,000												
Average			311,000												
Maximum			488,000												



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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: HIGHLAND POINT		PWS Identification Number: 3354652	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 46		Total Population Served at End of Month: 161	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: HIGHLAND POINT		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Clair Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS- Sun
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	9/1/05	Charles G. Schwades	C 7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354652

Plant Name: HIGHLAND POINT

AUG 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	250,000											2.0	
2	X	24	235,000											1.9	
3	X	24	248,000											2.1	
4	X	24	277,000											1.9	
5	X	24	183,000											2.2	
6		24	0												
7	X	24	0											1.1	
8	X	24	180,000											2.3	
9	X	24	85,000											1.4	
10	X	24	150,000											1.9	
11	X	24	261,000											1.8	
12	X	24	247,000											2.0	
13		24	226,000												
14	X	24	226,000											1.5	
15	X	24	256,000											2.1	
16	X	24	209,000											2.0	
17	X	24	245,000											2.1	
18	X	24	354,000											2.2	
19	X	24	253,000											2.1	
20		24	170,000												
21	X	24	270,000											0.7	
22	X	24	203,000											0.8	
23	X	24	274,000											3.5	
24	X	24	297,000											2.0	
25	X	24	336,000											2.1	
26	X	24	245,000											2.3	
27		24	270,000												
28	X	24	270,000											1.2	
29	X	24	259,000											1.5	
30	X	24	238,000											1.4	
31	X	24	287,000											2.0	
Total			7,104,000												
Average			229,000												
Maximum			354,000												

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354652

Plant Name: HIGHLAND POINT

JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	63,000											3.2	
2		24	156,000												
3	X	24	157,000											1.1	
4	X	24	200,000											1.0	
5	X	24	180,000											2.0	
6	X	24	214,000											2.1	
7	X	24	311,000											2.4	
8	X	24	248,000											2.3	
9		24	139,000												
10	X	24	140,000											1.0	
11	X	24	88,000											1.1	
12	X	24	34,000											1.0	
13	X	24	139,000											1.0	
14	X	24	225,000											1.3	
15	X	24	64,000											1.4	
16		24	213,000												
17	X	24	213,000											1.1	
18	X	24	127,000											0.6	
19	X	24	136,000											0.8	
20	X	24	175,000											1.0	
21	X	24	248,000											1.0	
22	X	24	260,000											0.8	
23		24	292,000												
24	X	24	292,000											0.6	
25	X	24	191,000											1.9	
26	X	24	284,000											1.3	
27	X	24	304,000											2.1	
28	X	24	345,000											2.2	
29	X	24	310,000											2.1	
30		24	293,000												
31	X	24	293,000											2.0	
Total			6,334,000												
Average			204,323												
Maximum			345,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: LAKE CRESCENT HILLS		PWS Identification Number: 3354883	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 122		Total Population Served at End of Month: 427	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTORr	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE CRESCENT HILLS		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill and Lake Catherine		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators: 1	James Carroll	C	8494	Days Sun, Mon, Tue
	Steve Pfouts	C	14204	Days, Tue-Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354883

Plant Name: LAKE CRESCENT HILLS

DECEMBER, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	144.000									1.2	0.000 Indicates No Flow
2	X	24	0.000									1.1	
3		24	191.000										
4	X	24	191.000									1.4	
5	X	24	46.000									1.6	
6	X	24	41.000									1.5	
7	X	24	246.000									1.4	
8	X	24	0.000									1.3	
9	X	24	0.000									1.3	
10		24	49.000										
11	X	24	49.000									1.5	
12	X	24	0.000									1.1	
13	X	24	0.000									2.1	
14	X	24	125.000									1.5	
15	X	24	131.000									1.3	
16	X	24	0.000									1.4	
17		24	112.000										
18	X	24	112.000									1.5	
19	X	24	0.000									1.3	
20	X	24	0.000									1.5	
21	X	24	114.000									1.4	
22	X	24	151.000									1.3	
23	X	24	12.000									1.4	
24		24	105.000										
25	X	24	106.000									1.5	
26	X	24	140.000									1.3	
27	X	24	0.000									1.4	
28	X	24	168.000									1.2	
29	X	24	146.000									1.2	
30	X	24	0.000									1.3	
31		24	254.000										
Total			2,633.000										
Average			84.935										
Maximum			254.000										



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

665

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE CRESCENT HILLS		PWS Identification Number: 3354883	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 122		Total Population Served at End of Month: 427	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTORr	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

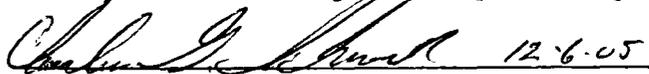
B. Water Treatment Plant Information

Plant Name: LAKE CRESCENT HILLS		Plant Telephone Number: 407-869-1919	
Plant Address: Lake Hill and Lake Catherine		City: CLERMONT	State: FL Zip Code: 34711
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators: 1	Nathaniel Q. Carver	C	13261	DAYS-Sun
	James Carroll	C	8494	Days Sun, Mon, Tue

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

 12.6.05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354883

Plant Name: LAKE CRESCENT HILLS

NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	0.000										1.1	"0" indicates no flow	
2	X	24	0.000										1.2		
3	X	24	140.000										1.3		
4	X	24	0.000										1.2		
5		24	198.000												
6	X	24	198.000										1.4		
7	X	24	335.000										1.6		
8	X	24	1.000										1.4		
9	X	24	176.000										1.3		
10	X	24	191.000										1.3		
11	X	24	0.000										1.2		
12		24	315.500												
13	X	24	315.500										1.1		
14	X	24	372.000										1.1		
15	X	24	3.000										1.2		
16	X	24	134.000										1.1		
17	X	24	229.000										1.2		
18	X	24	0.000										1.2		
19		24	313.500												
20	X	24	313.500										1.0		
21	X	24	223.000										1.3		
22	X	24	0.000										1.1		
23	X	24	157.000										1.2		
24	X	24	181.000										1.2		
25	X	24	97.000										1.2		
26		24	303.500												
27	X	24	303.500										1.3		
28	X	24	353.000										1.6		
29	X	24	0.000										1.1		
30	X	24	100.000										1.2		
31															
Total			4,953.000												
Average			165.100												
Maximum			372.000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

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See page 4 for instructions.

I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE CRESCENT HILLS		PWS Identification Number: 3354883	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 122		Total Population Served at End of Month: 427	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTORr	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE CRESCENT HILLS		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill and Lake Catherine		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators: 1	Nathaniel Q. Carver	C	13261	DAYS-Sun
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so that PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354883

Plant Name: LAKE CRESCENT HILLS

OCTOBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	168.000													
2	X	24	169.000													1.6
3	X	24	13.000													1.6
4	X	24	0.000													1.2
5	X	24	95.000													1.2
6	X	24	70.000													1.4
7	X	24	0.000													1.0
8	X	24	0.000													
9	X	24	1.000													1.2
10	X	24	0.000													1.2
11	X	24	0.000													1.1
12	X	24	110.000													1.0
13	X	24	147.000													1.3
14	X	24	0.000													1.2
15	X	24	156.000													
16	X	24	156.000													1.4
17	X	24	220.000													1.7
18	X	24	0.000													1.3
19	X	24	160.000													1.2
20	X	24	151.000													1.2
21	X	24	0.000													1.3
22	X	24	148.000													
23	X	24	148.000													1.3
24	X	24	42.000													1.3
25	X	24	0.000													1.1
26	X	24	128.000													1.1
27	X	24	98.000													1.2
28	X	24	22.000													1.2
29	X	24	180.000													
30	X	24	180.000													1.4
31	X	24	342.000													1.6
Total			2,904.000													
Average			93.677													
Maximum			220.000													

342,000



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

663

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE CRESCENT HILLS		PWS Identification Number: 3354883	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 122		Total Population Served at End of Month: 427	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTORr	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE CRESCENT HILLS		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill and Lake Catherine		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators: I	Nathaniel Q. Carver	C	13261	DAYS-Sun
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so that the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 10/4/05
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354883** Plant Name: **LAKE CRESCENT HILLS**

SEPTEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	140,000											1.7	
2	X	24	48,000											1.4	
3		24	65,000												
4	X	24	65,000											1.5	
5	X	24	11,000											1.4	
6	X	24	0											1.1	
7	X	24	62,000											1.2	
8	X	24	100,000											1.1	
9	X	24	0											1.2	
10		24	207,000												
11	X	24	208,000											1.5	
12	X	24	286,000											1.4	
13	X	24	166,000											1.2	
14	X	24	247,000											1.0	
15	X	24	307,000											1.1	
16	X	24	300,000											1.2	
17		24	419,000												
18	X	24	419,000											1.0	
19	X	24	475,000											1.1	
20	X	24	234,000											1.2	
21	X	24	149,000											1.1	
22	X	24	281,000											1.2	
23	X	24	0											1.1	
24		24	212,000												
25	X	24	213,000											1.7	
26	X	24	259,000											1.3	
27	X	24	108,000											1.0	
28	X	24	143,000											1.1	
29	X	24	132,000											1.0	
30	X	24	65,000											1.5	
31															
Total			5,321,000												
Average			177,000												
Maximum			475,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

265

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: LAKE CRESCENT HILLS		PWS Identification Number: 3354883	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month : 122		Total Population Served at End of Month: 427	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTORr	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE CRESCENT HILLS		Plant Telephone Number: 407-869-1919	
Plant Address: Lake Hill and Lake Catherine		City: CLERMONT	State: FL Zip Code: 34711
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators: 1	Nathaniel Q. Carver	C	13261	DAYS-Sun
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so that PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	9/1/05	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354883

Plant Name: LAKE CRESCENT HILLS

AUG 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	191,000											1.7	
2	X	24	0											1.6	
3	X	24	111,000											1.9	
4	X	24	170,000											1.9	
5	X	24	185,000											2.0	
6		24	153,000												
7	X	24	154,000											1.6	
8	X	24	62,000											1.9	
9	X	24	0											1.9	
10	X	24	54,000											1.8	
11	X	24	121,000											1.6	
12	X	24	197,000											2.0	
13		24	70,000												
14	X	24	71,000											1.5	
15	X	24	243,000											1.7	
16	X	24	0											1.7	
17	X	24	229,000											1.9	
18	X	24	357,000											1.0	
19	X	24	0											0.6	
20		24	222,000												
21	X	24	223,000											0.8	
22	X	24	327,000											3.1	
23	X	24	21,000											0.9	
24	X	24	326,000											1.1	
25	X	24	367,000											1.5	
26	X	24	172,000											2.5	
27		24	210,000												
28	X	24	211,000											1.5	
29	X	24	87,000											1.6	
30	X	24	0											1.2	
31	X	24	182,000											1.5	
Total			4,716,000												
Average			152,100												
Maximum			367,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

665

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: LAKE CRESCENT HILLS		PWS Identification Number: 3354883	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 122		Total Population Served at End of Month: 427	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTORr	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE CRESCENT HILLS		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Hill and Lake Catherine		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS-Sun

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so that PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	<i>8/2/05</i>	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354883

Plant Name: LAKE CRESCENT HILLS

JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	0											1.8	
2		24	61,000												
3	X	24	62,000											2.1	
4	X	24	0											2.0	
5	X	24	0											2.1	
6	X	24	98,000											2.4	
7	X	24	299,000											1.4	
8	X	24	193,000											1.2	
9		24	16,000												
10	X	24	17,000											1.0	
11	X	24	0											1.2	
12	X	24	0											1.0	
13	X	24	69,000											0.8	
14	X	24	107,000											0.8	
15	X	24	15,000											1.4	
16		24	65,000												
17	X	24	65,000											1.5	
18	X	24	0											1.4	
19	X	24	0											1.2	
20	X	24	97,000											1.0	
21	X	24	100,000											1.2	
22	X	24	26,000											0.8	
23		24	160,000												
24	X	24	161,000											1.2	
25	X	24	248,000											0.4	
26	X	24	0											0.8	
27	X	24	299,000											1.3	
28	X	24	371,000											2.0	
29	X	24	310,000											2.1	
30		24	157,000												
31	X	24	157,000											2.2	
Total			3,153,000												
Average			101,710												
Maximum			371,000												

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE CO. HILLS

MONTH/YEAR: 5/2007

DATE	SIZE	TYPE (see notes)	FLUSHING/ BREAK TIME (min)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

- Type Code**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

TOTAL
6,200 gal



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

675

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: GREATER GROVES		PWS Identification Number: 3354881-1	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 2110		Total Population Served at End of Month: 7385	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: GREATER GROVES		Plant Telephone Number: 407-869-1919		
Plant Address: 2425 US HIGHWAY 27		City: CLERMONT	State: FL Zip Code: 34714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	William H. Coates	C	8333	Days-Mon-Fri.
	Steve Pfouts	C	14204	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1-9-06
 Signature and Date

Charles G. Schwades

C-7368

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354881-1

Plant Name: GREATER GROVES

DECEMBER, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	2,557,000										1.3	<i>see attach sheets</i>
2	X	24	2,730,000										1.2	
3	X	24	2,952,000										1.4	
4	X	24	3,906,000										1.4	
5	X	24	3,058,000										1.3	
6	X	24	2,854,000										1.3	
7	X	24	2,285,000										1.2	
8	X	24	2,166,000										0.9	
9	X	24	1,620,000										1.2	
10	X	24	1,452,000										1.4	
11	X	24	2,544,000										1.3	
12	X	24	1,368,000										1.3	
13	X	24	2,064,000										1.4	
14	X	24	2,460,000										1.4	
15	X	24	2,352,000										1.3	
16	X	24	1,452,000										0.5	
17	X	24	2,208,000										1.4	
18	X	24	1,728,000										1.2	
19	X	24	2,724,000										1.5	
20	X	24	2,364,000										1.3	
21	X	24	3,120,000										1.5	
22	X	24	3,204,000										1.3	
23	X	24	2,844,000										1.4	
24	X	24	2,844,000										1.2	
25	X	24	3,252,000										1.3	
26	X	24	2,508,000										1.4	
27	X	24	2,796,000										1.2	
28	X	24	3,156,000										1.3	
29	X	24	3,012,000										1.2	
30	X	24	2,784,000										1.3	
31	X	24	3,324,000										1.1	
Total			79,688,000											
Average			2,570,581											
Maximum			3,906,000											



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

675.

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: GREATER GROVES		PWS Identification Number: 3354881-1	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 2110		Total Population Served at End of Month: 7385	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: FL
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: GREATER GROVES		Plant Telephone Number: 407-869-1919	
Plant Address: 2425 US HIGHWAY 27		City: CLERMONT	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 4,320,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Charles G. Schwades	C	7368
Other Operators:	Daniel S. Anderson	A	7141
	Nataniel Q. Carver	C	13261
	William H. Coates	C	8333
	James Carroll	C	8494

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.


12-6-05
 Signature and Date Charles G. Schwades C-7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354881-1** Plant Name: **GREATER GROVES**

NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	2,987.000											1.3	
2	X	24	2,241.000											1.4	
3	X	24	2,450.000											1.6	
4	X	24	2,829.000											1.3	
5	X	24	3,533.000											1.3	
6	X	24	3,289.000											1.3	
7	X	24	2,837.000											1.3	
8	X	24	2,976.000											1.4	
9	X	24	3,282.000											1.4	
10	X	24	2,886.000											1.4	
11	X	24	3,116.000											1.5	
12	X	24	3,618.000											1.3	
13	X	24	3,101.000											1.4	
14	X	24	3,952.000											1.6	
15	X	24	3,012.000											1.4	
16	X	24	2,742.000											1.6	
17	X	24	3,292.000											1.4	
18	X	24	2,854.000											1.6	
19	X	24	3,261.000											1.4	
20	X	24	3,059.000											1.4	
21	X	24	2,621.000											1.5	
22	X	24	2,325.000											1.4	
23	X	24	3,131.000											1.3	
24	X	24	2,344.000											1.3	
25	X	24	4,175.000											1.4	
26	X	24	4,302.000											1.3	
27	X	24	4,529.000											1.2	
28	X	24	3,365.000											1.2	
29	X	24	2,214.000											1.3	
30	X	24	1,820.000											1.3	
31															
Total			92,143.000												
Average			3,071.433												
Maximum			4,529.000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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See page 4 for instructions.

I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: GREATER GROVES		PWS Identification Number: 3354881-1	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 2110		Total Population Served at End of Month: 7385	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: GREATER GROVES		Plant Telephone Number: 407-869-1919		
Plant Address: 2425 US HIGHWAY 27		City: CLERMONT	State: FL Zip Code: 34714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	Nataniel Q. Carver	C	13261	Days-Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date 10/9/05	Charles G. Schwades License Number <u>C-7368</u>
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354881-1

Plant Name: GREATER GROVES

OCTOBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	3,473.000												2.2	
2	X	24	2,980.000												0.9	
3	X	24	2,778.000												1.0	
4	X	24	2,751.000												2.0	
5	X	24	1,681.000												1.5	
6	X	24	1,740.000												1.1	
7	X	24	1,553.000												1.2	
8	X	24	2,435.000												1.6	
9	X	24	2,154.000												1.0	
10	X	24	2,009.000												1.3	
11	X	24	2,298.000												1.2	
12	X	24	2,768.000												1.1	
13	X	24	2,977.000												1.1	
14	X	24	2,619.000												1.1	
15	X	24	3,550.000												1.3	
16	X	24	3,412.000												1.0	
17	X	24	3,124.000												1.0	
18	X	24	2,747.000												1.0	
19	X	24	3,398.000												1.1	
20	X	24	3,581.000												1.0	
21	X	24	2,903.000												1.0	
22	X	24	3,666.000												1.5	
23	X	24	1,821.000												1.0	
24	X	24	1,672.000												1.0	
25	X	24	1,607.000												1.1	
26	X	24	2,588.000												1.0	
27	X	24	2,867.000												1.1	
28	X	24	2,754.000												1.1	
29	X	24	3,460.000												1.5	
30	X	24	3,228.000												1.1	
31	X	24	2,417.000												0.5	
Total			83,011.000													
Average			2,677.774													
Maximum			3,666.000													



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

675

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: GREATER GROVES		PWS Identification Number: 3354881-1	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 2110		Total Population Served at End of Month: 7385	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: GREATER GROVES		Plant Telephone Number: 407-869-1919		
Plant Address: 2425 US HIGHWAY 27		City: CLERMONT	State: Fl Zip Code: 34714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	Nataniel Q. Carver	C	13261	Days-Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 9/9/05
 Signature and Date

Charles G. Schwades

C-7368

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354881-1** Plant Name: **GREATER GROVES**

SEPTEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	2,328,000										1.3		
2	X	24	1,635,000										1.4		
3	X	24	2,177,000										1.8		
4	X	24	1,808,000										1.1		
5	X	24	1,834,000										1.2		
6	X	24	2,892,000										1.3		
7	X	24	1,958,000										1.3		
8	X	24	2,058,000										1.0		
9	X	24	2,103,000										1.0		
10	X	24	2,851,000										1.3		
11	X	24	2,885,000										1.1		
12	X	24	1,694,000										1.0		
13	X	24	3,359,000										1.0		
14	X	24	3,062,000										1.0		
15	X	24	3,202,000										1.0		
16	X	24	3,241,000										1.1		
17	X	24	4,072,000										1.6		
18	X	24	3,381,000										1.1		
19	X	24	3,042,000										1.1		
20	X	24	3,328,000										1.0		
21	X	24	2,756,000										1.0		
22	X	24	3,303,000										1.0		
23	X	24	1,609,000										1.0		
24	X	24	2,434,000										1.4		
25	X	24	4,540,000										1.1		
26	X	24	3,636,000										1.0		
27	X	24	2,926,000										1.1		
28	X	24	2,508,000										1.1		
29	X	24	2,180,000										1.1		
30	X	24	2,358,000										1.0		
31															
Total			81,159,000												
Average			2,705,000												
Maximum			4,540,000												

PAGE 03

LAKE UTILITIES

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10/06/2005 09:55



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

675

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See page 4 for instructions.

I. General Information for the Month/Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: GREATER GROVES		PWS Identification Number: 3354881-1	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 2110		Total Population Served at End of Month: 7385	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: GREATER GROVES		Plant Telephone Number: 407-869-1919		
Plant Address: 2425 US HIGHWAY 27		City: CLERMONT	State: FL Zip Code: 34714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	Nataniel Q. Carver	C	13261	Days-Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 9/1/05
Charles G. Schwades
C-7368
License Number

Signature and Date

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354881-1** Plant Name: **GREATER GROVES**

AUG 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	2,130,000									1.0	
2	X	24	2,108,000									1.0	
3	X	24	3,040,000									1.0	
4	X	24	2,918,800									1.0	
5	X	24	2,686,000									1.0	
6	X	24	2,685,000									1.3	
7	X	24	3,368,000									1.0	
8	X	24	1,401,000									1.0	
9	X	24	2,576,000									0.5	
10	X	24	2,195,000									0.7	
11	X	24	3,008,000									1.0	
12	X	24	2,799,000									1.0	
13	X	24	2,374,000									0.9	
14	X	24	3,599,000									1.0	
15	X	24	2,775,000									1.0	
16	X	24	2,855,000									1.0	
17	X	24	3,401,000									1.5	
18	X	24	3,279,000									1.2	
19	X	24	3,559,000									1.5	
20	X	24	3,029,000									1.5	
21	X	24	3,013,000									1.2	
22	X	24	3,022,000									1.1	
23	X	24	2,280,000									1.1	
24	X	24	3,133,000									1.2	
25	X	24	3,299,000									1.3	
26	X	24	2,819,000									1.4	
27	X	24	3,011,000									1.6	
28	X	24	1,762,000									1.1	
29	X	24	3,543,000									1.5	
30	X	24	2,539,000									1.4	
31	X	24	2,633,000									1.3	
Total			86,839,000										
Average			2,801,000										
Maximum			3,599,000										



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

673
FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: GREATER GROVES		PWS Identification Number: 3354881-1	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 2110		Total Population Served at End of Month: 7385	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Clermont	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: GREATER GROVES		Plant Telephone Number: 407-869-1919		
Plant Address: 2425 US HIGHWAY 27		City: CLERMONT	State: FL Zip Code: 34714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	Nataniel Q. Carver	C	13261	Days-Sun.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 8/2/05
Signature and Date Charles G. Schwades

C-7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354881-1** Plant Name: **GREATER GROVES**

JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	1,756,000											1.1	
2	X	24	1,759,000											1.0	
3	X	24	2,223,000											1.0	
4	X	24	1,684,000											1.1	
5	X	24	1,927,000											1.1	
6	X	24	2,760,000											1.2	
7	X	24	3,328,000											1.1	
8	X	24	3,324,000											1.5	
9	X	24	2,222,000											1.2	
10	X	24	1,702,000											1.0	
11	X	24	1,061,000											1.4	
12	X	24	2,172,000											1.3	
13	X	24	2,206,000											1.1	
14	X	24	2,869,000											1.1	
15	X	24	1,492,000											1.1	
16	X	24	2,544,000											1.4	
17	X	24	2,462,000											1.1	
18	X	24	1,423,000											1.7	
19	X	24	1,891,000											1.2	
20	X	24	2,751,000											1.2	
21	X	24	2,915,000											1.2	
22	X	24	3,048,000											1.1	
23	X	24	4,105,000											1.3	
24	X	24	2,779,000											0.9	
25	X	24	2,583,000											1.1	
26	X	24	2,750,000											1.1	
27	X	24	3,354,000											1.1	
28	X	24	4,326,000											1.1	
29	X	24	4,093,000											0.9	
30	X	24	4,231,000											1.5	
31	X	24	3,785,000											1.3	
Total			81,525,000												
Average			2,630,000												
Maximum			4,326,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

BY

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: LAKE RIDGE CLUB		PWS Identification Number: 3354884	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 121		Total Population Served at End of Month: 424	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE RIDGE CLUB		Plant Telephone Number: 407-869-1919		
Plant Address: 12651 Lake Ridge Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days, Tue - Sat
	James Carroll	C	8494	DAYS- Sun, Mon, Tue
	Bill Coates	C	8333	Days, Mon - Fri

II. Certification by Lead/Chief Operator:

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 1-4-06
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354884

Plant Name: LAKE RIDGE CLUB

DECEMBER, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	236.000									0.9	.000 Indicates No Flow	
2	X	24	.000									0.9		
3		24	215.000											
4	X	24	215.000									0.7		
5	X	24	.000									1.1		
6	X	24	8.000									1.0		
7	X	24	258.000									1.3		
8	X	24	.000									1.3		
9	X	24	.000									1.3		
10		24	.000											
11	X	24	.000									1.1		
12	X	24	.000									1.4		
13	X	24	.000									1.4		
14	X	24	.000									1.3		
15	X	24	166.000									1.3		
16	X	24	.000									1.3		
17		24	.000											
18	X	24	.000									1.5		
19	X	24	.000									1.4		
20	X	24	.000									1.5		
21	X	24	.000									1.7		
22	X	24	99.000									1.4		
23	X	24	.000									1.0		
24		24	.000											
25	X	24	.000									1.2		
26	X	24	.000									1.3		
27	X	24	.000									1.3		
28	X	24	.000									1.2		
29	X	24	119.000									1.2		
30	X	24	.000									1.2		
31		24	91.000											
Total			1407.000											
Average			45.387											
Maximum			258.000											



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

634

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE RIDGE CLUB		PWS Identification Number: 3354884	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 121		Total Population Served at End of Month: 424	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE RIDGE CLUB		Plant Telephone Number: 407-869-1919		
Plant Address: 12651 Lake Ridge Circle		City: CLERMONT	State: Fl Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS Sun
	James Carroll	C	8494	DAYS- Sun, Mon, Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 12-6-05 Charles G. Schwades C-7368
 Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354884

Plant Name: LAKE RIDGE CLUB

NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable		
1	X	24	.000							1.3	<i>"0" indicates no flow</i>
2	X	24	.000							1.2	
3	X	24	178.000							1.4	
4	X	24	2.000							1.1	
5		24	218.000								
6	X	24	219.000							1.6	
7	X	24	.000							1.2	
8	X	24	.000							1.4	
9	X	24	223.000							1.1	
10	X	24	262.000							1.3	
11	X	24	.000							1.1	
12		24	275.000								
13	X	24	274.000							1.4	
14	X	24	110.000							1.1	
15	X	24	.000							1.3	
16	X	24	279.000							1.5	
17	X	24	349.000							1.4	
18	X	24	.000							1.2	
19		24	282.000								
20	X	24	283.000							1.4	
21	X	24	.000							1.1	
22	X	24	.000							1.1	
23	X	24	177.000							1.2	
24	X	24	208.000							1.2	
25	X	24	15.000							1.1	
26		24	241.000								
27	X	24	241.000							1.0	
28	X	24	.000							1.0	
29	X	24	.000							1.1	
30	X	24	.000							1.1	
31											
Total			3,834.000								
Average			127.800								
Maximum			349.000								



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

634

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE RIDGE CLUB		PWS Identification Number: 3354884	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 121		Total Population Served at End of Month: 424	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE RIDGE CLUB		Plant Telephone Number: 407-869-1919		
Plant Address: 12651 Lake Ridge Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS Sun
	Lyle F. Steady Jr.	C	7170	DAYS Mon.-Fri

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<i>Charles G. Schwades</i> 11/2/05	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354884** Plant Name: **LAKE RIDGE CLUB**

OCTOBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24	229,000												
2	X	24	229,000											2.6	
3	X	24	.000											2.1	
4	X	24	.000											1.6	
5	X	24	182,000											1.3	
6	X	24	122,000											1.3	
7	X	24	.000											1.4	
8		24	141,000												
9	X	24	141,000											1.7	
10	X	24	.000											1.2	
11	X	24	.000											1.9	
12	X	24	241,000											1.3	
13	X	24	224,000											1.1	
14	X	24	.000											1.0	
15		24	273,000												
16	X	24	273,000											1.0	
17	X	24	.000											1.0	
18	X	24	154,000											1.1	
19	X	24	270,000											1.1	
20	X	24	273,000											1.1	
21	X	24	.000											1.2	
22		24	208,000												
23	X	24	208,000											1.4	
24	X	24	.000											1.2	
25	X	24	.000											1.0	
26	X	24	220,000											1.0	
27	X	24	217,000											1.1	
28	X	24	.000											1.1	
29		24	231,000												
30	X	24	232,000											1.8	
31	X	24	.000											1.4	

Total	4068,000
Average	131,226
Maximum	273,000



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

THREE COPY

See page 4 for instructions.

I. General Information for the Month/Year of SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE RIDGE CLUB PWS Identification Number: 3354884

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 121 Total Population Served at End of Month: 424

PWS Owner: LAKE UTILITY SERVICES INC.

Contact Person: Patrick Flynn

Contact Person's Mailing Address: 200 Weathersfield Ave.

Contact Person's Telephone Number: 407-869-1919

Contact Person's E-Mail Address: p.c.flynn@utilitesinc.usa.com

Water Treatment Plant Information

Plant Name: LAKE RIDGE CLUB

Plant Address: 12651 Lake Ridge Circle

City: CLERMONT State: FL Zip Code: 34711

Plant Telephone Number: 407-869-1919

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators

Lead/Chief Operator: Charles G. Schwades License Class: C License Number: 7368

Day(s)/Shift(s) Worked: DAYS Mon-Fri

Other Operators: Nathaniel Q. Carver License Class: C License Number: 13261

Day(s)/Shift(s) Worked: DAYS Sun

Other Operators: Lyle F. Steady Jr. License Class: C License Number: 7170

Day(s)/Shift(s) Worked: DAYS Mon-Fri

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Charles G. Schwades 10/4/05

Printed or Typed Name

Charles G. Schwades

License Number

C-7368

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354884 Plant Name: LAKE RIDGE CLUB

SEPTEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	25,000											1.6	
2	X	24	0,000											1.7	
3		24	0,000												
4	X	24	0,000											1.5	
5	X	24	0,000											2.1	
6	X	24	0,000											1.5	
7	X	24	0,000											1.2	
8	X	24	4,000											1.4	
9	X	24	0,000											1.5	
10		24	129,000												
11	X	24	130,000											1.5	
12	X	24	74,000											1.1	
13	X	24	0,000											1.1	
14	X	24	234,000											1.5	
15	X	24	369,000											1.7	
16	X	24	163,000											1.1	
17		24	407,000												
18	X	24	408,000											1.3	
19	X	24	305,000											1.5	
20	X	24	0,000											1.3	
21	X	24	233,000											1.5	
22	X	24	241,000											1.3	
23	X	24	0,000											1.3	
24		24	245,000												
25	X	24	245,000											1.3	
26	X	24	0,000											1.3	
27	X	24	50,000											1.3	
28	X	24	215,000											1.4	
29	X	24	0,000											1.5	
30	X	24	0,000											2.0	
31															

Total	3,477,000
Average	116,000
Maximum	408,000



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

234

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: LAKE RIDGE CLUB		PWS Identification Number: 3354884	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 121		Total Population Served at End of Month: 424	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE RIDGE CLUB		Plant Telephone Number: 407-869-1919		
Plant Address: 12651 Lake Ridge Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Nathaniel Q. Carver	C	13261	DAYS Sun
	Lyle F. Steady Jr.	C	7170	DAYS Mon.-Fri

II. Certification by Lead/Chief Operator:

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant we prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354884

Plant Name: LAKE RIDGE CLUB

AUG 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	0											1.9	
2	X	24	0											1.8	
3	X	24	0											1.8	
4	X	24	196,000											1.9	
5	X	24	0											1.9	
6		24	99,000												
7	X	24	99,000											1.1	
8	X	24	0											1.9	
9	X	24	0											1.3	
10	X	24	0											1.3	
11	X	24	192,000											1.8	
12	X	24	0											1.6	
13		24	88,000												
14	X	24	89,000											1.5	
15	X	24	0											1.6	
16	X	24	0											1.6	
17	X	24	233,000											1.7	
18	X	24	400,000											1.5	
19	X	24	0											1.6	
20		24	175,000												
21	X	24	175,000											1.3	
22	X	24	218,000											1.6	
23	X	24	133,000											1.8	
24	X	24	250,000											1.2	
25	X	24	255,000											1.9	
26	X	24	0											1.8	
27		24	186,000												
28	X	24	186,000											1.5	
29	X	24	0											1.6	
30	X	24	0											1.2	
31	X	24	237,000											1.4	
Total			3,211,000												
1.4 Average			103,600												
Maximum			400,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

234

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: LAKE RIDGE CLUB		PWS Identification Number: 3354884	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 121		Total Population Served at End of Month: 424	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE RIDGE CLUB		Plant Telephone Number: 407-869-1919	
Plant Address: 12651 Lake Ridge Circle		City: CLERMONT	State: FL Zip Code: 34711
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V			
Plant Class (per subsection 62-699.310(4), F.A.C.): C			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Charles G. Schwades	C	7368
Other Operators:	Nathaniel Q. Carver	C	13261

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSI International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades Printed or Typed Name	C-7368 License Number
Signature and Date		

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354884

Plant Name: LAKE RIDGE CLUB

JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose			
											Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24	0									2.0		
2		24	0											
3	X	24	0									1.4		
4	X	24	0									1.2		
5	X	24	0									1.4		
6	X	24	0									1.0		
7	X	24	124,000									0.8		
8	X	24	0									1.2		
9		24	0											
10	X	24	1,000									1.4		
11	X	24	0									1.3		
12	X	24	0									1.1		
13	X	24	0									1.0		
14	X	24	78,000									1.4		
15	X	24	0									1.6		
16		24	75,000											
17	X	24	75,000									1.0		
18	X	24	0									1.1		
19	X	24	0									1.2		
20	X	24	78,000									1.2		
21	X	24	141,000									1.4		
22	X	24	0									1.6		
23		24	168,000											
24	X	24	169,000									1.4		
25	X	24	3000									1.5		
26	X	24	0									1.4		
27	X	24	248,000									1.7		
28	X	24	479,000									2.2		
29	X	24	365,000									2.1		
30		24	107,000											
31	X	24	107,000									2.0		
Total			2,218,000											
Average			71,500											
Maximum			479,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE RIDGE OLD 3

MONTH/YEAR: JULY 2005

DATE	SIZE	TYPE (see back)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

- Type Code**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

DRP 2005 PD
Y 31
E 10/10/05



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

0621

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: LAKE SAUNDERS		PWS Identification Number: 3354695	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE SAUNDERS		Plant Telephone Number:		
Plant Address: ALANE CT & CARROLLS CT		City: TAVARES	State: FL Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Daniel Anderson	A	7141	DAYS Mon - Fri-Sat
Other Operators:	Bill Coates	C	8333	DAYS Mon- Fri
	Charles G. Schwades	C	7368	DAYS
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354696

Plant Name: Lake Saunders

III. Daily Data for the Month/Year: DECEMBER, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Flow, Mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24	6,000									1.7		
2	X	24	11,000									1.4		
3		24	13,000											
4	X	24	14,000									1.3		
5	X	24	11,000									1.1		
6	X	24	9,000									1.6		
7	X	24	10,000									1.4		
8	X	24	14,000									1.6		
9	X	24	4,000									1.3		
10		24	11,000											
11	X	24	10,000									1.4		
12	X	24	12,000									1.6		
13	X	24	18,000									1.3		
14	X	24	14,000									1.6		
15	X	24	6,000									1.4		
16	X	24	13,000									1.7		
17		24	12,000											
18	X	24	12,000									1.4		
19	X	24	10,000									1.1		
20	X	24	8,000									1.3		
21	X	24	11,000									1.5		
22	X	24	12,000									1.2		
23	X	24	12,000									1.1		
24		24	10,000											
25	X	24	11,000									1.3		
26	X	24	41,000									1.7		
27	X	24	23,000									1.5		
28	X	24	41,000									1.4		
29	X	24	27,000									1.3		
30	X	24	12,000									1.4		
31	X	24	9,000									1.5		
Total			427,000											
Average			13,774											
Maximum			41,000											



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

664

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE SAUNDERS		PWS Identification Number: 3354695	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE SAUNDERS		Plant Telephone Number:		
Plant Address: ALANE CT & CARROLLS CT		City: TAVARES	State: FL Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Daniel Anderson	A	7141	DAYS Mon - Fri-Sat
Other Operators:	Lyle F. Steady Jr.	C	7170	DAYS Mon- Fri
	Charles G. Schwades	C	7368	DAYS

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<i>Charles G. Schwades</i>	11-6-05	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354696 Plant Name: Lake Saunders

III. Daily Data for the Month Year: NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, Mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	8,000									1.0	
2	X	24	14,000									1.2	
3	X	24	11,000									1.2	
4	X	24	11,000									1.1	
5	X	24	10,000									1.3	
6		24	12,000										
7	X	24	12,000									1.6	
8	X	24	10,000									1.4	
9	X	24	10,000									1.2	
10	X	24	16,000									1.3	
11	X	24	7,000									1.2	
12		24	12,000										
13	X	24	12,000									1.0	
14	X	24	11,000									1.1	
15	X	24	23,000									1.0	
16	X	24	15,000									1.1	
17	X	24	10,000									1.2	
18	X	24	9,000									1.0	
19		24	11,500										
20	X	24	11,500									1.3	
21	X	24	15,000									1.0	
22	X	24	10,000									1.1	
23	X	24	8,000									1.2	
24	X	24	13,000									1.0	
25	X	24	9,000									1.1	
26		24	13,500										
27	X	24	13,500									1.0	
28	X	24	12,000									1.1	
29	X	24	6,000									1.0	
30	X	24	12,000									1.1	
31													
Total			348,000										
Average			11,800										
Maximum			23,000										



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

664

See page 4 for instructions.

I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: LAKE SAUNDERS		PWS Identification Number: 3354695	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: LAKE SAUNDERS		Plant Telephone Number:	
Plant Address: ALANE CT & CARROLLS CT		City: TAVARES	State: FL Zip Code:
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Daniel Anderson	A	7141
Other Operators:	Lyle F. Steady Jr.	C	7170
	Charles G. Schwades	C	7368

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

11/3/05
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354696 Plant Name: **Lake Saunders**

III. Daily Data for the Month/Year **OCTOBER 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, Mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	10,000									1.6	
2		24	14,000										
3	X	24	13,000									1.5	
4	X	24	6,000									0.7	
5	X	24	11,000									1.0	
6	X	24	11,000									1.2	
7	X	24	11,000									1.2	
8	X	24	10,000									3.8	
9		24	11,000										
10	X	24	12,000									1.2	
11	X	24	11,000									1.4	
12	X	24	11,000									1.6	
13	X	24	12,000									1.7	
14	X	24	7,000									1.4	
15	X	24	15,000									2.2	
16		24	11,000										
17	X	24	11,000									2.0	
18	X	24	10,000									1.5	
19	X	24	13,000									1.6	
20	X	24	11,000									1.5	
21	X	24	10,000									1.4	
22	X	24	12,000									1.8	
23		24	9,000										
24	X	24	8,000									1.5	
25	X	24	8,000									1.3	
26	X	24	8,000									1.2	
27	X	24	13,000									1.4	
28	X	24	9,000									1.4	
29	X	24	15,000									1.7	
30		24	10,000										
31	X	24	9,000									1.4	
Total			332,000										
Average			10,710										
Maximum			15,000										



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

664

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September, 2005

A. Public Water System (PWS) Information

PWS Name: <u>Lake Saunders</u>		PWS Identification Number: <u>3354695</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>44</u>		Total Population Served at End of Month: <u>154</u>	
PWS Owner: <u>Lake Utility Service</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl.</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407-869-1919</u>		Contact Person's Fax Number: <u>407-869-6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Lake Saunders</u>		Plant Telephone Number: <u>407-869-1919</u>		
Plant Address: <u>200 weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl.</u> Zip Code: <u>32714</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>396,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Charles Schwades</u>	<u>C</u>	<u>7368</u>	
Other Operators:	<u>Daniel Anderson</u>	<u>A</u>	<u>7141</u>	<u>1,3,10,17,24,30</u>
	<u>Lyle Steady</u>	<u>C</u>	<u>7170</u>	<u>2,5,6,7,8,9,12,13,14,15,16,19,20,21,22,23,26,27,28,29</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	<u>10/1/05</u>	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354695

Plant Name: Lake Saunders

III. Daily Data for the Month/Year **August, 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	11,000											1.4	
2	X	24	6,000											1.5	
3	X	24	12,000											1.6	
4		24	8,000												
5	X	24	7,000											1.6	
6	X	24	10,000											1.0	
7	X	24	11,000											1.1	
8	X	24	9,000											0.7	
9	X	24	7,000											1.1	
10	X	24	11,000											1.7	
11		24	11,000												
12	X	24	10,000											1.1	
13	X	24	11,000											1.4	
14	X	24	19,000											1.2	
15	X	24	14,000											1.0	
16	X	24	9,000											1.0	
17	X	24	20,000											1.7	
18		24	11,000												
19	X	24	10,000											1.1	
20	X	24	9,000											0.8	
21	X	24	16,000											0.9	
22	X	24	7,000											0.6	
23	X	24	9,000											1.6	
24	X	24	10,000											1.7	
25		24	12,000												
26	X	24	12,000											1.5	
27	X	24	13,000											1.0	
28	X	24	11,000											1.2	
29	X	24	13,000											1.1	
30	X	24	10,000											1.6	
31															
Total			329,000												
Average			10,900												
Maximum			20,000												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

264

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August, 2005

A. Public Water System (PWS) Information

PWS Name: Lake Saunders		PWS Identification Number: 3354695	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
PWS Owner: Lake Utility Service			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Lake Saunders		Plant Telephone Number: 407-869-1919		
Plant Address: 200 weathersfield Ave.		City: Altamonte Springs	State: FL. Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles Schwades	C	7368	
Other Operators:	Daniel Anderson	A	7141	1,2,3,4,5,6,8,9,10,11,12,13,15,16,17,18,19,20,22,23,24
	Lyle Steady	C	7170	25,26,29,30,31

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. **Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.**

Charles G. Schwades 8/31/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354695

Plant Name: Lake Saunders

III. Daily Data for the Month/Year **August, 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	8,000												1.2	
2	X	24	13,000												1.5	
3	X	24	7,000												1.7	
4	X	24	10,000												1.6	
5	X	24	10,000												1.4	
6	X	24	18,000												1.3	
7		24	10,000													
8	X	24	10,000												1.5	
9	X	24	6,000												1.6	
10	X	24	8,000												1.2	
11	X	24	10,000												3.0	
12	X	24	13,000												1.5	
13	X	24	9,000												1.5	
14		24	10,000													
15	X	24	10,000												1.3	
16	X	24	13,000												1.7	
17	X	24	9,000												1.5	
18	X	24	20,000												0.4	
19	X	24	9,000												1.0	
20	X	24	13,000												1.2	
21		24	9,000													
22	X	24	9,000												0.9	
23	X	24	10,000												1.3	
24	X	24	11,000												1.1	
25	X	24	5,000												1.0	
26	X	24	11,000												1.2	
27	X	24	9,000												1.5	
28		24	10,000													
29	X	24	10,000												1.4	
30	X	24	12,000												1.6	
31	X	24	9,000												1.7	
Total			321,000													
Average			10,400													
Maximum			20,000													

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354695

Plant Name: Lake Saunders

III. Daily Data for the Month/Year: **JULY, 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	9,000											1.4	
2	X	24	12,000											1.4	
3		24	10,000												
4	x	24	10,000											1.3	
5	X	24	14,000											1.1	
6	x	24	11,000											1.0	
7	x	24	39,000											1.2	
8	x	24	12,000											1.0	
9	X	24	8,000											1.1	
10		24	9,000												
11	x	24	9,000											1.0	
12	X	24	10,000											0.9	
13	x	24	12,000											1.0	
14	x	24	12,000											0.9	
15	x	24	13,000											1.0	
16	X	24	13,000											1.0	
17		24	10,000												
18	x	24	11,000											1.0	
19	X	24	5,000											0.8	
20	x	24	12,000											0.9	
21	x	24	12,000											0.8	
22	x	24	19,000											1.3	
23	X	24	16,000											0.6	
24		24	13,000												
25	x	24	13,000											0.9	
26	X	24	25,000											0.9	
27	x	24	27,000											1.0	
28	x	24	20,000											0.8	
29	x	24	18,000											1.2	
30	X	24	9,000											1.5	
31	X	24	8,000												
Total			421,000												
Average			13,600												
Maximum			39,000												

* Refer to the instructions for this report to determine which plants must provide this information.

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Saunders

MONTH/YEAR: July / 2005

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					2,000	#1
2					2,000	#2
3					2,000	#1
4					4,000	#2+3
6					4,000	#1+3
8					4,000	#2+3
7					30,000	#1 stuck on
8					4,000	#2+3
9					2,000	#1
10					2,000	#2
11					2,000	#3
12					2,000	#2
13					4,000	#1+3
14					2,000	#2
15					4,000	#1+3
16					2,000	#2
17					4,000	#1+3
18					2,000	#2
19					4,000	#1+3
20					2,000	#2
21					4,000	#1+3
22					14,000	(Sys+Main) 1,2,+3
23					2,000	#1
24					4,000	#3, #2
25					4,000	#1, #2
26					9,500	#3 + 2 (Sys)
27					2,000	#1
28					2,000	#3
29					4,000	
30					2,000	
31					2,000	

- Type Code**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

~~102,000~~
Total 110,000 gallons



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: THE ORANGES		PWS Identification Number: 3354685	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: THE ORANGES		Plant Telephone Number: 407-869-1919		
Plant Address : Lake Louisa Rd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon thru Fri
Other Operators:	James Carroll	C	8494	Days-Sun, Mon, Tue
	Steve Pfouts	C	14204	Days-Fri - Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them together with copies of this report, at a convenient location for at least ten years.

	1-4-06	Charles G. Schwades	C- 7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354685

Plant Name: **THE ORANGES**

DECEMBER, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	0.000										1.2	0,000 Indicates No Flow
2	X	24	0.000										1.1	
3		24	0.000											
4	X	24	0.000										1.0	
5	X	24	0.000										1.1	
6	X	24	0.000										1.0	
7	X	24	0.000										1.1	
8	X	24	0.000										1.0	
9	X	24	0.000										1.3	
10		24	0.000											
11	X	24	0.000										1.2	
12	X	24	0.000										1.3	
13	X	24	2.000										1.1	
14	X	24	0.000										1.1	
15	X	24	0.000										1.0	
16	X	24	0.000										1.1	
17		24	0.000											
18	X	24	0.000										1.0	
19	X	24	0.000										1.1	
20	X	24	0.000										1.2	
21	X	24	1.000										1.2	
22	X	24	4.000										1.0	
23	X	24	0.000										1.3	
24		24	5.000											
25	X	24	5.000										1.3	
26	X	24	0.000										1.0	
27	X	24	0.000										1.1	
28	X	24	3.000										1.1	
29	X	24	31.000										1.2	
30	X	24	0.000										1.3	
31		24	23.000											
Total			74.000											
Average			2.387											
Maximum			31.000											

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354685 Plant Name: ORANGES

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2005

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = _____ Acrylamide Level, %[†] = _____

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = _____ Epichlorohydrin Level, %[†] = _____

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Polyphosphate

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 5.8

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ = _____

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

633

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: THE ORANGES		PWS Identification Number: 3354685	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: THE ORANGES		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Louisa Rd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon thru Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun
	James Carroll	C	8494	Days Sun, Mon, Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 12-6-05 Charles G. Schwades C- 7368
 Signature and Date Printed or Typed Name License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354685**

Plant Name: **THE ORANGES**

NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		
1	X	24	0.000								0.8	"0" indicates no-flow
2	X	24	0.000								1.1	
3	X	24	21.000								1.2	
4	X	24	0.000								1.0	
5		24	25.000									
6	X	24	28.000								1.1	
7	X	24	0.000								1.0	
8	X	24	0.000								1.0	
9	X	24	48.000								1.2	
10	X	24	47.000								1.2	
11	X	24	1.000								1.1	
12		24	45.000									
13	X	24	48.000								1.0	
14	X	24	0.000								1.1	
15	X	24	0.000								1.0	
16	X	24	54.000								1.1	
17	X	24	65.000								1.2	
18	X	24	0.000								1.1	
19		24	38.000									
20	X	24	39.000								1.0	
21	X	24	0.000								1.1	
22	X	24	0.000								1.1	
23	X	24	0.000								1.1	
24	X	24	0.000								1.1	
25	X	24	0.000								1.0	
26		24	0.000									
27	X	24	0.000								1.1	
28	X	24	0.000								1.0	
29	X	24	1.000								1.0	
30	X	24	0.000								1.1	
31			45.000									
Total			468.000 65.000									
Average			15.200									
Maximum			65.000									



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY 633

See page 4 for instructions.

I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: THE ORANGES		PWS Identification Number: 3354685	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: THE ORANGES		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Louisa Rd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon thru Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun r
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **3354685** Plant Name: **THE ORANGES**

OCTOBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24	14,000												
2	X	24	14,000											1.0	
3	X	24	0,000											1.2	
4	X	24	0,000											1.1	
5	X	24	0,000											1.3	
6	X	24	0,000											1.3	
7	X	24	0,000											1.3	
8		24	1,000												
9	X	24	2,000											1.0	
10	X	24	0,000											1.1	
11	X	24	0,000											1.0	
12	X	24	42,000											0.9	
13	X	24	41,000											0.8	
14	X	24	0,000											0.9	
15		24	44,000												
16	X	24	45,000											1.0	
17	X	24	0,000											1.1	
18	X	24	0,000											1.0	
19	X	24	62,000											1.0	
20	X	24	49,000											0.9	
21	X	24	0,000											0.9	
22		24	12,000												
23	X	24	12,000											0.9	
24	X	24	0,000											1.0	
25	X	24	0,000											1.0	
26	X	24	7,000											0.9	
27	X	24	37,000											0.9	
28	X	24	0,000											1.0	
29		24	16,000												
30	X	24	17,000											1.0	
31	X	24	0,000											1.1	
Total			415,000												
Average			13.387												
Maximum			62,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

633

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: THE ORANGES		PWS Identification Number: 3354685	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: THE ORANGES		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Louisa Rd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon thru Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun r
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	Charles G. Schwades	C- 7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354685

Plant Name: THE ORANGES

SEPTEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	0.000												1.8	
2	X	24	0.000												1.8	
3		24	3.000													
4	X	24	0.000												1.3	
5	X	24	3.000												1.5	
6	X	24	0.000												1.7	
7	X	24	0.000												1.6	
8	X	24	0.000												1.2	
9	X	24	3.000												1.5	
10		24	0.000													
11	X	24	0.000												1.0	
12	X	24	0.000												1.1	
13	X	24	0.000												1.4	
14	X	24	10.000												1.5	
15	X	24	13.000												1.5	
16	X	24	0.000												1.7	
17		24	24.000													
18	X	24	24.000												0.7	
19	X	24	0.000												1.6	
20	X	24	0.000												1.6	
21	X	24	20.000												1.1	
22	X	24	0.000												1.3	
23	X	24	0.000												1.3	
24		24	0.000													
25	X	24	0.000												1.2	
26	X	24	0.000												1.3	
27	X	24	0.000												1.4	
28	X	24	0.000												1.3	
29	X	24	0.000												1.4	
30	X	24	0.000												1.5	
31																
Total			100,000													
Average			3,000													
Maximum			24,000													



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

633

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: THE ORANGES		PWS Identification Number: 3354685	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: THE ORANGES		Plant Telephone Number: 407-869-1919	
Plant Address: Lake Louisa Rd.		City: CLERMONT	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Charles G. Schwades	C	7368
Other Operators:	Nathaniel Q. Carver	C	13261
	Lyle F. Steady Jr.	C	7170

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	9/1/05	Charles G. Schwades	C- 7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354685

Plant Name: THE ORANGES

AUG 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	3,000									1.9	
2	X	24	0									1.7	
3	X	24	0									1.7	
4	X	24	0									0.9	
5	X	24	1,000									1.9	
6		24	1,000										
7	X	24	1,000									1.2	
8	X	24	0									1.5	
9	X	24	0									1.0	
10	X	24	0									1.1	
11	X	24	0									1.3	
12	X	24	0									1.5	
13		24	0										
14	X	24	0									1.1	
15	X	24	0									1.3	
16	X	24	0									1.3	
17	X	24	0									1.5	
18	X	24	0									1.6	
19	X	24	0									1.6	
20	X	24	0									1.6	
21	X	24	0									1.5	
22	X	24	0									1.6	
23	X	24	0									1.6	
24	X	24	0									1.5	
25	X	24	0									1.3	
26	X	24	0									1.5	
27		24	0										
28	X	24	0									1.3	
29	X	24	0									1.5	
30	X	24	0									1.6	
31	X	24	0									1.7	
Total			6,000										
Average			194										
Maximum			3,000										



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

633

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: THE ORANGES		PWS Identification Number: 3354685	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.usa.com			

B. Water Treatment Plant Information

Plant Name: THE ORANGES		Plant Telephone Number: 407-869-1919		
Plant Address: Lake Louisa Rd.		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon thru Fri
Other Operators:	Nathaniel Q. Carver	C	13261	Days-Sun r

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Charles G. Schwades Printed or Typed Name	C-7368 License Number
--------------------	--	--------------------------

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354685

Plant Name: THE ORANGES

JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	0											1.0	
2		24	83,000												
3	X	24	84,000											0.7	
4	X	24	14,000											0.6	
5	X	24	2,000											0.8	
6	X	24	96,000											0.6	
7	X	24	126,000											0.6	
8	X	24	82,000											0.4	
9		24	80,000												
10	X	24	80,000											1.1	
11	X	24	24,000											0.5	
12	X	24	1,000											0.4	
13	X	24	0											0.3	
14	X	24	257,000											0.6	
15	X	24	0											0.6	
16		24	217,000												
17	X	24	217,000											0.9	
18	X	24	314,000											0.8	
19	X	24	138,000											0.8	
20	X	24	205,000											0.6	
21	X	24	283,000											0.8	
22	X	24	271,000											0.4	
23		24	136,000												
24	X	24	57,000											0.9	
25	X	24	0											2.0	
26	X	24	0											0.4	
27	X	24	77,000											0.4	
28	X	24	0											2.5	
29	X	24	33,000											1.5	
30		24	0												
31	X	24	0											1.7	
Total			2,877,000												
Average			92,807												
Maximum			314,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

236

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER, 2005

A. Public Water System (PWS) Information

PWS Name: THE VISTAS		PWS Identification Number: 3354773	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 527		Total Population Served at End of Month: 1845	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: THE VISTAS		Plant Telephone Number: 407-869-1919		
Plant Address: 10440 Vista Del Sol Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon-Fri
Other Operators:	Daniel S Anderson	A	7141	Days-Sat
	Steve Pfouts	C	14204	Days Sat.
	James Carroll	C	8494	Days Mon.-Fri.
	William H. Coates	C	8333	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

1-4-06
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354773

Plant Name: THE VISTAS

DECEMBER, 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24	323,000									1.4	0.000 Indicates No Flow	
2	X	24	51,000									1.4		
3	X	24	228,000									1.4		
4	X	24	313,000									1.6		
5	X	24	181,000									1.4		
6	X	24	0,000									1.5		
7	X	24	341,000									1.3		
8	X	24	97,000									1.3		
9	X	24	0,000									1.6		
10	X	24	48,000									1.4		
11	X	24	105,000									1.3		
12	X	24	0,000									1.4		
13	X	24	2,000									1.4		
14	X	24	240,000									1.3		
15	X	24	285,000									1.4		
16	X	24	18,000									1.2		
17	X	24	192,000									1.1		
18	X	24	217,000									1.4		
19	X	24	0,000									1.3		
20	X	24	0,000									1.2		
21	X	24	233,000									1.3		
22	X	24	257,000									1.4		
23	X	24	27,000									1.3		
24	X	24	213,000									1.4		
25	X	24	285,000									1.4		
26	X	24	4,000									1.5		
27	X	24	2,000									1.3		
28	X	24	254,000									1.4		
29	X	24	271,000									1.3		
30	X	24	25,000									1.3		
31	X	24	252,000									1.2		
Total			4,422,000											
Average			142,645											
Maximum			341,000											



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

6.36

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: THE VISTAS		PWS Identification Number: 3354773	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 527		Total Population Served at End of Month: 1845	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: THE VISTAS		Plant Telephone Number: 407-869-1919		
Plant Address: 10440 Vista Del Sol Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon- Fri
Other Operators:	Daniel S Anderson	A	7141	Days-Sat
	Nathaniel Q. Carver	C	13261	Days Sun.
	James Carroll	C	8494	Days Mon.-Fri.
	William H. Coates	C	8333	

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 12-6-05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354773 Plant Name: THE VISTAS

NOVEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	17.000										1.1		
2	X	24	43.000										1.5		
3	X	24	238.000										1.4		
4	X	24	55.000										1.5		
5	X	24	216.000										1.7		
6	X	24	295.000										1.8		
7	X	24	152.000										1.7		
8	X	24	0.000										1.6	"0" indicates no flow	
9	X	24	278.000										1.6		
10	X	24	421.000										1.2		
11	X	24	110.000										1.2		
12	X	24	269.000										1.8		
13	X	24	355.000										1.4		
14	X	24	176.000										1.6		
15	X	24	45.000										1.2		
16	X	24	284.000										1.1		
17	X	24	415.000										1.2		
18	X	24	143.000										1.2		
19	X	24	203.000										1.0		
20	X	24	365.000										1.3		
21	X	24	171.000										1.3		
22	X	24	0.000										1.2		
23	X	24	291.000										1.4		
24	X	24	338.000										1.3		
25	X	24	49.000										1.5		
26	X	24	196.000										1.4		
27	X	24	346.000										1.1		
28	X	24	199.000										1.3		
29	X	24	0.000										1.2		
30	X	24	148.000										1.4		
31															
Total			5,818.000												
Average			193.933												
Maximum			421.000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

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I. General Information for the Month/Year of: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: THE VISTAS		PWS Identification Number: 3354773	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month 527		Total Population Served at End of Month: 1845	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: THE VISTAS		Plant Telephone Number: 407-869-1919		
Plant Address: 10440 Vista Del Sol Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon- Fri
Other Operators:	Daniel S Anderson	A	7141	Days-Sat
	Nathaniel Q. Carver	C	13261	Days Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	William H. Coates	C	8333	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 11/2/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354773

Plant Name: THE VISTAS

OCTOBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	235.000										2.0		
2	X	24	355.000										1.3		
3	X	24	77.000										2.1		
4	X	24	48.000										2.2		
5	X	24	119.000										2.1		
6	X	24	81.000										2.0		
7	X	24	0.000										2.1		
8	X	24	53.000										2.0		
9	X	24	177.000										1.1		
10	X	24	118.000										2.2		
11	X	24	10.000										1.1		
12	X	24	225.000										2.0		
13	X	24	290.000										1.9		
14	X	24	128.000										1.9		
15	X	24	207.000										2.5		
16	X	24	386.000										1.0		
17	X	24	177.000										1.8		
18	X	24	107.000										1.7		
19	X	24	276.000										1.7		
20	X	24	397.000										1.7		
21	X	24	230.000										1.7		
22	X	24	207.000										1.9		
23	X	24	253.000										1.3		
24	X	24	1.000										1.5		
25	X	24	0.000										1.1		
26	X	24	166.000										1.3		
27	X	24	210.000										1.2		
28	X	24	84.000										1.1		
29	X	24	184.000										2.0		
30	X	24	275.000										1.0		
31	X	24	74.000										1.4		
Total			5,150.000												
Average			166.129												
Maximum			397.000												

WATER LOSS RECORD

Include Service Lines and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 1157A

MONTH/YEAR: Oct

DATE	SIZE	TYPE (see notes)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

- Type Code
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

5200

200 GPM 51P



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

1036

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: THE VISTAS		PWS Identification Number: 3354773	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month 527		Total Population Served at End of Month: 1845	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: THE VISTAS		Plant Telephone Number: 407-869-1919		
Plant Address: 10440 Vista Del Sol Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon- Fri
Other Operators:	Daniel S Anderson	A	7141	Days-Sat
	Nathaniel Q. Carver	C	13261	Days Sun.
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.
	William H. Coates	C	8333	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 10/4/05
 Signature and Date

Charles G. Schwades
 Printed or Typed Name

C-7368
 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354773 Plant Name: THE VISTAS

SEPTEMBER 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	348,000											1.8	
2	X	24	160,000											1.8	
3	X	24	112,000											1.9	
4	X	24	182,000											1.4	
5	X	24	198,000											2.3	
6	X	24	88,000											2.0	
7	X	24	139,000											1.9	
8	X	24	257,000											2.0	
9	X	24	17,000											2.0	
10	X	24	265,000											1.9	
11	X	24	481,000											1.4	
12	X	24	527,000											1.9	
13	X	24	306,000											2.0	
14	X	24	396,000											1.9	
15	X	24	711,000											1.9	
16	X	24	240,000											2.0	
17	X	24	351,000											2.2	
18	X	24	499,000											1.3	
19	X	24	373,000											1.5	
20	X	24	179,000											1.7	
21	X	24	225,000											1.7	
22	X	24	359,000											1.7	
23	X	24	88,000											1.8	
24	X	24	273,000											2.0	
25	X	24	376,000											1.4	
26	X	24	282,000											1.8	
27	X	24	169,000											1.8	
28	X	24	229,000											1.9	
29	X	24	131,000											1.8	
30	X	24	146,000											1.8	
31															
Total			8,107,000												
Average			270,000												
Maximum			711,000												



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

636

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: AUG 2005

A. Public Water System (PWS) Information

PWS Name: THE VISTAS		PWS Identification Number: 3354773	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 527		Total Population Served at End of Month: 1845	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: THE VISTAS		Plant Telephone Number: 407-869-1919		
Plant Address: 10440 Vista Del Sol Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon-Fri
Other Operators:	Daniel S Anderson	A	7141	Days-Sat
	Nathaniel Q. Carver	C	13261	Days-Sun
	Lyle F. Steady Jr.	C	7170	Days Mon.-Fri.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<i>Charles G. Schwades</i> 9/1/05	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354773

Plant Name: VISTAS

III. Daily Data for the Month/Year **AUG 2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	539,000											1.9	
2	X	24	27,000											1.6	
3	X	24	305,000											2.3	
4	X	24	522,000											2.3	
5	X	24	370,000											1.6	
6	X	24	176,000											1.7	
7	X	24	57,000											1.3	
8	X	24	0											2.0	
9	X	24	4,000											2.2	
10	X	24	174,000											1.9	
11	X	24	454,000											2.0	
12	X	24	384,000											1.8	
13	X	24	209,000											1.9	
14	X	24	510,000											0.7	
15	X	24	236,000											1.8	
16	X	24	269,000											1.9	
17	X	24	590,000											1.9	
18	X	24	693,000											1.9	
19	X	24	317,000											1.8	
20	X	24	344,000											1.9	
21	X	24	25,000											0.7	
22	X	24	12,000											1.5	
23	X	24	10,000											1.6	
24	X	24	509,000											1.5	
25	X	24	711,000											1.3	
26	X	24	347,000											1.8	
27	X	24	325,000											1.9	
28	X	24	439,000											1.3	
29	X	24	121,000											1.6	
30	X	24	157,000											1.8	
31	X	24	296,000											1.9	
Total			9,132,000												
Average			294,600												
Maximum			711,000												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

636

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY 2005

A. Public Water System (PWS) Information

PWS Name: THE VISTAS		PWS Identification Number: 3354773	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 527		Total Population Served at End of Month: 1845	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN		Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 WEATHERSFIELD AVE.		City: ALTAMONTE SPRINGS	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: THE VISTAS		Plant Telephone Number: 407-869-1919		
Plant Address: 10440 Vista Del Sol Circle		City: CLERMONT	State: FL Zip Code: 34711	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-Mon- Fri
Other Operators:	Daniel S Anderson	A	7141	Days-Sat
	Nathaniel Q. Carver	C	13261	Days Sun.

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	<u>8/1/05</u>	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354773

Plant Name: THE VISTAS

JULY 2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	0											1.5	
2	X	24	13,000											1.4	
3	X	24	146,000											0.8	
4	X	24	0											0.8	
5	X	24	12,000											1.2	
6	X	24	49,000											1.0	
7	X	24	497,000											1.3	
8	X	24	321,000											1.5	
9	X	24	50,000											1.3	
10	X	24	44,000											0.9	
11	X	24	0											1.0	
12	X	24	7,000											0.8	
13	X	24	171,000											1.0	
14	X	24	215,000											1.2	
15	X	24	0											1.6	
16	X	24	175,000											2.2	
17	X	24	294,000											1.1	
18	X	24	0											1.1	
19	X	24	14,000											1.3	
20	X	24	210,000											1.4	
21	X	24	344,000											1.6	
22	X	24	189,000											1.5	
23	X	24	1,000											4.2	
24	X	24	356,000											1.1	
25	X	24	428,000											1.1	
26	X	24	346,000											1.5	
27	X	24	658,000											1.8	
28	X	24	606,000											1.9	
29	X	24	50,000											1.9	
30	X	24	244,000											2.0	
31	X	24	545,000											2.1	
Total			5,985,000												
Average			193,100												
Maximum			658,000												

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

c75
FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lake Groves Utilities, Inc.
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010630

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

LIMIT: **Final**
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001 and Influent

REPORT: Monthly
GROUP: Domestic

COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: JULY 01, 2005 To: JULY 31, 2005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	.308	mgd			0	continuous	Flow meter and totalizer
	Permit Requirement	0.500 (An.Avg.)	Mgd				Continuous	Flow meters and totalizers
Flow PARM Code 50050 1 Mon.Site No. EFF-1	Sample Measurement	.334	Mgd			0	continuous	Flow meter and totalizer
	Permit Requirement	Report (Mo.Avg.)	Mgd				Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement			3.3	Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			20.0 (An.Avg.)	mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement			3.6	Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			Report (Mo.Avg.)	mg/l		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement			1.8	Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			20.0 (An.Avg.)	mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE	<i>Alison S. McPhee</i> c6490	1-407-869-1919	05/08/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630
 MONITORING PERIOD From: July 01, 2005

MONITORING GROUP No.: R-001 and Influent
 To: July 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1	Sample Measurement				2.9	4.4		Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement				6.7	7.2		s.u.	0	5 days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				<1			#/100ml	0	Weekly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement				<1	<1		#/100ml	0	Weekly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual PARM Code 50060 1 Mon.Site No. EFA-1	Sample Measurement				1.0			Mg/l	0	5 days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon.Site No. EFA-1	Sample Measurement				6.9			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				12.0 (Max.)			Mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				278			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				283			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. EFF-1	Sample Measurement				54			%	0	Monthly	Calculated
	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010630**
 Monitoring Period From **July 01, 2005**
 To: **July 31, 2005**

Facility: **Lake Groves WWTF**

Code	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, 41Nitrate, Total (as N) (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	FA-1	EFA-1	EFA-1	EA-1	EFA-1		
1	.330				1.4			7.2			
2	.350				1.2			7.2			
3	.396				1.4			7.2			
4	.292				1.5			7.2			
5	.390				1.7			7.1			
6	.285	270	260	4.4	1.4	1.7	4.4	7.0			
7	.325				1.6			7.1	<1		
8	.350				1.0			7.0			
9	.307				1.3			7.1			
10	.396				1.2			7.1			
11	.317				1.0			6.7			
12	.274				1.4			7.0			
13	.357	240	210	3.2	1.2	3.2	3.2	7.0			
14	.325				1.3			7.1	<1		
15	.363				1.3			7.1			
16	.353				1.1			7.0			
17	.340				1.2			7.1			
18	.313				2.0			7.2			
19	.298				1.7			7.1			
20	.330	260	350	3.8	1.6	4.5	<2.0	7.1			
21	.325				2.4			7.1	1.0		
22	.334				2.0			7.1			
23	.389				1.0			7.0			
24	.302				1.8			6.8			
25	.316				1.6			7.0			
26	.311				1.7			7.0			
27	.314	340	310	3.1	1.8	6.9	3.0	7.0			
28	.326				1.6			7.0	<1		
29	.369				1.8			7.0			
30	.360				1.4			7.0			
31	.331				1.7			7.0			
Total	10.368	1110	1130	14.5	60.7	16.3	11.6	204.4	2.5		
Mo. Avg	.334	278	283	3.6	2.0	4.1	2.9	6.6	0.6		

Plant Staffing					
DAY SHIFT OPERATOR	Class: <u>C</u>	Certificate No: <u>7368</u>	Name: <u>CHARLES SCHWADES</u>		
DAY SHIFT OPERATOR	Class: <u>C</u>	Certificate No: <u>7279</u>	Name: <u>WILLIAM COATES</u>		
NIGHT SHIFT OPERATOR	Class: <u>A</u>	Certificate No: <u>8122</u>	Name: <u>DANIEL ANDERSON</u>		
LEAD OPERATOR	Class: <u>C</u>	Certificate No: <u>6490</u>	Name: <u>ALLSON MCPHEE</u>		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lake Groves Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010630

FILE COPY

FACILITY: Lake Groves WWTF
 LOCATION: 2425 U.S. 27 South
 Clermont, FL

LIMIT: **Final**
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: AUG 01, 2005

AUG 31, 2005

To

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. EFF-1	Sample Measurement	.310	Mgd			0	continuous	Flow meter and totalizer
	Permit Requirement	0.500 (An.Avg.)	Mgd				Continuous	Flow meters and totalizers
Flow PARM Code 50050 1 Mon.Site No. EFF-1	Sample Measurement	.329	Mgd			0	continuous	Flow meter and totalizer
	Permit Requirement	Report (Mo.Avg.)	Mgd				Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement			3.0	Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			20.0 (An.Avg.)	mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement			1.5	Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			Report (Mo.Avg.) 60.0 (Max.)	mg/l		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement			1.8	Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			20.0 (An.Avg.)	mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE	<i>Alison S. McPhee</i> 66490	1-407-869-1919	05/09/14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630
 MONITORING PERIOD From: AUG 01, 2005

MONITORING GROUP No.: R-001 and Influent
 To: AUG 31, 2005

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1	Sample Measurement			1.6	4.2		Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement			6.8	7.2		s.u.	0	5 days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			<1			#100ml	0	Weekly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement			<1	<1		#100ml	0	Weekly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual PARM Code 50060 1 Mon.Site No. EFA-1	Sample Measurement			0.5			Mg/l	0	5 days/Week	Grab
	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon.Site No. EFA-1	Sample Measurement			4.5			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			12.0 (Max.)			Mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			264			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			264			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement			Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. EFF-1	Sample Measurement			65			%	0	Monthly	Calculated
	Permit Requirement			Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010630**
 Monitoring Period: From **AUG 01, 2005**
 To **AUG 31, 2005**

Facility: **Lake Groves WWTF**

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	0530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	FA-1	EFA-1	EFA-1	EA-1	EFA-1		
1	.411				1.7			7.0			
2	.420				1.7			7.0			
3	.425				1.4			7.1			
4	.308	350	220	<2	1.6	4.2	<2	7.1			
5	.339				1.4			7.0	<1		
6	.302				1.0			7.0			
7	.415				0.5			7.0			
8	.281				1.5			7.0			
9	.340				1.9			7.0			
10	.312	240	280	<2	3.5	3.8	<2	7.1			
11	.322				1.4			7.0	<1		
12	.344				1.8			7.0			
13	.333				1.1			7.0			
14	.372				1.1			6.8			
15	.287				5.0			7.2			
16	.306				2.2			7.1			
17	.304	270	280	<2	2.4	4.5	<2	7.1			
18	.294				1.3			7.2	2.0		
19	.333				1.5			6.9			
20	.303				1.5			7.0			
21	.348				1.3			7.0			
22	.311				1.2			6.9			
23	.289				1.3			7.0			
24	.308	190	240	<2	1.4	3.9	<2	7.1			
25	.317				1.5			7.0	1.0		
26	.337				2.2			6.8			
27	.271				1.7			6.9			
28	.329				1.6			6.9			
29	.330				2.1			7.2			
30	.291				2.0			7.0			
31	.311	270	300	3.3	2.1	4.1	4.2	7.0			
Total	10,193,000	1,320	1,320	7.3	53.9	20.5	8.2	217.4	4.0		
Mo. Avg	329,000	264	264	1.46	1.7	4.1	1.64	7.0	1.0		

Plant Staffing					
DAY SHIFT OPERATOR	Class: <u> C </u>	Certificate No: <u> 7368 </u>	Name: <u> CHARLES SCHWADES </u>		
DAY SHIFT OPERATOR	Class: <u> C </u>	Certificate No: <u> 7279 </u>	Name: <u> WILLIAM COATES </u>		
NIGHT SHIFT OPERATOR	Class: <u> A </u>	Certificate No: <u> 8122 </u>	Name: <u> DANIEL ANDERSON </u>		
LEAD OPERATOR	Class: <u> C </u>	Certificate No: <u> 6490 </u>	Name: <u> ALLSON MCPHEE </u>		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

275

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lake Groves Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010630

LIMIT: **Final**
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Groves WWTF
 LOCATION: 2425 U.S. 27 South
 Clermont, FL

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: SEP 01, 2005 To: SEP 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.309		Mgd				0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd					Continuous	Flow meters and totalizers
Flow	Sample Measurement	.297		Mgd				0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd					Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9		Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.0	1.0	Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.7		Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE	<i>Alison S. McPhee 66490</i>	1-407-869-1919	05/10/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630
 MONITORING PERIOD From: SEP 01, 2005

MONITORING GROUP No.: R-001 and Influent
 To: SEP 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.4	5.6		Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.9	7.8		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1	1.0		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.5			Mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.3			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			Mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				195			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				295			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				64			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630
 Monitoring Period: From SEP 01, 2005
To SEP 31, 2005

Facility: Lake Groves WWTF

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	0530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	FA-1	EFA-1	EFA-1	EA-1	EFA-1		
1	.297				1.8			7.1	<1		
2	.291				1.6			7.0			
3	.332				4.5			7.3			
4	.355				1.9			7.2			
5	.281				1.8			7.1			
6	.324				1.6			7.0			
7	.297	130	270	<2	1.8	3.8	<2	7.0			
8	.294				1.7			7.1	<1		
9	.308				1.7			7.0			
10	.316				1.7			7.0			
11	.287				1.5			7.0			
12	.288				1.5			7.0			
13	.287				1.8			7.0			
14	.295	160	360	<2	1.5	7.3	<2	7.1			
15	.268				1.7			7.0	1.0		
16	.302				1.5			7.1			
17	.312				2.1			7.2			
18	.293				1.8			7.1			
19	.285				2.5			7.8			
20	.278				2.4			7.1			
21	.265	190	170	<2	2.4	4.5	2.6	7.0			
22	.307				5.0			6.9	<1		
23	.276				2.5			7.1			
24	.284				4.5			7.8			
25	.350				2.0			7.2			
26	.307				5.0			7.4			
27	.256				2.4			7.0			
28	.287	300	380	<2	3.0	4.9	<2	7.0			
29	.286				2.0			7.0	<1		
30	.288				2.2			7.0			
31											
Total	8.896	780	1180	4.0	67.0	20.5	5.6	213.6	3.0		
Mo. Avg.	.297	195	295	1.0	2.2	5.1	1.4	7.1	0.6		

Plant Staffing

DAY SHIFT OPERATOR	Class: <u>C</u>	Certificate No: <u>7368</u>	Name: <u>CHARLES SCHWADES</u>
DAY SHIFT OPERATOR	Class: <u>C</u>	Certificate No: <u>7279</u>	Name: <u>WILLIAM COATES</u>
NIGHT SHIFT OPERATOR	Class: <u>A</u>	Certificate No: <u>8122</u>	Name: <u>DANIEL ANDERSON</u>
LEAD OPERATOR	Class: <u>C</u>	Certificate No: <u>6490</u>	Name: <u>ALLSON MCPHEE</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lake Groves Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010630

FILE COPY

LIMIT: **Final**
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001 and Influent

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Groves WWTF
 LOCATION: 2425 U.S. 27 South
 Clermont, FL

NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: Oct 01, 2005 To: _____

675

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.310		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Mon.Site No. EFF-1	Y Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	.311		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Mon.Site No. EFF-1	1 Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.0	1.0		Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Mon.Site No. EFA-1	1 Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.7			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE	<i>Albion S. McPhee</i> 66490	1-407-869-1919	05/11/11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630
 MONITORING PERIOD From: Oct 01, 2005

MONITORING GROUP No.: R-001 and Influent
 To: Oct 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1	Sample Measurement				1.0	1.0		Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement				6.9	7.5		s.u.	0	5 days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				1.0			#100ml	0	Weekly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement				9.0	27		#100ml	0	Weekly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual PARM Code 50060 1 Mon.Site No. EFA-1	Sample Measurement				0.6			Mg/l	0	5 days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon.Site No. EFA-1	Sample Measurement				6.5			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				12.0 (Max.)			Mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				232			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				300			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADE/Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. EFF-1	Sample Measurement				63			%	0	Monthly	Calculated
	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010630**
 Monitoring Period: **From Oct 01, 2005**
 To **Oct 31, 2005**

Facility: **Lake Groves WWTF**

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	0530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	FA-1	EFA-1	EFA-1	EA-1	EFA-1		
1	.336				1.7			7.0			
2	.301				1.4			7.1			
3	.325				0.7			7.0			
4	.287				0.9			7.0			
5	.269	280	320	<2	1.0	3.5	<2	6.9			
6	.311				1.1			7.0	<1		
7	.297				1.2			7.0			
8	.367				1.2			7.0			
9	.288				1.0			7.0			
10	.290	320	430	<2	1.2	5.5	<2	7.0			
11	.314				1.3			7.0	8.0		
12	.305				0.8			7.2			
13	.290				1.3			7.2			
14	.300				1.0			7.3			
15	.314				3.0			7.4			
16	.336				0.8			7.2			
17	.327				0.7			7.5			
18	.260				0.6			6.9			
19	.301	250	230	<2	0.9	4.9	<2	7.2			
20	.322				1.0			7.1	27		
21	.295				0.9			7.2			
22	.329				2.1			7.3			
23	.330				0.9			7.2			
24	.432				1.4			7.2			
25	.235				1.2			7.2			
26	.291	77	220	<2	1.8	6.5	<2	7.2			
27	.317				0.6			6.9	<1		
28	.289				1.0			7.0			
29	.320				1.2			7.2			
30	.330				1.0			7.2			
31	.316				1.0			7.1			
Total	9.624	927	1200	4.0	35.9	20.4	4.0	220.7	36.0		
Mo. Avg	.311	232	300	1.0	1.2	5.1	1.0	7.2	9.0		

Plant Staffing ³¹⁰

DAY SHIFT OPERATOR	Class: <u>C</u>	Certificate No: <u>7368</u>	Name: <u>CHARLES SCHWADES</u>
DAY SHIFT OPERATOR	Class: <u>C</u>	Certificate No: <u>7279</u>	Name: <u>WILLIAM COATES</u>
NIGHT SHIFT OPERATOR	Class: <u>A</u>	Certificate No: <u>8122</u>	Name: <u>DANIEL ANDERSON</u>
LEAD OPERATOR	Class: <u>C</u>	Certificate No: <u>6490</u>	Name: <u>ALLSON MCPHEE</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Lake Groves Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010630

FILE COPY

LIMIT: **Final**
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Groves WWTF
 LOCATION: 2425 U.S. 27 South
 Clermont, FL

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: November 1, 2005 To: November 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. EFF-1	Sample Measurement	0.308		Mgd				0	continuous	Flow meter and totalizer	
	Permit Requirement	0.500 (An. Avg.)		Mgd					Continuous	Flow meters and totalizers	
Flow PARM Code 50050 1 Mon. Site No. EFF-1	Sample Measurement	0.296 0.205		Mgd				0	continuous	Flow meter and totalizer	
	Permit Requirement	Report (Mo. Avg.)		Mgd					Continuous	Flow meters and totalizers	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				2.3			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				20.0 (An. Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site No. EFA-1	Sample Measurement				1.0	1.0		Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement				1.9			Mg/l	0	Weekly	8-hour FPC
	Permit Requirement				20.0 (An. Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEVE PFOUTS	<i>Steve P. Fouts</i>	1-407-869-1919	05/12/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010630
From: November 1, 2005 To November 30, 2005

Facility: Lake Groves WWTF

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	PH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	0530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	FA-1	EFA-1	EFA-1	EA-1	EFA-1		
1	.264				1.2			7.0			
2	.289	160	270	<2	1.2	4.3	<2	7.0			
3	.303				1.0			7.0	2		
4	.285				1.2			7.0			
5	.326				1.3			7.0			
6	.247				1.2			7.0			
7	.348				0.7			7.3			
8	.272				0.9			7.2			
9	.284	280	410	<2	1.0	1.3	4.4	7.1			
10	.285				1.1			7.0	3		
11	.287				1.2			7.0			
12	.320				1.4			7.0			
13	.231				1.4			7.1			
14	.348				1.0			7.2			
15	.273				1.2			7.1			
16	.277	180	190	<2	2.4	1.0	<2	6.9			
17	.285				1.6			7.0	<1		
18	.310				1.4			7.0			
19	.248				1.5			7.0			
20	.314				1.4			7.0			
21	.333	270	240	<2	0.7	3.2	<2	7.0			
22	.321				1.6			7.3	<1		
23	.282				1.4			7.2			
24	.290				1.2			7.1			
25	.363				1.3			7.2			
26	.275				1.4			7.2			
27	.364				1.4			7.2			
28	.272				1.9			7.3			
29	.311				1.4			7.3			
30	.257	250	250	<2	1.5	2.6	<2	7.3			
31											
Total	8.864	1140	1360	5	391	12.4	8.4	213	5		
Mo. Avg.	.286 / .295	228	272	1.0	1.3	2.5	4.2	7.1	1.2		

Plant Staffing

Day Shift Operator
Day Shift Operator
Day Shift Operator
Day Shift Operator
Night Operator

Class: C	Certificate No: 7368	Name: CHARLES SCHWADES
Class: C	Certificate No: 7279	Name: WILLIAM COATES
Class: A	Certificate No: 8122	Name: DANIEL ANDERSON
Class: B	Certificate No: 9509	Name: STEVE PFOUTS
Class: C	Certificate No: 6490	Name: ALLSON MCPHEE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Lake Groves Utilities, Inc.
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010630

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Groves WWTF
 LOCATION: 2425 U.S. 27 South
 Clermont, FL

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: December 01 2005 To: December 31, 2005

COUNTY: Lake

075

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	311	mgd				0	Continuous	Flow meters + totalizers
ARM Code 50050 Y Non-Site No. EFF-1	Permit Requirement	0.500 (An. Avg.)	mgd					Continuous	Flow meters and totalizers
Flow	Sample Measurement	.300	mgd				0	Continuous	Flow meters + totalizers
ARM Code 50050 I Non-Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	mgd					Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/l	0	Weekly	8-hr FPC
ARM Code 80082 Y Non-Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.0	1.0	mg/l	0	Weekly	8-Hr. FPC
ARM Code 80082 I Non-Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			1.8		mg/l	0	Weekly	8-Hour FPC
ARM Code 00530 Y Non-Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
WILLSON STEVENSON MCPHEE		1-407-869-1919	06/01/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

ACTIVITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630
 MONITORING
 PERIOD From: December 01, 2005

MONITORING GROUP No.: R-001 and Influent
 To December 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
solids, Total Suspended	Sample Measurement				1.0	1.0	mg/l	0	Weekly	8-hour FPL
ARM Code 00530 I lon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Weekly	8-hour FPC
	Sample Measurement				6.8	7.2	S.U.	0	5dgs/week	Grab
ARM Code 00400 I lon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
oliform, Fecal	Sample Measurement				1.4		#/100ml	0	Weekly	Grab
ARM Code 74055 Y lon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100ml		Weekly	Grab
oliform, Fecal	Sample Measurement				1.0	2.0	#/100ml	0	Weekly	Grab
ARM Code 74055 I lon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)	#/100ml		Weekly	Grab
hlorine, Total Residual	Sample Measurement				0.7		mg/l	0	5dgs/week	Grab
ARM Code 50060 I lon. Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/l		5 Days/Week	Grab
itrogen, Nitrate, Total (as N)	Sample Measurement				2.8		mg/l	0	Weekly	8-hour FPL
ARM Code 00620 I lon. Site No. EFA-1	Permit Requirement				12.0 (Max.)		mg/l		Weekly	8-hour FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				205		mg/l	0	Weekly	8-hour FPL
ARM Code 80082 G lon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/l		Weekly	8-hour FPC
solids, Total Suspended	Sample Measurement				203		mg/l	0	Weekly	8-hour FPL
ARM Code 00530 G lon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/l		Weekly	8-hour FPC
ercent Capacity, (TMADF/Permitted capacity) x 100	Sample Measurement				61		%	0	monthly	Calculated
ARM Code 00180 I lon. Site No. EFF-1	Permit Requirement				Report (Mo. Total)		%		Monthly	Calculated
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010630**
 Monitoring Period From: December 1, 2005 To: December 31, 2005

Facility: **Lake Groves WWTF**

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.290				2.0			7.2	<1		
2	.288				2.1			7.2			
3	.262				2.0			7.2			
4	.288				1.8			7.2			
5	.313				1.3			7.1			
6	.302				1.5			7.1			
7	.286	260	120	<2	1.3	1.9	<2	7.1			
8	.314				1.4			7.1	<1		
9	.301				1.3			7.1			
10	.250				1.4			7.1			
11	.318				1.3			7.1			
12	.287				1.9			7.0			
13	.290				3.2			6.9			
14	.278	250	130	<2	2.6	2.8	<2	6.9			
15	.297				2.4			6.9	2		
16	.250				3.2			7.0			
17	.292				2.9			7.0			
18	.275				3.1			7.0			
19	.316				2.2			7.0			
20	.278				0.7			7.1			
21	.290	150	230	<2	1.8	1.2	<2	7.0			
22	.284				1.8			7.0	<1		
23	.305				1.2			6.8			
24	.288				1.2			6.9			
25	.330				1.3			6.9			
26	.312				1.4			7.0			
27	.354				1.3			7.2			
28	.321	160	330	<2	1.3	1.1	<2	7.0			
29	.341				1.4			7.0	<1		
30	.328				1.8			7.1			
31	.360				1.7			7.1			
Total	9.288	820	810	4.0	55.8	7.0	4.0	218.3	4.0		
Mo. Avg.	.300	205	203	1.0	1.8	1.8	1.0	7.0	1.0		

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>9509</u>	Name: <u>STEVES PFOUTS</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>7747</u>	Name: <u>CHARLES SCHWADES</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>7279</u>	Name: <u>BILL COATES</u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>6490</u>	Name: <u>ALLSON MCPHEE</u>