

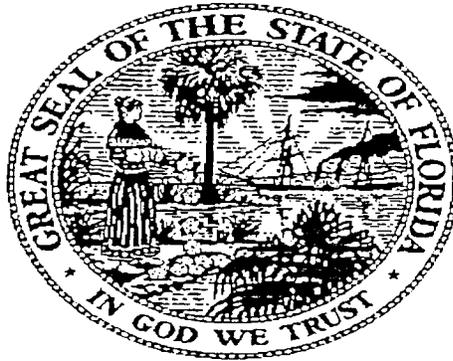
CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS

OF
Utilities, Inc. of Florida - Pasco County

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (/)

BINDER 4 of 11

System(s):

Orangewood

DOCUMENT NUMBER-DATE
09070 OCT-28
REGISTRATION CLERK

**UTILITIES, INC. OF FLORIDA
CHEMICAL USE DATA
TEST YEAR: 2006**

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
Seminole	Park Ridge	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Phillips	Chlorine Polyphosphate	2-3 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Crystal Lake	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
Seminole	Jansen	Chlorine Polyphosphate	12-15gpd 2-3 gpd	\$ 1.15/gal \$14.00/ gal

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
PINNELLAS COUNTY								
	Lake Tarpon	Liquid Chlorine	Yes	No	420	Gals	\$ 0.87	1.1 gal/day
		Ammonia	Yes	No	294	Gals	\$ 0.45	0.8 gal/day
PASCO COUNTY								
	Buena Vista Manor	None	Yes	No				
	Buena Vista Trailer Pa	Liquid Chlorine	Yes	No	1566	Gals	\$ 0.87	4.2 gal/day
	Summertree	Gas Chlorine	Yes	No	7.8	lbs	\$ 0.90	21.3lbs/day
	Orangewood	Liquid Chlorine	Yes	No	1774	Gals	\$ 0.87	4.8 gal/day

SEP-26-2006 15:02

4078696961

97%

P.03

09/26/2006 13:52

4078696961

UTILITIES INC OF FL

PAGE 03/05

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	<input checked="" type="checkbox"/> Yes / No	Yes / No	1,325 GAL	GALS	\$ 0.95/GAL	4.9 gals/day
		Ammonia	Yes / No	Yes / No				
	CROWNWOOD	Stick Chlorine	Yes / No	<input checked="" type="checkbox"/> Yes / No	50 LBS	LBS	\$ 2.16/LB	0.2 LBS/day
		Liquid Chlorine	Yes / No	<input checked="" type="checkbox"/> Yes / No	1,945 GAL	GALS	\$ 0.95/GAL	7.2 gals/day
		Gas Chlorine	Yes / No	Yes / No				
		Liquid Chlorine	Yes / No	Yes / No				
		Granular Chlorine		<input checked="" type="checkbox"/> Yes / No	100 LBS	LBS	\$ 1.48/LB	0.7 LBS/day

(so far)

(269 days so far)

Orangewood

Docket No. 060253-WS

Pasco County

Test Year Ended December 31, 2005

Orangewood

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Orangewood

Docket No. 060253-WS

25.30-440(2)
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

Wis-Bar

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

Orangewood

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: 1
Site: 4531 Aegean
Sample Number: T059821-01

Report No.: T059821
Date/Time Sampled: 09/27/05 08:00
Date/Time Received: 9/27/05 13:30

Sampled By: Stephen Habary
Shipping Method:

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	10/08/2005	08:00	E82574
2451	Dichloroacetic Acid		ug/L	0.56	U	E552.2	0.56	10/08/2005	08:00	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E552.2	0.60	10/08/2005	08:00	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/08/2005	08:00	E82574
2454	Dibromoacetic Acid		ug/L	0.45	U	E552.2	0.45	10/08/2005	08:00	E82574
2941	Chloroform		ug/L	5.8		E502.2	0.31	10/10/2005	6:30	E82574
2942	Bromoform		ug/L	2.2		E502.2	0.38	10/10/2005	6:30	E82574
2943	Bromodichloromethane		ug/L	8.2		E502.2	0.38	10/10/2005	6:30	E82574
2944	Dibromochloromethane		ug/L	7.5		E502.2	0.28	10/10/2005	6:30	E82574

I The reported value is based on 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.2

629

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
 Project Name: Orangewood
 Matrix: Drinking Water
 PWS ID#: 6511311
 Client Sample ID: 2
 Site: 2227 Arcadia
 Sample Number: T059821-02

Report No.: T059821
 Date/Time Sampled: 09/27/05 09:00
 Date/Time Received: 9/27/05 13:30

Sampled By: Stephen Habery
 Shipping Method

Disinfection Byproducts

Contaminant ID	Contaminant 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	10/08/2005	08:00	E82574
2451	Dichloroacetic Acid		ug/L	2.8		E552.2	0.56	10/08/2005	08:00	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E552.2	0.60	10/08/2005	08:00	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/08/2005	08:00	E82574
2454	Dibromoacetic Acid		ug/L	3.8		E552.2	0.45	10/08/2005	08:00	E82574
2941	Chloroform		ug/L	6.4		E502.2	0.31	10/10/2005	16:30	E82574
2942	Bromoform		ug/L	3.5		E502.2	0.36	10/10/2005	16:30	E82574
2943	Bromodichloromethane		ug/L	11		E502.2	0.38	10/10/2005	16:30	E82574
2944	Dibromochloromethane		ug/L	12		E502.2	0.28	10/10/2005	16:30	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.3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: 3
Site: 2647 Flintwood
Sample Number: T059821-03

Report No.: T059821
Date/Time Sampled: 09/27/05 09:11
Date/Time Received: 9/27/05 13:30

Sampled By: Stephen Hahery
Shipping Method:

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	10/08/2005	08:00	E82574
2451	Dichloroacetic Acid		ug/L	1.2	i	E552.2	0.56	10/08/2005	08:00	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E552.2	0.60	10/08/2005	08:00	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/08/2005	08:00	E82574
2454	Dibromoacetic Acid		ug/L	3.1		E552.2	0.45	10/08/2005	08:00	E82574
2941	Chloroform		ug/L	2.0		E502.2	0.31	10/10/2005	16:30	E82574
2942	Bromoform		ug/L	2.3		E502.2	0.38	10/10/2005	16:30	E82574
2943	Bromodichloromethane		ug/L	3.5		E502.2	0.38	10/10/2005	16:30	E82574
2944	Dibromochloromethane		ug/L	5.8		E502.2	0.28	10/10/2005	16:30	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

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Orangewood
 Matrix: Drinking Water
 PWS ID#: 6511311
 Client Sample ID: 1
 Site: Well #1
 Sample Number: T052019-01

Report No.: T052019
 Date/Time Sampled: 03/02/05 08:30
 Date/Time Received: 3/2/05 14:35

Sampled By: Robb Crow
 Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Conductivity		µmhos/cm	490		SM2510B	0.10	03/07/2005	11:15	E84589

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

P.2

May. 16 2005 02:55PM P1

FRX NO. :

FROM :

629/3.2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Orangewood
 Matrix: Drinking Water
 PWS ID#: 6511311
 Client Sample ID: 1
 Site: Well #1
 Sample Number: T052019-01

Report No.: T052019
 Date/Time Sampled: 03/02/05 08:30
 Date/Time Received: 3/2/05 14:35

Sampled By: Robb Crow
 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. #
1017	Total Chlorides	250	mg/L	37		SM4500CL-E	1.3	03/07/2005	11:00	E84589
1055	Sulfate (as SO4)	250	mg/L	26		E375.4	1.4	03/15/2005	08:45	E84589

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

P.3



Client: Utilities, Inc.
Project Name: Orangewood
Project Number: SH629-W
PWS ID#: 6511311
Attention: Stephen Habery
Phone Number: 8002721919
Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: T054252
Date Sampled: 5/2/2005
Date Received: 5/2/05 15:00
Date Reported: 5/17/2005

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: Orangewood

Approved By:

Tammie Heslin, Project Manager

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

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

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

Total Number of Pages = 7

629/3-2

21

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: 1

Site: Well I

Sample Number: T054252-01

Report No.: T054252

Date/Time Sampled: 05/02/05 8:59

Date/Time Received: 5/2/05 15:00

Sampled By: Robb Crow

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Conductivity		umhos/cm	500		SM2510B	2.0	5/13/2005		E84589

MDL Method Reporting Limit

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

20

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Oranewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: 1

Site: Well I

Sample Number: T054252-01

Report No.: T054252

Date/Time Sampled: 05/02/05 8:59

Date/Time Received: 5/2/05 15:00

Sampled By: Robb Crow

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. #
1017	Total Chlorides	250	mg/L	41		SM4500CL-E	1.3	5/9/2005	9:34	E84589
1055	Sulfate (as SO4)	250	mg/L	29		E375.4	1.4	5/10/2005	10:30	E84589

MDL Method Reporting Limit

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

2005

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: Ocala PWS I.D. #:

6	5	1	1	3	7	1
---	---	---	---	---	---	---

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

Address: 2448 Redwood Hill

City: Holbrook State: FL ZIP Code: 32890

Phone #: 327-934-9131 Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 10-30-22-01 Location Code (if known): _____

Sample Date: 5-2-05 Sample Time: 8:00 AM PM (Circle One)

Sample Location (be specific): Well 7

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: monitoring

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: Bill Powell

Sampler's Phone #: 327-934-9131 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Bill Powell, Operator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 5-2-05

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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: 06/30/2005
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): 6511311 Date Sample(s) Received: 05/02/2005 15:00:0
Lab Assigned Report Number or Job ID T054252 Sample Number (From page 1) T054252-01
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

- | | | | |
|--|--|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input 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 | Radionuclides | <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** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin, Project Manager
(Print Name)

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

Signature: 

Date: 5/11/05

* 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 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:

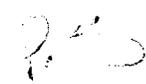
Person Notified:

Date Notified:

Comments

Date Reviewed:

DEP/DOH Reviewing Official:





Advanced Environmental Labs Inc

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

Date/Time Rcvd: 5/2/05 1500
Received by: KM

Log-In request number: TD 54253
Completed by: TD

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID					
Temp (°C)	0°C				
Temp taken from	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Sample Bottle <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 checked="" 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? (VOA checked by analysts)			-
15. Were the sample containers provided by AEL?	/		
16. Were samples accepted into the laboratory?	/		
17. Was it necessary to split samples into other bottles?		/	

Comments:

Kit ID:

P.K.



Advanced
Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER: T054252

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9810 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

Page _____ of _____

CLIENT NAME: <u>W. J. ...</u>		PROJECT NAME: <u>...</u>		BOTTLE SIZE & TYPE	A R N E A Q U L I S R E I S D	LAB NUMBER
ADDRESS:		P.O. NUMBER / PROJECT NUMBER: <u>...</u>				
PHONE: <u>...</u> FAX: <u>...</u>		PROJECT LOCATION:				
CONTACT: <u>...</u>		SAMPLED BY: <u>...</u>				
TURN AROUND TIME: <input 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
 Preserve

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.
			DATE	TIME		
1	<u>...</u>	<input checked="" type="checkbox"/>	<u>5/2/05</u>	<u>8:58 AM</u>	<u>DW</u>	<u>1</u>

T = (CO) H = (HCl) S = (H ₂ SO ₄) N = (HNO ₃) T = (Sodium Thiosulfate)	Reinquished by: _____ Date _____ Time _____	Received by: _____ Date _____ Time _____																								
Equipment checked _____ Coolant checked _____ Trip Bl. _____	Sample Kit _____ Cooler # _____ RB _____ D/T _____ AB _____ D-T _____ Trip Bl. _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1</td> <td><u>...</u></td> <td><u>5/2/05</u></td> <td><u>13:05</u></td> <td><u>...</u></td> <td><u>...</u></td> </tr> <tr> <td>2</td> <td><u>...</u></td> <td><u>5/2/05</u></td> <td><u>...</u></td> <td><u>...</u></td> <td><u>...</u></td> </tr> <tr> <td>3</td> <td><u>...</u></td> <td><u>...</u></td> <td><u>...</u></td> <td><u>...</u></td> <td><u>...</u></td> </tr> <tr> <td>4</td> <td><u>...</u></td> <td><u>...</u></td> <td><u>...</u></td> <td><u>...</u></td> <td><u>...</u></td> </tr> </table>	1	<u>...</u>	<u>5/2/05</u>	<u>13:05</u>	<u>...</u>	<u>...</u>	2	<u>...</u>	<u>5/2/05</u>	<u>...</u>	<u>...</u>	<u>...</u>	3	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>	4	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>
1	<u>...</u>	<u>5/2/05</u>	<u>13:05</u>	<u>...</u>	<u>...</u>																					
2	<u>...</u>	<u>5/2/05</u>	<u>...</u>	<u>...</u>	<u>...</u>																					
3	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>																					
4	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>																					

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: 1
Site: Well #1
Sample Number: T056483-01

Report No.: T056483
Date/Time Sampled: 07/05/05 8:20
Date/Time Received: 7/5/05 14:55
Sampled By: Jack Adkins
Shipping Method: AEL Pkct-up

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cat. #
	Conductivity		umhos/cm	498		SM2510B	8.18	7/14/2005	13:00	E64589

MCL Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

0-4/3.2

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: 1
Site: Well #1
Sample Number: T056483-01

Report No.: T056483
Date/Time Sampled: 07/05/05 8:20
Date/Time Received: 7/5/05 14:55

Sampled By: Jack Addins
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. #
1017	Total Chlorides	250	mg/L	39		SM4500CL-E	1.3	7/7/2005	11:06	E84589
1056	Sulfate (as SO4)	250	mg/L	28		E370.4	1.4	7/13/2005	9:10	E84589

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT



Advanced Environmental Laboratories, Inc.

- 6001 Southpoint Pkwy., Jacksonville, FL 32216 • 904.383.9350 • Fax 904.382.9354 • E82674
4610 Pineridge Palm Ave., Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E04589
2106 NW 87th Pkwy., Ste. 7 • Gainesville, FL 32608 • 352.367.1800 • Fax 352.367.0094 • PH4620
528 R. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1694 • Fax 407.937.1397 • E53078

Report Number: T057575 Sub-Contract Lab ID:
Analysis Requested: (please check all that apply)
Standard Coliform Test
HPC
Other:

For Lab Use Only

The lab performing this analysis is checked on the kit.

Lab Receipt Date & Time: 8/11/05, 15:30

Analysis Date & Time: 8/11/05, 16:30

Sample Acceptance Criteria:

Sample Preservation: On Ice, Not On Ice, mg/L
Disinfectant Check: Not Detected, mg/L
This sample does not meet the following NELAC requirements:

System Name: Orange wood
System Address: 2448 Arcadia Rd
System or Owner's Phone #: 727-934-9131
Collector: Robb Crow

PWS I.D. 6511311
City: Hollywood
Collector's Phone #: 727-934-9131

Type of Supply: (check only one)

- Community Water System, Noncommunity Water System, Nontransient Noncommunity Water System, Limited Use System, Private Well, Swimming Pool, Bottled Water, Other

Reason for Sampling: (check only one) Routine Compliance, Repeat, Replacement, Main Clearance, Well Survey, Other

Sample Collection Date: 8-1-05

Table with columns: Sample Number, Sample Point (Location or Specific Address), Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Total Coliform Analysis Method, Fecal or E. coli Analysis Method, Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier, Lab Sample Number. Rows 1-7.

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

Defined in Florida Administrative Code Rule 62-100, Table 1. All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric
Person performing analysis is: Certified operator (# 613150)
Supervised by a cert operator (#)
Employed by a certified lab
Employed by DEP or DOH

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

Name and Mailing Address of Person to Receive Report:
ATTN: Pete Sorenock
D. E. P.
3804 Coconut Palm
Tampa, FL 33619

Lab Signature:
Title:

Satisfactory, Incomplete Collection Information, Repeat Samples Required, Replacement Samples Required, Date Reviewed by DEP/DOH, DEP/DOH Reviewing Official

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMOMUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

629/3.2

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 0511311
Client Sample ID: 1
Site: Well 1
Sample Number: T057547-01

Report No.: T057547
Date/Time Sampled: 09/01/05 08:03
Date/Time Received: 8/1/05 15:30
Sampled By: Robb Crow
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DDH Lab Cert. #
	Conductivity		µmhos/cm	500		SM2510B	2.0	08/03/2005	21:00	E84589

MDL Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

PZ

Aug. 17 2005 04:24PM PZ

FAX NO. :

FROM :

19

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: 1
Site: Well 1
Sample Number: T057547-01

Report No.: T057547
Date/Time Sampled: 08/10/05 08:03
Date/Time Received: 8/1/05 15:30

Sampled By: Robb Crow
Shipping Method: ATEL Pick-up

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	43		SM4500Cl-E	1.3	08/09/2005	13:10	E84588
1055	Sulfate (as SO4)	250	mg/L	28		E375.4	1.4	08/05/2005	10:30	E84589

MDL, Method Reporting Limit
 For all Results qualified with an L, the PQL is defined to be 4 times the MDL

P3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Orangewood
 Matrix: Drinking Water
 PWS ID#: 6511311
 Client Sample ID: 1
 Site: Well 1
 Sample Number: T058932-01

Report No.: T058932
 Date/Time Sampled: 09/06/05 08:02
 Date/Time Received: 9/6/05 13:20

Sampled By: Robt. Crow
 Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOM Lab Cert. #
	Conductivity		umhos/cm	490		SM2510B	2.0	09/10/2005	14:00	E84888

MDL Method Reporting Limit
 For all Results qualified with an L, the PQL is defined to be 4 times the MDL

P.2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: 1
Site: Well 1
Sample Number: T058932-01

Report No.: T058932
Date/Time Sampled: 08/08/05 08:02
Date/Time Received: 8/3/05 13:20

Sampled By: Rubb Crow
Shipping Method: AIRL Pick-up

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOM Lab Cert. #
1017	Total Chlorides	280	mg/L	38		E300.0	2.1	09/03/2006	15:28	E84589
1066	Sulfate (as SO4)	250	mg/L	27		E300.0	2.1	09/03/2006	15:28	E84589

MDL: Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

P.S.

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: Well 1
Site: Orangewood
Sample Number: T0510042-01

Report No.: T0510042
Date/Time Sampled: 10/03/05 8:00
Date/Time Received: 10/3/05 12:50
Sampled By: Flobb Crow
Shipping Method: AEL Pick-up

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	42		E300.0	2.1	10/6/2005	10:29	E84589
1056	Sulfate (as SO ₄)	250	mg/L	27		E300.0	1.4	10/6/2005	10:29	E84589

MDL Method Reporting Limit

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT



6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.383.9350 • Fax 904.383.9354 • 882074
6510 Princess Palm Ave. • Tampa, FL 33619 • 813.830.8818 • Fax 813.630.4321 • 884589
2108 NW 67th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1800 • Fax 352.367.0030 • 882520
526 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.387.1884 • Fax 407.387.1597 • 883078

Report Number: T051101 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- Standard Coliform Test
- HPC
- Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 11/10/05 1400

Analysis Date & Time: 11-15-05

Sample Acceptance Criteria:

- Sample Preservation: On Ice Not On Ice 20 °C
 - Disinfectant Check: Not Detected _____ mg/L
- This sample does not meet the following NELAC requirements:

System Name: Orange Wood

PWS I.D. 6511311

System Address: 2448 Arcadio Rd #

City: Holiday FL

System or Owner's Phone #: 727-934-9637

Fax #: _____

Collector: Stephen Haber

Collector's Phone # 727-934-9187

Type of Supply: (check only one)

- Community Water System
- Noncommunity Water System
- Nontransient Noncommunity Water System
- Limited Use System
- Private Well
- Swimming Pool
- Bottled Water
- Other _____

Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other _____

Sample Collection Date: 11-1-05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	pH	Total Coliform Analysis Method: <u>SM9222B</u>				
						Non Coliform	Total Coliform	Focal or E. coli	Data Qualifier ²	Lab Sample Number
1	well 1	630AM	R	0		A				-01
2	well 2	637AM	R	1		A				-02
3	well 3	641AM	R	1		A				-03
4	well 4	642AM	R	1		A				-04
5	2539 Cheval	655AM	D	1.8		A				-05
6	2624 Temple wood	711AM	D	2.0		A				-06
7	4726 BERTON	728AM	D	2.0		A				-07

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

²Defined in Florida Administrative Code Rule 62-180, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing analysis is:
 A certified operator (# C-8012) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report
ATM Pete Scholtz
D. E. P.
3804 Coconut Palm
Tampa, FL 33619

Lab Signature: [Signature]
Title: A

- Satisfactory
 - Incomplete Collection Information
 - Repeat Samples Required
 - Replacement Samples Required
- Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215R
Results: A = coliforms are absent; P = coliforms are present; C = coliform growth; TMTG = time to turbidity growth

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311

Report No.: T0511162
Date/Time Sampled: 11/01/05 06:31
Date/Time Received: 11/1/05 14:00

Client Sample ID: Well # 1
Site: WTP

Sampled By: Stephen Habery
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID	Contam Name	NCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Conductivity		µmhos/cm	490		E120.1	0.10	11/04/2005	15:00	E84569

MDL Method Reporting Limit
For all Results qualified with nrf, the PQL is defined to be 4 times the MDL

P.A

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: Well # 1

Site: WTP

Sample Number: T0511162-01

Report No.: T0511162

Date/Time Sampled: 11/01/05 06:31

Date/Time Received: 11/1/05 14:00

Sampled By: Stephen Habery

Shipping Method: AEL Pick-up

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	41		SM4500L-E	1.3	11/04/2005	16:57	EB4589
1055	Sulfate (as SO4)	250	mg/L	2E		E975.4	1.4	11/04/2005	16:00	EB4589

MDL: Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

P.3

ATTN RICK

ORANGEWOOD WATER CO.
2448 ARCADIA RD.
HOLIDAY, FL 34690

12-2-05

Here is what was sampled for
The month of ~~NOV~~ NOV

O/W Bacties spec cond, SO4, Cls

L/T Bacties TDS SO4 Cls NH3 NO2 NO3
HPC

S/T Bacties

MANOR Bacties

T/P Bacties spec cond SO4 Cls

Thanks Steve H.

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Orangewood
 Matrix: Drinking Water
 FWS ID#: 6511311
 Client Sample ID: 1
 Site: Well #1
 Sample Number: T056483-01

Report No.: T056483
 Date/Time Sampled 07/05/05 8:20
 Date/Time Received 7/5/05 14:55
 Sampled By: Jack Adkins
 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 #
1040	Nitrate (as N)	10	mg/L	6.4		SM4500NO3-F	0.14	7/7/2005	10:03	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	7/7/2005	10:03	E84589

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

JUL 25 2005 01:20PM PA

FAX NO. :

FROM :

07/13/05

620

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: Z
Site: Well #2
Sample Number: T056483-02

Report No.: T056483
Date/Time Sampled: 1/7/05/05 8:27
Date/Time Received: 1/6/05 14:55

Sampled By: Jack Adkins
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 Ref. #
1040	Nitrate (as N)	10	mg/L	7.1		SM4500NO3-F	0.14	7/7/2005	10:13	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4800NO3-F	0.034	7/7/2005	10:13	E84589

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 Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 8511311
Client Sample ID: 3
Site: Well #3
Sample Number: T056483-03

Report No.: T056483
Date/Time Sampled: 07/05/05 8:37
Date/Time Received: 7/5/05 14:55

Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	PQH Lab Cntr.#
1040	Nitrate (as N)	10	mg/L	8.8		SM4500NO3-F	0.14	7/7/2005	10:13	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	7/7/2005	10:13	E84589

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 Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: 4
Site: Well #4
Sample Number: T056483-04

Report No.: T056483
Date/Time Sampled: 07/05/05 8:40
Date/Time Received: 7/5/05 14:55
Sampled By: Jack Adkins
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. #
1040	Nitrate (as N)	10	mg/L	4.3		SM4500NO3-F	0.14	7/7/2005	10:31	E64589
1041	Nitrite (as N)	1.0	mg/L	0.28		SM4500NO3-F	0.034	7/7/2005	10:31	E64589

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: Well 4
Site: Orangewood
Sample Number: T0510042-04

Report No.: T0510042
Date/Time Sampled: 10/03/05 08:45
Date/Time Received: 10/05/05 12:50

Sampled By: Robb Crow
Shipping Method: AE, Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DQM Lab Cert. #
1040	Nitrate (as N)	10	mg/L	5.4		SM4500NO3-F	0.14	10/04/2005	16:07	E84689
1041	Nitrite (as N)	1.0	mg/L	0.041		SM4500NO2-F	0.034	10/04/2005	16:07	E84689

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

PL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: Well 1
Site: Orangewood
Sample Number: T0510042-01

Report No.: T0510042
Date/Time Sampled: 10/13/05 08:00
Date/Time Received: 10/13/05 12:50

Sampled By: Robb Crow
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analyst's Time	DOH Lab Cert. #
	Conductivity		umhos/cm	480		SM2510B	0.10	10/04/2005	16:16	EB4589

MDL, Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

P-3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Oranewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: Well 1
Site: Oranewood
Sample Number: T0510042-01

Report No.: T0510042
Date/Time Sampled: 10/13/05 08:00
Date/Time Received: 10/17/05 12:50

Sampled By: Robb Crow
Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analysis Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	7.1		E300.0	0.14	10/04/2005	16:07	E84689
1041	Nitrite (as N)	1.0	mg/L	0.039		E300.0	0.034	10/04/2005	16:07	E84589

MDL Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

P.2

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Orangewood
Matrix: Drinking Water
PWS ID#: 6511311
Client Sample ID: Well 2
Site: Orangewood
Sample Number: T0510042-02

Report No.: T0510042
Date/Time Sampled: 10/13/05 08:11
Date/Time Received: 10/13/05 12:50

Sampled By: Robb Crow
Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analyte Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOM Lab Cert. #
1040	Nitrate (as N)	10	mg/L	8.7		SM4500NO3-F	0.14	10/04/2005	16:07	E84589
1041	Nitrite (as N)	1.0	mg/L	0.046		SM4500NO3-F	0.034	10/04/2005	16:07	E84589

MDL, Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

P.4

Wis-Bar

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

615
(View 029)

FROM :

See page 2 for instructions.

I. General Information for the Month/Year of: February 2004	
Consecutive System Name: Buena Vista Manor (Wis-Bar)	PWS Identification Number: 6515221
Consecutive System 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: 134	Total Population Served at End of Month: 473
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 800-272-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

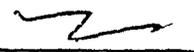
II. Daily Data for the Month/Year of: February 2004		
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	Free Chlorine Concentration at Reporting Point in Distribution System (mg/l)	Free Chlorine Concentration at Reporting Point in Distribution System (mg/l)
1	5	2.4
2	2.2	2.2
3	2.4	2.2
4	2.6	2.3
5	2.6	5
6	2.3	5
7	5	2.1
8	5	2.1
9	2.1	2.0
10	1.8	1.9
11	1.7	1.8
12	1.8	5
13	1.8	5
14	5	
15	5	
16	2.0	

FROM :

Mar. 08 2004 10:32AM P26

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

 3.8.04
 Signature and Date

Stephen Habery
 Printed or Typed Name

C8012
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

603

I. General Information for the Month/Year of: April 2004

Consecutive System Name: Buena Vista Manor (Wis-Bar) PWS Identification Number: 6515221

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 154 Total Population Served at End of Month: 473

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

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

Contact Person's Telephone Number: 800-272-1919 Contact Person's Fax Number: 407-869-6961

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

II. Daily Data for the Month/Year of: April 2004

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

Day of the Month	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	Day of the Month	Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.8		1	3	
2	2.7		2	3	
3	3		3	2.0	
4	3		4	2.0	
5	2.5		5	2.3	
6	2.5		6	2.2	
7	2.7		7	2.2	
8	2.5		8	3	
9	2.8		9	3	
10	3		10	2.7	
11	3		11	2.5	
12	2.5		12	2.6	
13	2.2		13	2.3	
14	2.2		14	2.2	
15	2.2		15		
16	2.2		16		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: [Signature] Stephen Habery

Printed or Typed Name: Stephen Habery

License Number or Title: C8012

FORM : FRX NO. : May, 06, 2004 11:13AM P1

FROM : FROM NO. : Mar. 07 2005 09:58AM P3

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER



See page 2 for instructions.

PWS Identification Number: 6515221
 Consecutive System Name: Broom Vista Manor (WVA-Bar) **Feb 05**
 Consecutive System Type: Community Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 184
 Total Population Served at End of Month: 473
 Contact Person: Patrick Flynn
 Contact Person's Mailing Address: 200 Westborough Blvd Ave.
 City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 800-272-1919
 Contact Person's E-Mail Address: p.flynn@worldwater.com

Type of Disinfectant Residual Measured in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

2.4	2.4
2.3	2.3
2.2	2.2
3	3
2	2
2.2	2.2
2.0	2.0
2.1	2.1
2.3	2.3
2.5	2.5
3	3
2.4	2.4
2.3	2.3
2.1	2.1
2.2	2.2
3	3
2.2	2.2
2.0	2.0
2.4	2.4

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: 3-3-05
 Printed or Typed Name: Stephen Halsey
 License Number or Title: CR012

613

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FILE COPY
613 (629)

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER



See page 2 for instructions.

Consecutive System Name: Brown Vista Manor (WV-Bart) MARCH 05

Consecutive System Type: Community Non-Treatment Non-Community

Number of Service Connections at End of Month: 154

Consecutive System Owner: Uniflor, Inc. Of Florida

Contact Person: Patrick Flynn

Contact Person's Mailing Address: 200 Westinghouse Ave.

Contact Person's Telephone Number: 800-272-1919

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

Contact Person's Fax Number: 407-869-6961

City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Title: Regional Director

Total Population Served at End of Month: 473

PRIS Identification Number: 6515221 Treatment Non-Community

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

2-4	2-4
2-3	2-5
2-4	2-5
2-5	2-5
2-6	2-5
2-7	2-5
2-8	2-5
2-9	2-5
2-10	2-5
2-11	2-5
2-12	2-5
2-13	2-5
2-14	2-5
2-15	2-5
2-16	2-5
2-17	2-5
2-18	2-5
2-19	2-5
2-20	2-5

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: [Signature] 4-4-05
 Printed or Typed Name: Stephen Habery
 License Number or Title: C8012



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

Community Non-Community Non-Community
 PWS Identification Number: 6515221
 Total Population Served at End of Month: 973
 Number of Service Connections at End of Month: 184
 Consecutive System Operator, Utilities, Inc. of Florida
 Contact Person: Patrick Ryan
 Contact Person's Mailing Address: 200 Westwoodfield Ave.
 Contact Person's Telephone Number: 800-272-1919
 Contact Person's E-Mail Address: p.c.dryan@floridawater.com
 City: Alamosa Springs State: FL Zip Code: 32714
 Contact Person's Title: Regional Director
 Contact Person's Fax Number: 407-899-0961

May 2005
 Type of Disinfectant Residual Measured in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide
 May 2005

1.8	5
1.7	5
1.5	5
1.4	5
1.3	5
1.2	5
1.1	5
1.0	5
0.9	5
0.8	5
0.7	5
0.6	5
0.5	5
0.4	5
0.3	5
0.2	5
0.1	5
0.0	5

I am duly authorized to sign this report on behalf of the consecutive systems identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

6-6-05

Signature and Date

Stephen Hixby

Printed or Typed Name

C8012

License Number or Title

Jun. 06 2005 09:13AM P1

FAX NO. :

FROM :

FILE COPY

668

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

613 FROM

FULL COPY

FAX NO. :

Oct. 05 2005 12:52PM P1

See page 2 for instructions.

Sept 05

Consecutive System Name: Basson Vista Manor (W/F-Bur) PWS Identification Number: 6515721

Number of Service Connections at End of Month: 184 Non-Transient Non-Community Transient Non-Community

Consecutive System Owner: Utilities, Inc. of Florida Total Population Served at End of Month: 473

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 W. Hendersonfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 800-272-1919 Contact Person's Fax Number: 407-999-9281

Contact Person's E-Mail Address: pac.flynn@utilities-inc.com

Sept 05

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

2.4		
2.0	2.0	
	2.2	
2.0	2.1	
2.4	2.4	
2.3	2.5	
2.1	2.3	
2.1	2.2	
2.9	2.5	
2.3	2.2	
	2.1	

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Stephan Habery / 10-5-05

Printed or Typed Name: Stephan Habery

Licence Number or Title: C-8012



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

613

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See page 2 for instructions.

Consecutive System Name: **Baysa Vista Manor (Wia-Bay)** PWS Identification Number: 6515221

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 184

Total Population Served at End of Month: 423

Consecutive System Owner: **Utilities, Inc. Of Florida**

Contact Person: **Patrick Flynn**

Contact Person's Mailing Address: **200 Weatherfield Ave.**

Contact Person's Telephone Number: **800-272-1919**

Contact Person's Fax Number: **407-869-6961**

City: **Altamonte Springs** State: **FL** Zip Code: **32714**

Contact Person's Title: **Regional Director**

Contact Person's E-Mail Address: **pc.flynn@utilities-inc.com**

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

Sample Date	Sample Time	Residual (mg/L)	Residual (mg/L)
1.1	5	1.1	
1.0	5	1.0	
1.2	5	1.2	
1.1	5	1.1	
1.3	5	1.3	
1.4	5	1.4	
1.5	5	1.5	
1.6	5	1.6	
1.7	5	1.7	
1.8	5	1.8	
1.9	5	1.9	
2.0	5	2.0	
2.1	5	2.1	
2.2	5	2.2	
2.3	5	2.3	
2.4	5	2.4	
2.5	5	2.5	
2.6	5	2.6	
2.7	5	2.7	
2.8	5	2.8	
2.9	5	2.9	
3.0	5	3.0	
3.1	5	3.1	
3.2	5	3.2	
3.3	5	3.3	
3.4	5	3.4	
3.5	5	3.5	
3.6	5	3.6	
3.7	5	3.7	
3.8	5	3.8	
3.9	5	3.9	
4.0	5	4.0	
4.1	5	4.1	
4.2	5	4.2	
4.3	5	4.3	
4.4	5	4.4	
4.5	5	4.5	
4.6	5	4.6	
4.7	5	4.7	
4.8	5	4.8	
4.9	5	4.9	
5.0	5	5.0	

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

11-7-05

Stephen Habery
Printed or Typed Name

C8012

License Number or Title

FILE COPY

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER



See page 2 for instructions.

Consecutive System Name: Brown Villa Manor (WV-BM) PWS Identification Number: 6512221

Consecutive System Type: Community Non-Community

Number of Service Connections at End of Month: 184

Consecutive System Operator: Unites, Inc. of Florida

Contact Person: Patrick Ryan

Contact Person's Mailing Address: 200 Westborough Ave.

Contact Person's Telephone Number: 808-272-1919

City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Fax Number: 407-869-6961

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

2.0	1.9
2.1	2.0
1.8	3
1.5	3
3	2.0
2.0	2.0
2.0	2.1
2.1	H
2.3	H
3.0	S
3.0	S
3	1.5
1.7	1.7
1.7	1.8

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: [Signature] 12-2-05

Printed or Typed Name: Stephen Habery

License Number or Title: C8012

613

FILE COPY

613



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

DEC 05

System Name:	Buena Vista Manor (Wls-Bar)	PWS Identification Number:	6515221
System 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:	184	Total Population Served at End of Month:	473
System Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C. Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield avenue	City:	Asternask Springs
		State:	FL
		Zip Code:	32714
Contact Person's E-Mail Address:	p.c.flynn@utilitiesinc-usa.com	Contact Person's Telephone Number:	407-869-6961

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

[Signature] 1-4-06
 Signature and Date

Stephen Hahery
 Printed or Typed Name

C-8012 Lead Operator
 License Number or Title

Free Chlorine						Combined Chlorine (Chloramines)					
Day of the Month	No. of Samples Where Disinfectant Residual Was Measured		No. of Samples Where Disinfectant Residual Not Measured but HPC Measured		No. of Samples Where Disinfectant Residual Not Detected and HPC > 100ml/l	Day of the Month	No. of Samples Where Disinfectant Residual Was Measured		No. of Samples Where Disinfectant Residual Not Measured but HPC Measured		No. of Samples Where Disinfectant Residual Not Detected and HPC > 100ml/l
	a	b	c	d			e	f	g	h	
1	2	0				1	5				
2	2	0				2	5				
3	3					3	2.0				
4	3					4	2.0				
5	2	2				5	2.1				
6	2	3				6	2.3				
7	2	4				7	2.4				
8	2	5				8	2.4				
9	2	6				9	2.4				
10	3					10	2.4				
11	3					11	2.5				
12	2	2				12	2.6				
13	2	8				13	2.7				
14	2	9				14	2.8				
15	2	1				15	2.4				
16	2	2				16	2.4				
Total						Total					

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =
 For previous month, V = %

Orangewood

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

629

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year at: Dec 05									
Community Water System (CWS) Name: Orangewood									
Public Water System (PWS) Identification Number: 6511311									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
52800	43300	11800							107900
32500	35000	20800							93300
32500	32900	6600							72000
									0
41700	83800	49100							224600
47700	36200	7800							91700
0	39800	55400							95200
47900	38800	4700							96400
46600	39900	7100							93600
20100	28700	16200							65500
									0
70300	29200	57200							202700
37100	40500	17400							99000
32600	38500	38500							111600
45800	40600	4500							95600
51900	45300	10400							107600
37600	71000	11700							120300
									0
98500	51100	32400							182000
24400	49500	10400							84300
34300	22800	20000							77100
30400	42700	20500							93600
29700	40400	15700							85800
32500	45000	28700							106000
									0
69200	26200	32100							128000
40100	69900	19100							129100
44600	12100	13000							74700
41300	27600	2200							76100
40100	40000	24600							104700
47100	57800	30100							129000
									2998400
									96700
									129100

MONTHLY OPERATION REPORT FOR PW'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511311 Plant Name: J. Orangerwood

Fill in this field for the Month Year: Dec 05

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

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

Sample No.	Date	Time	Location	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)	Residual (mg/L)	Notes
1	12/01/05	08:00	Well 1	0.5						0.5	
2	12/01/05	09:00	Well 1	0.5						0.5	
3	12/01/05	10:00	Well 1	0.5						0.5	
4	12/01/05	11:00	Well 1	0.5						0.5	
5	12/01/05	12:00	Well 1	0.5						0.5	
6	12/01/05	13:00	Well 1	0.5						0.5	
7	12/01/05	14:00	Well 1	0.5						0.5	
8	12/01/05	15:00	Well 1	0.5						0.5	
9	12/01/05	16:00	Well 1	0.5						0.5	
10	12/01/05	17:00	Well 1	0.5						0.5	
11	12/01/05	18:00	Well 1	0.5						0.5	
12	12/01/05	19:00	Well 1	0.5						0.5	
13	12/01/05	20:00	Well 1	0.5						0.5	
14	12/01/05	21:00	Well 1	0.5						0.5	
15	12/01/05	22:00	Well 1	0.5						0.5	
16	12/01/05	23:00	Well 1	0.5						0.5	
17	12/02/05	08:00	Well 1	0.5						0.5	
18	12/02/05	09:00	Well 1	0.5						0.5	
19	12/02/05	10:00	Well 1	0.5						0.5	
20	12/02/05	11:00	Well 1	0.5						0.5	
21	12/02/05	12:00	Well 1	0.5						0.5	
22	12/02/05	13:00	Well 1	0.5						0.5	
23	12/02/05	14:00	Well 1	0.5						0.5	
24	12/02/05	15:00	Well 1	0.5						0.5	
25	12/02/05	16:00	Well 1	0.5						0.5	
26	12/02/05	17:00	Well 1	0.5						0.5	
27	12/02/05	18:00	Well 1	0.5						0.5	
28	12/02/05	19:00	Well 1	0.5						0.5	
29	12/02/05	20:00	Well 1	0.5						0.5	
30	12/02/05	21:00	Well 1	0.5						0.5	
31	12/02/05	22:00	Well 1	0.5						0.5	
32	12/02/05	23:00	Well 1	0.5						0.5	
33	12/03/05	08:00	Well 1	0.5						0.5	
34	12/03/05	09:00	Well 1	0.5						0.5	
35	12/03/05	10:00	Well 1	0.5						0.5	
36	12/03/05	11:00	Well 1	0.5						0.5	
37	12/03/05	12:00	Well 1	0.5						0.5	
38	12/03/05	13:00	Well 1	0.5						0.5	
39	12/03/05	14:00	Well 1	0.5						0.5	
40	12/03/05	15:00	Well 1	0.5						0.5	
41	12/03/05	16:00	Well 1	0.5						0.5	
42	12/03/05	17:00	Well 1	0.5						0.5	
43	12/03/05	18:00	Well 1	0.5						0.5	
44	12/03/05	19:00	Well 1	0.5						0.5	
45	12/03/05	20:00	Well 1	0.5						0.5	
46	12/03/05	21:00	Well 1	0.5						0.5	
47	12/03/05	22:00	Well 1	0.5						0.5	
48	12/03/05	23:00	Well 1	0.5						0.5	
49	12/04/05	08:00	Well 1	0.5						0.5	
50	12/04/05	09:00	Well 1	0.5						0.5	
51	12/04/05	10:00	Well 1	0.5						0.5	
52	12/04/05	11:00	Well 1	0.5						0.5	
53	12/04/05	12:00	Well 1	0.5						0.5	
54	12/04/05	13:00	Well 1	0.5						0.5	
55	12/04/05	14:00	Well 1	0.5						0.5	
56	12/04/05	15:00	Well 1	0.5						0.5	
57	12/04/05	16:00	Well 1	0.5						0.5	
58	12/04/05	17:00	Well 1	0.5						0.5	
59	12/04/05	18:00	Well 1	0.5						0.5	
60	12/04/05	19:00	Well 1	0.5						0.5	
61	12/04/05	20:00	Well 1	0.5						0.5	
62	12/04/05	21:00	Well 1	0.5						0.5	
63	12/04/05	22:00	Well 1	0.5						0.5	
64	12/04/05	23:00	Well 1	0.5						0.5	
65	12/05/05	08:00	Well 1	0.5						0.5	
66	12/05/05	09:00	Well 1	0.5						0.5	
67	12/05/05	10:00	Well 1	0.5						0.5	
68	12/05/05	11:00	Well 1	0.5						0.5	
69	12/05/05	12:00	Well 1	0.5						0.5	
70	12/05/05	13:00	Well 1	0.5						0.5	
71	12/05/05	14:00	Well 1	0.5						0.5	
72	12/05/05	15:00	Well 1	0.5						0.5	
73	12/05/05	16:00	Well 1	0.5						0.5	
74	12/05/05	17:00	Well 1	0.5						0.5	
75	12/05/05	18:00	Well 1	0.5						0.5	
76	12/05/05	19:00	Well 1	0.5						0.5	
77	12/05/05	20:00	Well 1	0.5						0.5	
78	12/05/05	21:00	Well 1	0.5						0.5	
79	12/05/05	22:00	Well 1	0.5						0.5	
80	12/05/05	23:00	Well 1	0.5						0.5	

* Refer to the instructions for this report to determine which plots must provide this information.
 DEP Form 62-6566001
 Effective August 28, 2003



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

See page 4 for instructions.

I. General Information on the Month: 2005

A. Public Water System (PWS) Information

PWS Name: Community PWS Identification Number: 6511311

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

Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

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

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

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

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

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919

Plant Address: 4627 Darlington Rd. City: Holiday State: FL Zip Code: 34690

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 210,000

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

Operator Name	License Number	Start Date	End Date
<u>Stephen Habeny</u>	<u>8012</u>	<u>11/15/04</u>	<u>11/15/04</u>
<u>Jack Aikishi</u>	<u>13019</u>	<u>11/15/04</u>	<u>11/15/04</u>
<u>Dave Gofstall</u>	<u>7799</u>	<u>11/15/04</u>	<u>11/15/04</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.

1-5-06 Stephen Habeny C-8012
 Signature and Date Printed or Typed Name License Number

GARTH A

GARTH A

8136261030

8136261030

01/06/2006 09:22

02/22/2004 23:00

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

PWS Identification Number: 6511311

Plant Name: Well 2

III. Basis Data for the Month Year: Dec 05

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

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

Plant	Depth	Sampled	Location	Residual (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)	Notes
X	24h	11300		2.0					1.5
X		35000		2.2					1.5
X		32900		2.3					2.0
X		83800		2.4					2.0
X		36200		2.5					1.8
X		39800		2.2					1.5
X		38800		2.3					1.9
X		39400		2.4					1.8
X		28200		2.3					1.7
X		29200		2.5					1.9
X		40500		2.0					1.7
X		38500		2.2					1.8
X		40600		2.1					2.0
X		45300		2.3					2.0
X		21000		2.4					1.8
X		57100		2.4					1.8
X		49500		2.5					1.7
X		27800		2.2					1.3
X		42700		2.8					2.0
X		40400		2.5					2.1
X		45000		2.4					2.0
X		26100		2.3					2.1
X		69900		2.5					2.0
X		12100		2.6					2.0
X		27600		2.5					2.2
X		40000		2.3					1.9
X		57800		2.4					1.7
		222,600							
		39400							
		71000							

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

PAGE 05

PAGE 11

GARTH A

GARTH A

8136261030

8136261030

01/06/2006 09:22

02/22/2004 23:08

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Orange County
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 PWS Identification Number: 6511371

Number of Service Connections at End of Month: 591
 PWS Owner: Utilities Ins. of Florida

Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 300 Westberfield Ave
 Contact Person's Telephone Number: 407.869.1919

Contact Person's Email Address: pc.flynn@utilitiesins.com
 Water Treatment Plant Information

Plant Name: Well 3-4
 Plant Address: 2448 Avenida Rd

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Plant City: Hialeah State: FL Zip Code: 34690

Plant Capacity (per subsection 62-699.310(9) F.A.C.): N
 Plant Class (per subsection 62-699.310(4) F.A.C.): C

Personnel Information

Operator Name: Stephen Haber License Number: 892
 Operator Name: Telle Adams License Number: 13019
 Operator Name: Dave Schafstall License Number: 2299

Operator Name: DAVE WHEELER License Number: "

Operator Name: " License Number: "

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

PWS Identification Number: 6511311

Plant Name: Well 3-4

Means of Achieving Four-Log Virus Inactivation/Removal: * Dec 05
 Ultraviolet Radiation Other (Describe):
 Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Plant Staffed or Not Visited	Operator (Place "X")	Residual (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X		11800		2.1		
Y		20800		2.2		
Y		6601		2.0		1.7
Y		49100				2.0
Y		7800		2.3		1.5
Y		55400		2.0		
Y		9200		2.2		2.0
Y		7100		2.1		1.4
Y		16200		2.2		1.2
Y				2.0		1.8
Y		53300				1.5
Y		12400		2.0		1.5
Y		39100		2.2		1.9
Y		9500		2.2		1.9
Y		10400		2.3		1.3
Y		11200		2.2		1.7
Y				2.0		1.5
Y		32400				1.6
Y		10400		2.1		1.5
Y		20000		2.2		1.6
Y		20500		2.3		1.8
Y		15200		2.2		1.8
Y		38200		2.0		1.5
Y				2.1		1.4
Y		32100				2.0
Y		19100		2.0		1.8
Y		18000		2.1		1.5
Y		2200		2.0		1.4
Y		24600		2.1		1.4
Y		30100		2.2		1.7
Y				2.1		1.7
Y		585500				2.0
Y		13800				1.9
Y		55400				

* 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: 6511311

From: [Blank] To: [Blank]

Date	Type of Disinfection	Residual (mg/L)	pH	Temperature (°C)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Chlorine Dioxide (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
12/08/05	UV	0.9	7.5	10	0.5				
12/09/05	UV	0.9	7.5	10	0.5				
12/10/05	UV	0.9	7.5	10	0.5				
12/11/05	UV	0.9	7.5	10	0.5				
12/12/05	UV	0.9	7.5	10	0.5				
12/13/05	UV	0.9	7.5	10	0.5				
12/14/05	UV	0.9	7.5	10	0.5				
12/15/05	UV	0.9	7.5	10	0.5				
12/16/05	UV	0.9	7.5	10	0.5				
12/17/05	UV	0.9	7.5	10	0.5				
12/18/05	UV	0.9	7.5	10	0.5				
12/19/05	UV	0.9	7.5	10	0.5				
12/20/05	UV	0.9	7.5	10	0.5				
12/21/05	UV	0.9	7.5	10	0.5				
12/22/05	UV	0.9	7.5	10	0.5				
12/23/05	UV	0.9	7.5	10	0.5				
12/24/05	UV	0.9	7.5	10	0.5				
12/25/05	UV	0.9	7.5	10	0.5				
12/26/05	UV	0.9	7.5	10	0.5				
12/27/05	UV	0.9	7.5	10	0.5				
12/28/05	UV	0.9	7.5	10	0.5				
12/29/05	UV	0.9	7.5	10	0.5				
12/30/05	UV	0.9	7.5	10	0.5				
12/31/05	UV	0.9	7.5	10	0.5				

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

02/22/2004 23:08

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

PRD# (Station Number): 611211

Plant Name: Well 2

NOV 05

Name of Aclarating Post-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Type of Disinfectant Applied: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Time	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Temperature (°F)	pH	Alkalinity (mg/L)	Hardness (mg/L)	Conductivity (µmhos/cm)	Color (PCU)	Turbidity (NTU)	Total Solids (mg/L)	Iron (mg/L)	Manganese (mg/L)	Other (Describe)
7:00	3000	2.0														
7:15	3000	2.4														
7:30	3000	2.3														
7:45	3000	2.4														
8:00	3000	2.4														
8:15	3000	2.3														
8:30	3000	2.3														
8:45	3000	2.3														
9:00	3000	2.3														
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4:00	3000	2.3														
4:15	3000	2.3														
4:30	3000	2.3														
4:45	3000	2.3														

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

PWS Identification Number: 631131

Plant Name: Well 3-4

Means of Achieving Four-Log Virus Inactivation/Removal: *
 Ultraviolet Radiation Other (Describe):

1606 05
 Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Day	Plant	Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide
X	24600	15400		
X		4300		2.0
X		14700		2.3
X		29000		2.0
X		10900		2.1
X				2.3
X		85300		
X		13400		2.2
X		23700		2.2
X		24600		2.2
X		18100		2.3
X		15800		2.2
X				2.2
X		55200		
X		19700		2.4
X		24300		2.3
X		23600		2.2
X		17200		2.3
X		33500		2.2
X				2.2
X		35000		
X		52400		2.0
X		67600		2.3
X		48000		2.2
X		25600		2.3
X		12800		2.2
X				2.2
X		63000		
X		6900		2.3
X		6400		2.0
X				2.2
X		215400		
X		24800		1.8
X		61600		1.7

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

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GARTH A

GARTH A

12/08/2005 12:04 8136251030

02/22/2004 23:08 8136261030

WATER LOSS RECORD

Include Service Lines and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/BUS #: Orange Wood 629
MONTH/YEAR: NOV 05

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- DATE/SHIFT
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter work
 - 4) Construction
 - 5) Other

(Handwritten mark)

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Orange wood 629

MONTH/YEAR: NOV 05

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- Date/Date**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

P

FILE COPY



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

629.

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: OCT 05											
Community Water System (CWS) Name: Orangewood											
Public Water System (PWS) Identification Number: 6511311											
Well 1	Well 2	Well 3A	Well 3B	Well 3C	Well 3D	Well 3E	Well 3F	Well 3G	Well 3H	Well 3I	Total
240,000	210,000	73,000	0								525,000
4,500.00	4,430.00	600.00									8,990.00
1,137.00	4,430.00	1,298.00									2878.00
4,830.00	3,400.00	3,800.00									8,610.00
5,400.00	3,570.00	1,380.00									10,290.00
6,410.00	3,620.00	1,490.00									11,520.00
4,850.00	3,140.00	3,500.00									8,340.00
3,750.00	4,180.00	2,580.00									10,510.00
9,140.00	720.00	5,490.00									21,830.00
4,600.00	2,880.00	20.00									7,680.00
4,830.00	3,870.00	2,290.00									11,490.00
4,030.00	3,110.00	2,840.00									10,030.00
6,360.00	3,370.00	990.00									10,220.00
6,330.00	4,120.00	1,470.00									12,420.00
9,790.00	820.00	6,640.00									21,630.00
4,830.00	3,650.00	1,820.00									10,300.00
5,760.00	3,550.00	2,550.00									11,260.00
5,710.00	4,060.00	630.00									10,400.00
5,550.00	3,100.00	1,520.00									10,170.00
5,490.00	3,810.00	2,200.00									11,500.00
8,390.00	5,800.00	4,790.00									18,980.00
4,210.00	3,610.00	2,100.00									9,920.00
4,510.00	3,860.00	1,560.00									9,930.00
3,750.00	3,700.00	2,550.00									10,010.00
4,290.00	3,710.00	1,200.00									9,720.00
4,680.00	4,890.00	2,180.00									11,730.00
6,780.00	6,810.00	5,540.00									19,130.00
											325,800
											10,510.00
											12,420.00

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



See page 4 for instructions

A. Public Water System (PWS) Information
 PWS Name: Orange Community Non-Transient Non-Community Transient Non-Community Community
 PWS Type: Community
 Number of Service Connections at End of Month: 581
 PWS Owner: LDH Inc. of Florida
 Contact Person: Patrick C. Ryan
 Contact Person's Mailing Address: 200 Westchester Ave.
 Contact Person's Telephone Number: 407.859.1919
 Contact Person's E-Mail Address: n.c.ryan@ldhinc-fla.com
B. Water Treatment Plant Information
 Plant Name: Well 1
 Plant Address: 4730 Dartmouth Rd.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000
 Plant Class (per subsection 62-699.310(4) F.A.C.): V
 Plant Category (per subsection 62-699.310(4) F.A.C.): V

Plant Class (per subsection 62-699.310(4) F.A.C.)	Plant Category (per subsection 62-699.310(4) F.A.C.)	Plant Name	City	State	Zip Code	Plant Telephone Number	Plant Address	Type of Water Treated by Plant	Permitted Maximum Day Operating Capacity of Plant, gallons per day
80/2	13/50	Stephen Haber	FL	FL	32714	800-272-1919	4730 Dartmouth Rd.	Raw Ground Water	240,000
40 hrs	11	4065 crew	FL	FL	32714	800-272-1919	4730 Dartmouth Rd.	Raw Ground Water	240,000
Weekends	11	Weekends	FL	FL	32714	800-272-1919	4730 Dartmouth Rd.	Raw Ground Water	240,000

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

Signature and Date: Stephen Haber 11-3-05
 Printed or Typed Name: Stephen Haber
 License Number: C-8012

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



See page 4 for instructions.

A. General Information for the Month of 8 OCT 05

PWS Name: Mansewood
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 591
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Weatherfield Ave.
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: m.c.flynn@utilities-inc.com
 Water Treatment Plant Information
 Plant Name: Wall 3-4
 Plant Address: 2448 Arcadia Rd.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000
 Plant Class (per subsection 62-699.310(4), F.A.C.): PAC V

Plant Category (per subsection 62-699.310(4), F.A.C.)	License Number	Operator Name	Operator Address	Operator Phone	Operator Email
Operator	80/2	Stephen Halberstam	13150	1/3099	TECH Ad@fla.net
Operator	40 hrs w/ 2009				
Operator					

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and analytical test 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: Stephen Halberstam 10/3/05
 Printed or Typed Name: Stephen Halberstam
 License Number: C-8012

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Orange wood

629

MONTH/YEAR: OCT 05

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31					

- Days/Code: 1) Water breaks
2) Flushing hydrants
3) Meter tested
4) Construction
5) Other



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

629

See page 2 for instructions.

FILE COPY

Daily Finished Water Production for the Month/Year of <u>Sept 2005</u>									
Community Water System (CWS) Name: <u>Orangewood</u>									
Public Water System (PWS) Identification Number: <u>6511311</u>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
37,000	57,200	15,400							109,600
33,800	44,000	25,000							102,800
34,900	47,000	18,600							100,500
									0
65,400	102,100	67,200							234,700
23,300	32,900	18,100							74,300
64,100	36,200	26,500							126,800
29,000	0	24,300							53,300
36,400	38,900	38,400							113,700
30,100	39,200	15,800							85,100
									0
75,100	69,800	118,200							263,100
54,100	31,900	22,000							108,000
50,400	45,200	23,500							119,100
51,600	42,400	34,800							128,800
39,100	33,500	41,300							113,900
47,200	37,600	32,300							117,100
									0
67,500	59,900	102,800							230,200
103,000	37,900	11,000							151,900
42,200	32,500	31,100							105,800
49,400	34,600	17,200							101,200
50,300	33,900	6,200							90,400
44,700	38,700	20,900							104,300
									0
67,900	63,800	67,800							200,500
42,500	36,900	25,800							105,200
41,200	33,500	57,000							131,700
62,000	48,000	25,300							135,300
63,600	36,000	13,200							112,800
									0
									33,240
									110,400
									14,300

FROM :

FAX NO. :

Oct. 05 2005 12:58PM P11

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

PWS Identification Number: 631111 Plant Name: Well 1

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

Type of Distribution System Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
7/24/05	32700	2.9				2.6
7/25/05	33800	2.2				1.5
7/26/05	34800	2.0				1.5
7/27/05	35400	2.4				1.5
7/28/05	23300	2.2				1.2
7/29/05	54100	2.3				2.1
7/30/05	29100	2.4				1.8
7/31/05	36800	2.4				1.9
8/1/05	39100	2.5				1.9
8/2/05	25700	2.2				1.6
8/3/05	54100	2.0				1.4
8/4/05	50600	2.4				1.4
8/5/05	57600	2.3				1.5
8/6/05	35100	2.2				1.7
8/7/05	47200	2.3				1.7
8/8/05	62500	2.2				1.6
8/9/05	70300	2.4				1.4
8/10/05	42200	2.4				1.3
8/11/05	49400	2.2				1.2
8/12/05	50300	2.1				1.2
8/13/05	44700	2.2				1.5
8/14/05	67400	2.3				1.7
8/15/05	42300	2.4				1.7
8/16/05	41200	2.4				1.6
8/17/05	62000	2.3				2.0
8/18/05	63600	2.4				1.8
8/19/05	130600					
8/20/05	43500					
8/21/05	70300					

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



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

See page 4 for instructions.

Report Period: Sept 05

A. Public Water System (PWS) Information

PWS Name: Orangeeood PWS Identification Number: 0011311
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
 PWS Owner: Utiliform Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 201 Weatherfield Ave. City: Altamonte Springs State: FL Zip Code: 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@utiliform-inc.com

B. Water Treatment Plant Information

Plant Name: Well 3-4 Plant Telephone Number: 800-272-1919
 Plant Address: 2448 Aranda Rd. City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Well ID	Well Category	Well Class	Well Status	Well Operation
<u>STEPHEN HALEXY</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>	<u>weekend</u>
<u>ROBB CROW</u>	<u>C</u>	<u>13110</u>	<u>"</u>	<u>"</u>
<u>JACK HALEXY</u>	<u>C</u>	<u>13014</u>	<u>"</u>	<u>"</u>

I, the undersigned water treatment plant operator located in Florida, am the lead/brief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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 Stephen HALEXY Printed or Typed Name C-8012 License Number

GARTH A

SHKTH A

8136261030

10/05/2005 14:15

FROM :

FRX NO. :

Date: 05/2005 01:00PM P13

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

PTI Identification Number: 631311 Plant Name: Wd/2

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

UV Dose: UV UV + Free Chlorine UV + Chlorine Dioxide UV + Ozone UV + Combined Chlorine (Chloramines)

Plant Name	City	County	State	Service Area	System	Regulation System	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Dose (mJ/cm ²)
Y							2.8				2.3
Y							2.4				1.6
Y							2.5				1.4
Y							2.6				1.7
Y							2.4				1.4
Y							3.0				1.9
Y							2.4				1.9
Y							2.5				2.0
Y							2.4				1.7
Y							2.4				1.4
Y							2.4				1.6
Y							2.5				1.6
Y							2.5				1.6
Y							2.4				1.7
Y							2.4				1.4
Y							2.4				1.6
Y							2.4				1.6
Y							2.5				1.6
Y							2.5				1.6
Y							2.4				1.7
Y							2.4				1.4
Y							2.4				1.6
Y							2.5				1.6
Y							2.6				1.7
Y							2.6				1.7
Y							2.4				2.2
Y							2.4				2.0
Y							2.5				1.4
Y							2.6				1.4
Y							10.95200				1.8
Y							3.6500				
Y							4.7800				

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

SEP 2005 Wd/2

PWS Identification Number: 6511311

Plant Name: W1134

SEP 05

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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

Type of Disinfection	Residual Maintained in Distribution System	Free Chlorine	Chlorine Dioxide	Ozonate	Combined Chlorine (Chloramines)	Chlorine Dioxide
X	29mg/L	2.0				1.3
X	25.000	2.2				1.6
X	186.00					1.4
X	62.00	2.2				1.2
X	13.00	2.4				2.0
X	36.500	2.4				2.1
X	245.00	2.3				1.8
X	304.00	2.5				2.0
X	150.00	2.5				2.0
X	118.200	2.8				2.3
X	23.000	2.4				2.0
X	29.700	2.6				1.8
X	346.00	2.6				2.0
X	459.00	2.4				1.6
X	533.00	2.4				1.5
X	1127.00	2.4				2.0
X	1.00	2.0				1.7
X	31.00	2.2				1.8
X	172.00	2.2				2.0
X	62.00	2.4				2.1
X	209.00	2.5				2.2
X	649.00	2.4				1.9
X	2590.00	1.8				1.5
X	520.00	2.1				2.0
X	2530.00	2.2				2.0
X	131.00	2.2				1.7
	6078.00					
	5075.00					
	570.00					

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

02/22/2004 23:08 8136261030

629
FILE COPY

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



See page 4 for instructions.

General Information for the Month Year of Aug 05

A. Public Water System (PWS) Information

PWS Name: Orangeeood PWS Identification Number: 6511311
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Elyan Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 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.elyan@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: 4730 Darlington Rd. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water 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

Operator Name	License Class	License Number	Days Shifts Worked
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs a week</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>11</u>
<u>Jack Ackins</u>	<u>C</u>	<u>13014</u>	<u>11</u>

C. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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 Signature and Date
Stephen Habery Printed or Typed Name
C-8012 License Number

PAGE 08

GARTH A

02/22/2004 23:08 8136261030

FROM :

09/08/2005 09:47

8136261030

FAX NO. :

GARTH A

Sep. 07 2005 08:14AM P14

PAGE 02

FROM :

FAX NO. :

Sep. 07 2005 08:13AM P13

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

PWS Identification Number: 6511311

Plant Name: Well 1

Aug 05

Name of Activating Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

Type of Disinfection Regime Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Time	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation (mJ/cm ²)	Other (mg/L)	Other (Describe)
1.7	1.7	2.5						
1.8	1.4	2.1						
1.9	1.6	2.2						
2.0	1.4	2.1						
2.1	1.6	2.2						
2.2	1.6	2.2						
2.3	1.4	2.1						
2.4	1.4	2.1						
2.5	1.4	2.1						
2.6	1.4	2.1						
2.7	1.4	2.1						
2.8	1.4	2.1						
2.9	1.4	2.1						
3.0	1.4	2.1						
3.1	1.4	2.1						
3.2	1.4	2.1						
3.3	1.4	2.1						
3.4	1.4	2.1						
3.5	1.4	2.1						
3.6	1.4	2.1						
3.7	1.4	2.1						
3.8	1.4	2.1						
3.9	1.4	2.1						
4.0	1.4	2.1						
4.1	1.4	2.1						
4.2	1.4	2.1						
4.3	1.4	2.1						
4.4	1.4	2.1						
4.5	1.4	2.1						
4.6	1.4	2.1						
4.7	1.4	2.1						
4.8	1.4	2.1						
4.9	1.4	2.1						
5.0	1.4	2.1						
5.1	1.4	2.1						
5.2	1.4	2.1						
5.3	1.4	2.1						
5.4	1.4	2.1						
5.5	1.4	2.1						
5.6	1.4	2.1						
5.7	1.4	2.1						
5.8	1.4	2.1						
5.9	1.4	2.1						
6.0	1.4	2.1						
6.1	1.4	2.1						
6.2	1.4	2.1						
6.3	1.4	2.1						
6.4	1.4	2.1						
6.5	1.4	2.1						
6.6	1.4	2.1						
6.7	1.4	2.1						
6.8	1.4	2.1						
6.9	1.4	2.1						
7.0	1.4	2.1						
7.1	1.4	2.1						
7.2	1.4	2.1						
7.3	1.4	2.1						
7.4	1.4	2.1						
7.5	1.4	2.1						
7.6	1.4	2.1						
7.7	1.4	2.1						
7.8	1.4	2.1						
7.9	1.4	2.1						
8.0	1.4	2.1						
8.1	1.4	2.1						
8.2	1.4	2.1						
8.3	1.4	2.1						
8.4	1.4	2.1						
8.5	1.4	2.1						
8.6	1.4	2.1						
8.7	1.4	2.1						
8.8	1.4	2.1						
8.9	1.4	2.1						
9.0	1.4	2.1						
9.1	1.4	2.1						
9.2	1.4	2.1						
9.3	1.4	2.1						
9.4	1.4	2.1						
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9.6	1.4	2.1						
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9.9	1.4	2.1						
10.0	1.4	2.1						
10.1	1.4	2.1						
10.2	1.4	2.1						
10.3	1.4	2.1						
10.4	1.4	2.1						
10.5	1.4	2.1						
10.6	1.4	2.1						
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10.8	1.4	2.1						
10.9	1.4	2.1						
11.0	1.4	2.1						
11.1	1.4	2.1						
11.2	1.4	2.1						
11.3	1.4	2.1						
11.4	1.4	2.1						
11.5	1.4	2.1						
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11.7	1.4	2.1						
11.8	1.4	2.1						
11.9	1.4	2.1						
12.0	1.4	2.1						
12.1	1.4	2.1						
12.2	1.4	2.1						
12.3	1.4	2.1						
12.4	1.4	2.1						
12.5	1.4	2.1						
12.6	1.4	2.1						
12.7	1.4	2.1						
12.8	1.4	2.1						
12.9	1.4	2.1						
13.0	1.4	2.1						
13.1	1.4	2.1						
13.2	1.4	2.1						
13.3	1.4	2.1						
13.4	1.4	2.1						
13.5	1.4	2.1						
13.6	1.4	2.1						
13.7	1.4	2.1						
13.8	1.4	2.1						
13.9	1.4	2.1						
14.0	1.4	2.1						
14.1	1.4	2.1						
14.2	1.4	2.1						
14.3	1.4	2.1						
14.4	1.4	2.1						
14.5	1.4	2.1						
14.6	1.4	2.1						
14.7	1.4	2.1						
14.8	1.4	2.1						
14.9	1.4	2.1						
15.0	1.4	2.1						
15.1	1.4	2.1						
15.2	1.4	2.1						
15.3	1.4	2.1						
15.4	1.4	2.1						
15.5	1.4	2.1						
15.6	1.4	2.1						
15.7	1.4	2.1						
15.8	1.4	2.1						
15.9	1.4	2.1						
16.0	1.4	2.1						
16.1	1.4	2.1						
16.2	1.4	2.1						
16.3	1.4	2.1						
16.4	1.4	2.1						
16.5	1.4	2.1						
16.6	1.4	2.1						
16.7	1.4	2.1						
16.8	1.4	2.1						
16.9	1.4	2.1						
17.0	1.4	2.1						
17.1	1.4	2.1						
17.2	1.4	2.1						
17.3	1.4	2.1						
17.4	1.4	2.1						
17.5	1.4	2.1						
17.6	1.4	2.1						
17.7	1.4	2.1						
17.8	1.4	2.1						
17.9	1.4	2.1						
18.0	1.4	2.1						
18.1	1.4	2.1						
18.2	1.4	2.1						
18.3	1.4	2.1						
18.4	1.4	2.1						
18.5	1.4	2.1						
18.6	1.4	2.1						
18.7	1.4	2.1						
18.8	1.4	2.1						
18.9	1.4	2.1						
19.0	1.4	2.1						
19.1	1.4	2.1						
19.2	1.4	2.1						
19.3	1.4	2.1						
19.4	1.4	2.1						
19.5	1.4	2.1						
19.6	1.4	2.1						
19.7	1.4	2.1						
19.8	1.4	2.1						
19.9	1.4	2.1						
20.0	1.4	2.1						
20.1	1.4	2.1						
20.2	1.4	2.1						
20.3	1.4	2.1						
20.4	1.4	2.1						
20.5	1.4	2.1						
20.6	1.4	2.1						
20.7	1.4	2.1						
20.8	1.4	2.1						
20.9	1.4	2.1						
21.0	1.4	2.1						
21.1	1.4	2.1						
21.2	1.4	2.1						
21.3	1.4	2.1						
21.4	1.4	2.1						
21.5	1.4	2.1						
21.6	1.4	2.1						
21.7	1.4	2.1						
21.8	1.4	2.1						
21.9	1.4	2.1						
22.0	1.4	2.1						
22.1	1.4	2.1						
22.2	1.4	2.1						
22.3	1.4	2.1						
22.4	1.4	2.1						
22.5	1.4	2.1						
22.6	1.4	2.1						
22.7	1.4	2.1						
22.8	1.4	2.1						
22.9	1.4	2.1						
23.0	1.4	2.1						
23.1	1.4	2.1						
23.2	1.4	2.1						



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

See page 4 for instructions.

AUG 05

A. Public Water System (PWS) Information

PWS Name: Oranewood PWS Identification Number: 6511311

PWS Type: Community Non-Transient Non-Community Transient Non-Community Dispersive

Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 200 Weatherfield Ave. City: Altamonte Springs State: FL Zip Code: 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: Well 3-4 Plant Telephone Number: 800-272-1919

Plant Address: 2448 Aradia Rd. City: Holiday State: FL Zip Code: 34690

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000

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

Operator Name	License No.	Hours	Weeks	Days	Mins
<u>Stephen Hobery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>	<u>WEEKENDS</u>	
<u>Robin PCW</u>	<u>C</u>	<u>73158</u>	<u>"</u>	<u>"</u>	
<u>Jack Adkins</u>	<u>C</u>	<u>13019</u>	<u>"</u>	<u>"</u>	

I, the undersigned water treatment plant operator located in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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.

STEPHEN HOBERY

C-8012

Signature and Date
Printed or Typed Name
License Number

FROM : 09/08/2005 09:47 8135261030
 FAX NO. :
 GARTH A
 Sep. 07 2005 08:12AM PEO
 PAGE 05

SEP. 07 2005 03:11AM P13

FAX NO. :

FROM :

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511311

Plant Name: Well 34

A4905

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

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

Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Temperature (°C)	Flow (L/min)	Notes
09:50	2.2						
10:00	2.2						
10:10	1.8						
10:20	1.8						
10:30	1.8						
10:40	1.8						
10:50	1.8						
11:00	1.8						
11:10	1.8						
11:20	1.8						
11:30	1.8						
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11:50	1.8						
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01:40	1.8						
01:50	1.8						
02:00	1.8						
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02:40	1.8						
02:50	1.8						



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: <u>Aug 05</u>							
Community Water System (CWS) Name: <u>Orangewood</u>							
Public Water System (PWS) Identification Number: <u>6511311</u>							
Well 1	Well 2	Well 3/4					
240,000	210,000	73,000	0				525,400
	94,600	69,500					164,100
	2,5800	5,8800					8,4600
	7,5000	1,8200					9,3200
	4,2300	3,1800					7,4100
	4,6100	7,1100					11,7200
	5,5400						5,5400
							0
164,600	8,7400						35,2000
4,4200	5,0800						10,0000
5,6100	5,0700						10,6800
5,3400	4,6900	5,3000					10,5600
2,7000	4,2300	3,4700					10,9000
3,0600	5,2600	2,2300					11,0500
6,8400	9,1800	5,6000					21,4200
3,0800	4,8600	3,0700					11,0300
2,6300	4,2900	4,2500					11,1700
2,9800	4,5900	2,8000					10,3700
2,6000	4,6100	3,1500					10,3600
2,1500	5,4300	4,4900					12,0700
							0
5,5500	9,2100	8,2000					22,9600
1,5100	4,5000	2,9500					8,8600
1,5200	4,5300	3,7600					9,8100
1,4400	4,6800	4,2100					10,3300
1,0500	4,4400	4,8900					10,3800
1,2500	4,5100	4,2000					10,4600
							0
6,3000	8,2200	5,8300					21,1200
2,4700	4,5400	3,2600					10,2700
6,2700	4,5900	3,5200					11,7700
							0
							52,5900
							10,6100
							15,0700

FROM :

09/08/2005 09:47

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GARTH A

SEP. 07 2005 03:10AM P13

PAGE 08

Date 1



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

62a

See page 2 for instructions.

Daily Finished Water Production for the Month Year of: <u>July 05</u>		Community Water System (CWS) Name: <u>Orangewood</u>		Public Water System (PWS) Identification Number: <u>6511311</u>	
Well 1	Well 2	Well 3/4			
240,000	210,000	75,000	0		525,000
a	42200	30200			72400
works	51800	32200			84000
	91100	25800			116900
	46500	25200			71700
	48700	34400			83100
fer	41400	35700			77100
	46000	36200			82200
	42500	41200			83700
49	97100	32500			129600
	50300	25500			75800
	44900	24200			69100
meter	45900	30100			76000
	46000	26800			72800
	49900	52300			102200
	78600	66300			144900
	46200	39100			85300
	45400	19500			64900
	46200	19200			65400
	44200	26700			70900
	44000	21500			65500
	94000	37200			131200
	49500	20200			69700
	44000	14900			58900
	42200	22300			64500
	51400	12900			64300
	51500	13000			64500
					218700
					70300
					102200

Aug. 08 2005 11:12AM P7

FAX NO. :

FROM :

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

PRM Identification Number: 613111 Plant Name: Mill 2

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Virus Inactivation Process: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

July 05

Flow (MGD)	Chlorine (lb)	Chlorine Dioxide (lb)	Ozone (lb)	Combined Chlorine (lb)	Chlorine Dioxide (lb)
2460	42200	000	2.6		1.4
57850			2.8		1.6
91000			3.4		1.0
41500			2.9		1.8
45900			2.6		1.4
71400			2.8		1.4
56000			2.4		1.8
92500			2.5		1.5
52100			2.9		1.4
50000			2.5		1.2
49900			2.4		1.2
45800			2.6		1.4
46000			2.5		2.1
49900			2.6		2.1
28600			2.7		2.2
46100			2.3		1.4
42400			2.4		1.8
46200			2.6		2.0
49700			2.2		1.8
44000			2.4		1.5
47000			2.2		1.5
48500			3.0		1.6
49000			2.3		1.7
42200			2.3		1.9
51400			2.2		1.2
57500			2.2		1.8
132000					1.5
44400					
57800					

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

FILE COPY



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

b2a

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: June: 05									
Community Water System (CWS) Name: Orangewood									
Public Water System (PWS) Identification Number: 6511311									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
34100	60500	12800							107300
3700	11800	300							121000
42600	59700	6300							108600
25500	69700	32500							127700
									0
41000	112300	22700							226500
19600	47200	20700							107500
49900	49000	28700							127600
47300	49100	29000							125400
45300	48300	8600							102200
43000	50200	22400							117600
									0
43000	54300	44900							142200
26500	43500	26200							96200
37600	48900	30500							117000
36300	51200	23200							110700
40200	42900	51100							134200
46900	53900	30300							131100
									0
74200	92500	65300							232000
27400	42000	25800							95200
27800	46300	23500							97600
25300	44200	25100							94600
27500	44200	18300							90000
7600	45200	22300							75100
									0
9500	77700	58900							166100
	75200	21700							64900
	46600	20200							67300
	47200	22800							75000
									0
									310200
									103400
									134200

Jul. 07 2005 12:31PM P20

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Date 1

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GARTH A

PAGE 07

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



See page 4 for instructions

A. Public Water System (PWS) Information

PWS Name: Orange
 PWS Type: Community Non-Treatment Non-Community
 Number of Service Connections at End of Month: 591
 PWS Operator: Trishia Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Westwoodfield Ave
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: p.c.flynn@orangejma.com
 Water Treatment Plant Information
 Plant Name: Well 2
 Plant Address: 4627 Dexterton Rd
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Dry Operating Capacity of Plant, gallons per day: 210,000
 Plant Class for subsection 62-699.310(4) F.A.C.: V

Plant Class for subsection 62-699.310(4) F.A.C.	Plant Name	City	State	Zip Code	Plant Telephone Number	State	City	State	Zip Code
	40 hrs	Wesley	FL	32714	800-272-1919	FL	Holaday	FL	34690
	812	Wesley	FL	32714		FL		FL	
	13150	Wesley	FL	32714		FL		FL	
	13019	Wesley	FL	32714		FL		FL	

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

Signature and Date: Stephen Hoban 7-5-05
 Printed or Typed Name: Stephen Hoban
 License Number: C-802

FROM : 02/22/2004 23:08 0136261030 GARTH A
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 PAGE 10

Jul. 07 2005 12:34PM P24

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

PWS Identification Number: 6511311

Plant Name: Well 1

Means of Achieving Row-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Measured in Distribution System: Ultraviolet Radiation Other (Describe): Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (MGD)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)	Notes
7/1	00:00	3.10	2.5		2.5				
7/1	01:00	3.20	2.5		2.5				
7/1	02:00	3.20	2.5		2.5				
7/1	03:00	3.20	2.5		2.5				
7/1	04:00	3.20	2.5		2.5				
7/1	05:00	3.20	2.5		2.5				
7/1	06:00	3.20	2.5		2.5				
7/1	07:00	3.20	2.5		2.5				
7/1	08:00	3.20	2.5		2.5				
7/1	09:00	3.20	2.5		2.5				
7/1	10:00	3.20	2.5		2.5				
7/1	11:00	3.20	2.5		2.5				
7/1	12:00	3.20	2.5		2.5				
7/1	13:00	3.20	2.5		2.5				
7/1	14:00	3.20	2.5		2.5				
7/1	15:00	3.20	2.5		2.5				
7/1	16:00	3.20	2.5		2.5				
7/1	17:00	3.20	2.5		2.5				
7/1	18:00	3.20	2.5		2.5				
7/1	19:00	3.20	2.5		2.5				
7/1	20:00	3.20	2.5		2.5				
7/1	21:00	3.20	2.5		2.5				
7/1	22:00	3.20	2.5		2.5				
7/1	23:00	3.20	2.5		2.5				
7/2	00:00	3.20	2.5		2.5				
7/2	01:00	3.20	2.5		2.5				
7/2	02:00	3.20	2.5		2.5				
7/2	03:00	3.20	2.5		2.5				
7/2	04:00	3.20	2.5		2.5				
7/2	05:00	3.20	2.5		2.5				
7/2	06:00	3.20	2.5		2.5				
7/2	07:00	3.20	2.5		2.5				
7/2	08:00	3.20	2.5		2.5				
7/2	09:00	3.20	2.5		2.5				
7/2	10:00	3.20	2.5		2.5				
7/2	11:00	3.20	2.5		2.5				
7/2	12:00	3.20	2.5		2.5				
7/2	13:00	3.20	2.5		2.5				
7/2	14:00	3.20	2.5		2.5				
7/2	15:00	3.20	2.5		2.5				
7/2	16:00	3.20	2.5		2.5				
7/2	17:00	3.20	2.5		2.5				
7/2	18:00	3.20	2.5		2.5				
7/2	19:00	3.20	2.5		2.5				
7/2	20:00	3.20	2.5		2.5				
7/2	21:00	3.20	2.5		2.5				
7/2	22:00	3.20	2.5		2.5				
7/2	23:00	3.20	2.5		2.5				
7/3	00:00	3.20	2.5		2.5				
7/3	01:00	3.20	2.5		2.5				
7/3	02:00	3.20	2.5		2.5				
7/3	03:00	3.20	2.5		2.5				
7/3	04:00	3.20	2.5		2.5				
7/3	05:00	3.20	2.5		2.5				
7/3	06:00	3.20	2.5		2.5				
7/3	07:00	3.20	2.5		2.5				
7/3	08:00	3.20	2.5		2.5				
7/3	09:00	3.20	2.5		2.5				
7/3	10:00	3.20	2.5		2.5				
7/3	11:00	3.20	2.5		2.5				
7/3	12:00	3.20	2.5		2.5				
7/3	13:00	3.20	2.5		2.5				
7/3	14:00	3.20	2.5		2.5				
7/3	15:00	3.20	2.5		2.5				
7/3	16:00	3.20	2.5		2.5				
7/3	17:00	3.20	2.5		2.5				
7/3	18:00	3.20	2.5		2.5				
7/3	19:00	3.20	2.5		2.5				
7/3	20:00	3.20	2.5		2.5				
7/3	21:00	3.20	2.5		2.5				
7/3	22:00	3.20	2.5		2.5				
7/3	23:00	3.20	2.5		2.5				
7/4	00:00	3.20	2.5		2.5				
7/4	01:00	3.20	2.5		2.5				
7/4	02:00	3.20	2.5		2.5				
7/4	03:00	3.20	2.5		2.5				
7/4	04:00	3.20	2.5		2.5				
7/4	05:00	3.20	2.5		2.5				
7/4	06:00	3.20	2.5		2.5				
7/4	07:00	3.20	2.5		2.5				
7/4	08:00	3.20	2.5		2.5				
7/4	09:00	3.20	2.5		2.5				
7/4	10:00	3.20	2.5		2.5				
7/4	11:00	3.20	2.5		2.5				
7/4	12:00	3.20	2.5		2.5				
7/4	13:00	3.20	2.5		2.5				
7/4	14:00	3.20	2.5		2.5				
7/4	15:00	3.20	2.5		2.5				
7/4	16:00	3.20	2.5		2.5				
7/4	17:00	3.20	2.5		2.5				
7/4	18:00	3.20	2.5		2.5				
7/4	19:00	3.20	2.5		2.5				
7/4	20:00	3.20	2.5		2.5				
7/4	21:00	3.20	2.5		2.5				
7/4	22:00	3.20	2.5		2.5				
7/4	23:00	3.20	2.5		2.5				
7/5	00:00	3.20	2.5		2.5				
7/5	01:00	3.20	2.5		2.5				
7/5	02:00	3.20	2.5		2.5				
7/5	03:00	3.20	2.5		2.5				
7/5	04:00	3.20	2.5		2.5				
7/5	05:00	3.20	2.5		2.5				
7/5	06:00	3.20	2.5		2.5				
7/5	07:00	3.20	2.5		2.5				
7/5	08:00	3.20	2.5		2.5				
7/5	09:00	3.20	2.5		2.5				
7/5	10:00	3.20	2.5		2.5				
7/5	11:00	3.20	2.5		2.5				
7/5	12:00	3.20	2.5		2.5				
7/5	13:00	3.20	2.5		2.5				
7/5	14:00	3.20	2.5		2.5				
7/5	15:00	3.20	2.5		2.5				
7/5	16:00	3.20	2.5		2.5				
7/5	17:00	3.20	2.5		2.5				
7/5	18:00	3.20	2.5		2.5				
7/5	19:00	3.20	2.5		2.5				
7/5	20:00	3.20	2.5		2.5				
7/5	21:00	3.20	2.5		2.5				
7/5	22:00	3.20	2.5		2.5				
7/5	23:00	3.20	2.5		2.5				
7/6	00:00	3.20	2.5		2.5				
7/6	01:00	3.20	2.5		2.5				
7/6	02:00	3.20	2.5		2.5				
7/6	03:00	3.20	2.5		2.5				
7/6	04:00	3.20	2.5		2.5				
7/6	05:00	3.20	2.5		2.5				
7/6	06:00	3.20	2.5		2.5				
7/6	07:00	3.20	2.5		2.5				
7/6	08:00	3.20	2.5		2.5				
7/6	09:00	3.20	2.5		2.5				
7/6	10:00	3.20	2.5		2.5				
7/6	11:00	3.20	2.5		2.5				
7/6	12:00	3.20	2.5		2.5				
7/6	13:00	3.20	2.5		2.5				
7/6	14:00	3.20	2.5		2.5				
7/6	15:00	3.20	2.5		2.5				
7/6	16:00	3.20	2.5		2.5				
7/6	17:00	3.20	2.5		2.5				
7/6	18:00	3.20	2.5		2.5				
7/6	19:00	3.20	2.5		2.5				
7/6	20:00	3.20	2.5		2.5				
7/6	21:00	3.20	2.5		2.5				
7/6	22:00	3.20	2.5		2.5				
7/6	23:00	3.20	2.5		2.5				
7/7	00:00	3.20	2.5		2.5				
7/7	01:00	3.20	2.5		2.5				
7/7	02:00	3.20	2.5		2.5				
7/7	03:00	3.20	2.5		2.5				
7/7	04:00	3.20	2.5		2.5				
7/7	05:00	3.20	2.5		2.5				
7/7	06:00	3.20	2.5		2.5				
7/7	07:00	3.20	2.5		2.5				
7/7	08:00	3.20	2.5		2.5				
7/7	09:00	3.20	2.5		2.5				
7/7	10:00	3.20	2.5		2.5				
7/7	11:00	3.20	2.5		2.5				
7/7	12:00	3.20	2.5		2.5				
7/7	13:00	3.20	2.5		2.5				
7/7	14:00	3.20	2.5		2.5				
7/7	15:00	3.20	2.5		2.5				
7/7	16:00	3.20	2.5		2.5				
7/7	17:00	3.20	2.5		2.5				
7/7	18:00	3.20	2.5		2.5				
7/7	19:00	3.20	2.5		2.5				
7/7	20:00	3.20	2.5		2.5				
7/7	21:00	3.20	2.5		2.5				
7/7	22:00	3.20	2.5		2.5				
7/7	23:00	3.20	2.5		2.5				
7/8	00:00	3.20	2.5		2.5				
7/8	01:00	3.20	2.5		2.5				
7/8	02:00	3.20	2.5		2.5				
7/8	03:00	3.20	2.5		2.5				
7/8	04:00	3.20	2.5		2.5				
7/8	05:00	3.20	2.5		2.5				
7/8	06:00	3.20	2.5		2.				

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name (unabbreviated) _____

PWS Type Community Non-Community Non-Community Non-Community Non-Community Non-Community

PWS Number: Florida Department of Health, Inc. of Florida _____

Contact Person: Patrick C. Flynn _____

Contact Person's Mailing Address: 200 Westchesterfield Ave _____

Contact Person's Telephone Number: 407 869 1919 _____

Contact Person's E-Mail Address: p.c.flynn@state.fl.us _____

Water Treatment Plant Information

Plant Name: Well 3-4 _____

Plant Address: 24th Avenida Rd _____

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000 _____

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

Operator Name	Operator Title	Operator License No.	Operator License Expiration Date
Stephen Huber	Plant Operator	8012	1/31/10
Robb Fitts	Plant Operator	13150	1/31/10
Deils Adams	Plant Operator	13019	1/31/10

I, the undersigned water treatment plant operator licensed in Florida, as the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all dosing water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited the plant during the month indicated above: (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 or the PWS owner can retain them, together with copies of this report, at a convenient location for at least six years.

Signature and Date: 7-5-05

Printed or Typed Name: Stephen Huber

License Number: C-8012

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Orange PWS Type: Community Non-Community Transient Non-Community Community

Number of Service Connections at End of Month: 591

PWS Owner: Walden Inc. of Florida

Contact Person: Patrick C. Flynn

Contact Person's Mailing Address: 209 Westmead Ave.

Contact Person's Telephone Number: 407 859 1919

Contact Person's E-Mail Address: a.c.flynn@walden-usa.com

Water Treatment Plant Information

Plant Name: Well 1

Plant Address: 4710 Dartmouth Rd.

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

Plant Class (per subsection 62-099.310(4) F.A.C.C.): PACT V

Purchased Finished Water Quantity of Plant, Gallons per day: 240,000

Operator Name	Operator Title	Operator License No.	Operator License Expiration Date
<u>Stephen Haber</u>	<u>Operator</u>	<u>13710</u>	<u>12/09</u>
<u>John Weiskopf</u>	<u>Operator</u>	<u>13710</u>	<u>12/09</u>
<u>John Weiskopf</u>	<u>Operator</u>	<u>13710</u>	<u>12/09</u>

Plant Class (per subsection 62-099.310(4) F.A.C.C.): PACT V

I, the undersigned water treatment plant operator licensed in Florida, and the head/shift operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3) F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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, as a convenient reference for at least one year.

Signature and Date: Stephen Haber 7-5-05

Printed or Typed Name: Stephen Haber

License Number: C-8012

FROM : 02/22/2004 23:08 8136261030 GARTH A

PAGE 08

FRX NO. : 07 2005 12:35PM P26

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

PWS Identification Number: 6511311

Plant Name: Well 3-4

Month: June 05

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

Type of Distribution Residual Maintained in Distribution System: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
6/1	2.418	1.260				
6/2	2.14	1.0				
6/3	2.41	1.0				
6/4	2.16	1.0				
6/5	2.220	1.14				
6/6	2.020	1.0				
6/7	2.870	1.0				
6/8	2.900	1.0				
6/9	2.850	1.0				
6/10	2.240	1.0				
6/11	2.240	1.0				
6/12	2.240	1.0				
6/13	2.240	1.0				
6/14	2.240	1.0				
6/15	2.240	1.0				
6/16	2.240	1.0				
6/17	2.240	1.0				
6/18	2.240	1.0				
6/19	2.240	1.0				
6/20	2.240	1.0				
6/21	2.240	1.0				
6/22	2.240	1.0				
6/23	2.240	1.0				
6/24	2.240	1.0				
6/25	2.240	1.0				
6/26	2.240	1.0				
6/27	2.240	1.0				
6/28	2.240	1.0				
6/29	2.240	1.0				
6/30	2.240	1.0				
Total	65.300	65.300				
Average	2.177	2.177				
Minimum	2.020	1.0				
Maximum	2.900	1.14				

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

CRP Form 88-000-000-000

Jun. 06 2005 09:21AM P13

FAX NO. :

FROM :



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

FILE COPY

624

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: May 2005									
Community Water System (CWS) Name: Orangewood									
Public Water System (PWS) Identification Number: 6511311									
Well 1	Well 2	Well 3A							
240,000	210,000	75,000	0						525,000
22200	103800	50500							0
30100	49000	18400							33700
29000	49300	22200							103500
33700	50000	11600							120500
25800	49000	14800							95300
33000	50300	16700							99600
									100000
									0
105100	104900	67400							277400
32500	46500	57200							123200
36300	45900	32400							115600
40100	46700	26300							113100
57600	50300	32200							135600
43200	52700	32500							131900
									0
72400	85500	83800							241700
40000	42900	52700							135600
42200	46500	44500							133200
34400	46600	32100							118100
34500	41000	33900							109400
39100	47600	43000							129700
									0
72200	82000	83500							237700
49000	49000	32300							130300
42000	53900	24400							122300
39000	66200	22700							131400
39400	63600	22000							125000
42300	62900	50400							155600
									0
97100	126000	92000							315100
31900	61600	29200							162200
									340200
									125800
									168200

Jun. 06 2005 09:25AM P19

FAX NO. :

FROM :



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

See page 4 for instructions.

May 05

A. Public Water System (PWS) Information

PWS Name: Orange PWS Identification Number: 6511311
 PWS Type: Community Non-Community Non-Community Transient Non-Community Commercial
 Number of Service Connections at End of Month: 291 Total Population Served at End of Month: 1478
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Fynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Woodbridge Ave. City: Altamonte Springs State: FL Zip Code: 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.fynn@ukling.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
 Plant Address: 4738 Dutton Rd. City: Holida State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water 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

Operator Name	License	Phone	Notes
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs WEEKEND</u>
<u>Robb Snow</u>	<u>C</u>	<u>13110</u>	<u>" "</u>
<u>Jack Adkins</u>	<u>C</u>	<u>13019</u>	<u>" "</u>

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

Signature and Date: Stephen Habery Printed or Typed Name: Stephen Habery License Number: C-8012

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

1776 Modification Number: 611311

Plant Name: Well 1

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

May 05

Type of (Minimum) Residual Measured in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Flow (MGD)	Chlorine (lb)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
2.465	3350	2.4		1.8
	36100	2.2		2.2
	37000	2.4		1.5
	33700	2.5		1.0
	35300	2.5		1.4
	35000	2.3		1.8
	105700	2.4		1.6
	32500	2.4		1.2
	35300	2.2		1.5
	40100	2.3		1.8
	57600	2.4		2.0
	43700	2.4		1.6
	72400	2.5		2.0
	40000	2.5		2.1
	53300	2.0		1.9
	34400	2.2		1.7
	34500	2.0		1.5
	35700	2.2		1.6
	22200	1.8		1.2
	59000	2.2		1.6
	45000	1.8		1.2
	37000	1.7		1.2
	39400	2.0		1.3
	42300	2.1		1.5
	97700	1.2		0.9
	37000	1.2		0.8
	125000			
	90300			
	57800			

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

FROM :

FAX NO. :

Jun. 01 2005 07:32AM P10

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Orange Wood 629

MONTH/YEAR: May 05

17	5		1000	2" B/off Helen Ellis
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

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

1000

FILE COPY

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS



See page 2 for instructions.

DATA FOR FINISHED-WATER PRODUCTION FOR THE MONTH: Year of: **APR 05**

Community Water System (CWS) Name: **Orange**

Public Water System (PWS) Identification Number: **6511311**

Well 1	Well 2	Well 3/4	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	
513.00	444.00	255.00																						
416.00	387.00	185.00																						
854.00	627.00	325.00																						
156.00	204.00	72.00																						
490.00	490.00	324.00																						
552.00	543.00	256.00																						
417.00	538.00	141.00																						
447.00	535.00	330.00																						
347.00	545.00	335.00																						
885.00	1032.00	204.00																						
430.00	559.00	312.00																						
317.00	442.00	457.00																						
288.00	437.00	390.00																						
362.00	471.00	580.00																						
354.00	481.00	422.00																						
677.00	453.00	544.00																						
435.00	512.00	239.00																						
335.00	462.00	137.00																						
380.00	525.00	162.00																						
466.00	516.00	231.00																						
272.00	455.00	199.00																						
0	0	0																						
3591.00	3591.00	1197.00																						
0	0	0																						
1267.00	1267.00	1267.00																						
525.00	525.00	525.00																						

FROM :

FAX NO. : May. 03 2005 12:12PM P20



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

See page 4 for instructions.

APR 05

A. Public Water System (PWS) Information

PWS Name: Commwood PWS Identification Number: 6212221

City Area: Community Non-Community Non-Community Community

Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478

PWS Owner: LDHing Inc. of Florida

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

Contact Person's Mailing Address: 200 Westwoodfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407.889.1919 Contact Person's Fax Number: 407.889.6061

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

B. Water Treatment Plant Information

Plant Name: Well 3-4 Plant Telephone Number: 800-272-1919

Plant Address: 2448 Avenida Rd City: Holistic State: FL Zip Code: 34690

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000

Plant Category (per subsection 62-099.310(4), F.A.C.): V Plant Class (per subsection 62-099.310(5), F.A.C.): C

<u>STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>	<u>40hrs WEEKENDS</u>
<u>BOBBY STON</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>TALK ADRIAN</u>	<u>C</u>	<u>13019</u>	<u>" "</u>

I, the undersigned water treatment plant operator licensed in Florida, am the lead/shift operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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: Stephens Habery Printed or Typed Name: Stephens Habery License Number: C-8012

GARTH A

GARTH A

8136261030

8136261030

23:08

05/22/2004

05/05/2005 12:01

FROM :

FRM NO. :

May 03 2005 12:14PM P22

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

EWS Identification Number: 61131 | Plant Name: Well 2

APR 05
 Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide

Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
X	2.7				1.2
X	2.8				2.0
X	2.5				1.7
X	2.6				1.5
X	2.5				2.0
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X	2.4				1.9
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X	2.5				1.8
X	2.4				1.7
X	2.6				1.7
X					



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

See page 4 for instructions.

APR 05

A. Public Water System (PWS) Information

PWS Identification Number: 6511311

PWS Type: Community Non-Transient Non-Community Transient Non-Community Commercial

Number of Service Connections at End of Month: 391 Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 200 Westfield Ave. City: Altamonte Springs State: FL Zip Code: 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@utilities-inc.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 880-372-1919

Plant Address: 4730 Dadeville Rd. City: Hoider State: FL Zip Code: 34690

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000

Plant Category (per subsection 62-609.310(4), F.A.C.): V Plant Class (per subsection 62-609.310(4), F.A.C.): C

Operator Name	License Number	Hours	Weeks
Stephen Habery	C	8012	40 hrs weeks
Robb C. Kell	C	13150	" "
Jack Adkins	C	15019	" "

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.120(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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 or the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: Stephen Habery 5-3-05 Printed or Typed Name: Stephen Habery License Number: C-8012

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

PWS Identification Number: 6511311 Plant Name: Well 3-4

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

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

APR 05

Day	Volume	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
Y	2414	2.500	2.4		1.7
Y		18100	2.5		1.8
X		52700	2.4		2.1
Y		19000	2.3		2.0
Y		26500	2.4		2.0
Y		25600	2.3		2.1
Y		22800	2.4		2.0
F		13900	2.5		2.0
X		22000	2.3		2.0
X		32400	2.4		2.0
X		25600	2.4		2.0
X		14100	2.2		2.2
Y		33000	2.3		1.7
Y		22500	2.4		1.8
Y		20400	2.5		2.0
Y		31200	2.3		2.1
X		45700	2.4		2.0
X		29000	2.5		2.1
X		58300	2.4		1.6
X		42200	2.4		1.2
X		54400	2.4		1.4
Y		25900	2.2		1.7
Y		18700	2.3		1.2
Y		16700	2.2		1.6
Y		23100	2.3		1.5
Y		19000	2.3		1.2
		25700			
		25400			
		58300			

* 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 #: 629 *change work*
 MONTH/YEAR: APR 05

629

5	1	1	1000	2631 Cheval leak before meter
19	3	5	3000	2" B/off
19	4	5	3000	2" B/off
19	6		3000	2" B/off
30	8	3	13,300	4711 Aegean *includes March
7				
8				
9				
10				
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28				
29				
30				
31				

- Drop Code**
- 1) Water leaks
 - 2) Flushing hydrants
 - 3) Meter & offset
 - 4) Construction
 - 5) Other

23,300

Form Modified 10/20/03

File: Flushing & Water Loss Record

May 02 2005 12:53PM P3

FRX NO. :

FROM :

Apr. 04 2005 11:43AM P13

FAX NO. :

FROM :



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

629.

FILE COPY

See page 2 for instructions.

Date: <u>March 05</u>									
Community Water System (CWS) Name: <u>Orangewood</u>									
Public Water System (PWS) Identification Number: <u>6511311</u>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
64200	42200	18200							130700
76500	61200	13800							137000
52200	42600	3800							100100
52800	47100	4400							109300
62100	51900	26900							140900
									0
126400	94900	38500							260800
58200	48800	16200							124200
71100	50800	7400							128500
69000	47300	10100							106700
64000	45800	12200							124000
54200	52100	14300							121100
									0
127200	104400	42200							279400
53800	57300	10800							115900
44100	50400	8500							103100
42900	43900	10200							98500
48600	58500	12200							119200
34100	46300	2300							82700
									0
52700	93200	38400							214300
40200	53400	11100							105200
44800	52900	14800							112500
37000	51100	8900							97000
58900	48200	9300							116800
32400	42200	14500							94100
									0
55800	97200	41600							224600
40100	52100	17900							110100
38900	50900	21200							111000
48700	48300	17200							114700
									358200
									115712
									140900

FROM : 02/22/2004 23:08

8136261030

FRX NO. :

GARTH A

Apr. 04 2005 11:46AM P17

PAGE 10



MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

Page 1 of 1

1. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

2. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

3. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

Operator Name	License Number	Signature	Date
STEPHEN HUBBY	8012	[Signature]	4-4-05
BOB CROW	13150	[Signature]	
DAVE ADAMS	13019	[Signature]	

4. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

5. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

6. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

7. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

8. The underlying water treatment plant operator licensed in Florida, and the lead/shift operator of the water treatment plant identified in Part I of this report, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection (2)(5)(555.3300), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical that was used, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner no later than 15 days after the date of this report, at a convenient location for at least ten years.

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

PWS Identification Number: 011311

Plant Name: Well 1

490405

Means of Achieving Free-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Treatment Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Volume (Gallons)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1	1500	2.1				1.4		
2	21500	2.2				1.6		
3	52500	2.2				1.2		
4	52800	2.3				1.5		
5	62000	2.3				1.2		
6	166400	2.3				1.7		
7	57200	2.2				1.6		
8	27000	2.1				1.4		
9	47100	2.2				1.2		
10	64400	2.4				1.8		
11	54700	2.2				1.4		
12	122200	2.1				1.6		
13	65800	2.2				1.4		
14	47100	2.3				1.5		
15	44900	2.2				1.6		
16	44300	2.1				1.6		
17	34700	2.2				1.8		
18	32700	2.0				1.3		
19	40200	2.1				1.2		
20	44300	2.0				1.3		
21	37000	2.3				2.0		
22	58700	2.2				1.6		
23	32400	2.1				1.5		
24	22800	2.5				1.7		
25	40100	2.4				1.3		
26	28900	2.3				1.3		
27	48700	2.2				1.4		
28	159400							
29	60400							
30	57400							
31	21700							

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

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

PWS Identification Number: 6911311

Plant Name: Well 2-4

MARCH 05

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

Type of Disinfectant Residual Measured in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Plant	City	State	County	Well	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	211401				15200	2.5				1.8
F					15800	2.4				1.4
F					3800	2.2				1.6
F					4400	2.2				1.2
F					26700	2.2				1.5
X					38500	2.2				1.2
X					16200	2.1				1.2
X					7400	2.4				1.6
F					10100	2.3				2.0
X					12200	2.5				1.7
X					14300	2.4				2.0
X					43300	2.4				1.6
F					10800	2.3				2.0
F					8600	2.2				1.7
F					10200	2.4				2.0
F					12200	2.2				1.4
X					7300	2.2				1.8
F					38400	2.0				1.5
X					11100	2.4				2.1
X					14800	2.5				2.0
X					2900	2.3				1.7
F					9500	2.3				2.0
F					14500	2.6				2.2
F					4600	2.4				2.0
F					15900	2.2				1.5
X					21300	2.3				2.1
F					17200	2.4				2.0
					460100					
					14800					
					26700					

* 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 #: 0/W @ 15 b2a
 MONTH/YEAR: march 05

10	1	5			1000	2" Blow off Clinic.
28	2	5			7500	2" Blow off Clinic
	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

2500

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See page 4 for instructions.

PAGE 08

Mar. 07 2005 11:09AM P19

PAGE 07

GARTH A

8136261030

03/07/2005 14:04

FAX NO. :

GARTH A

0136261030

23:08

02/22/2004

FROM :

A Public Water System (PWS) Information

Non-Community Water Supply Community Water Supply
 Non-Community Water Supply Community Water Supply
 Non-Community Water Supply Community Water Supply

PWS Name: _____
 PWS Number: _____
 Number of Service Connections (End of Month): _____
 PWS Owner: _____
 Contact Person: _____
 Contact Person's Mailing Address: _____
 Contact Person's Telephone Number: _____
 Contact Person's E-Mail Address: _____
 PWS Treatment Plant Information
 Plant Name: _____
 Plant Address: _____
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Purified Millions Dry Quarts of Plant, Millions per day: _____
 Plant Capacity (see section 62-553.3100 FAC) _____
 Plant Class (see section 62-553.3100 FAC) _____

Plant Operator	Plant Operator's Title	Plant Operator's Mailing Address	Plant Operator's Telephone Number	Plant Operator's E-Mail Address
Stephen Habery	Plant Operator	208 Westborough Ave	407.869.1919	shabery@floridawater.com
Robb Crow	Plant Operator	208 Westborough Ave	407.869.1919	rcrow@floridawater.com
Jalil Adkins	Plant Operator	208 Westborough Ave	407.869.1919	jadkins@floridawater.com

Plant Operator's Mailing Address: _____
 Plant Operator's Telephone Number: _____
 Plant Operator's E-Mail Address: _____

I, the undersigned water treatment plant operator licensed in Florida, am the facility operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-553.3100, F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator started or visited this plant during the month indicated above: (1) records of amount of chemicals used and chemical feed rates; and (2) if applicable, regulator treatment process records. Furthermore, I agree to provide these additional operator records to the PWS owner no less than 15 days after each data run, together with copies of this report, at a convenient location for at least two years.

Signature and Date: _____
 Printed or Typed Name: Stephen Habery
 License Number: C-8012

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

PWA Identification Number: 611311

Plant Name: WGL

Feb 03

Means of Achieving Free-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Measured in Disinfectant System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

DATE	Volume of Water Treated (Gallons)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
2/1/03	22500	2.4				1.4
2/2/03	25048	2.4				1.2
2/3/03	37000	2.3				1.4
2/4/03	34000	2.4				1.2
2/5/03	27800	2.2				1.7
2/6/03	50700	2.2				1.4
2/7/03	59700	2.4				1.2
2/8/03	62200	2.2				1.0
2/9/03	71900	2.5				1.3
2/10/03	32800	2.4				1.6
2/11/03	92300	2.5				2.0
2/12/03	22700	2.2				1.6
2/13/03	28500	2.2				1.4
2/14/03	67200	2.5				1.2
2/15/03	8700	2.4				1.7
2/16/03	49900	2.3				1.4
2/17/03	48300	2.5				1.7
2/18/03	67200	2.4				1.6
2/19/03	45000	2.3				1.7
2/20/03	68700	2.6				2.0
2/21/03	22600	2.4				1.5
2/22/03	68700	2.5				1.7
2/23/03	113600	2.2				1.4
2/24/03	167400					
2/25/03	37500					
2/26/03	45000					

167400
37500
45000

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

FROM :

02/22/2004 20:08 8136261030

FX NO. :

GARTH A

Mar. 07 2005 13:07PM P15



MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

A. Daily Water System (PWS) Information

Permit No. _____ State Treatment Plant Community Non-Community Domestic
 PWS Identification Number: 611311
 Date of System Construction: End of Month: 201
 PWS Owner: JENSEN, Inc. of Florida
 Contact Person: David C. Jones
 Contact Person's Mailing Address: 200 Westwood Ave
 Contact Person's Telephone Number: 977 209 1919
 Contact Person's E-Mail Address: d.c.jones@jenseninc.com
 Water Treatment Plant Location: _____
 Plant Name: W-3-4
 Plant Address: 2108 Archer Rd
 City: Fort Lauderdale
 State: FL
 ZIP Code: 33308
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Purchased Water: _____
 Purchased Water Company: _____
 Purchased Water Plant Address: _____
 Purchased Water Plant Phone Number: _____
 Plant Identification Number: 02-09-31001 FAC-C
 Plant Address: _____
 City: _____
 State: _____
 ZIP Code: _____
 Plant Telephone Number: 800-272-1919
 Plant Mailing Address: _____
 City: _____
 State: _____
 ZIP Code: _____
 Plant Identification Number: 02-09-31001 FAC-C

B. Water Treatment Plant Information

Plant Name: _____	City: _____	State: _____	ZIP Code: _____
Plant Address: _____	City: _____	State: _____	ZIP Code: _____
Plant Telephone Number: _____	City: _____	State: _____	ZIP Code: _____
Plant Mailing Address: _____	City: _____	State: _____	ZIP Code: _____
Plant Identification Number: _____	City: _____	State: _____	ZIP Code: _____

I, the undersigned water treatment plant operator located in Florida, am the lead/shift operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 02-055.3003, FAC. I also certify that the following additional operators records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of treatment of disinfectant used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operators records to the PWS owner to the PWS owner on each day, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 3-1-05
 Printed or Typed Name: Stephen Hobart
 License Number: C-8012

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

PWS Identification Number: 651131

Plant Name: Well 24

1-C6-05

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

Type of Chlorine Residual Monitored in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Chlorine Residual (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1	2.2			
2	2.3			
3	2.5			
4	2.4			
5	2.2			
6	2.0			
7	2.3			
8	2.3			
9	2.4			
10	2.2			
11	2.8			
12	2.2			
13	2.2			
14	2.4			
15	2.2			
16	2.5			
17	2.2			
18	2.3			
19	2.1			
20	2.0			
21	2.2			
22	2.0			
23	2.1			
24	2.2			
25	2.0			
26	2.1			
27	2.0			
28	2.1			
29	2.0			
30	2.1			
31	2.0			
32	2.1			
33	2.0			
34	2.1			
35	2.0			
36	2.1			
37	2.0			
38	2.1			
39	2.0			
40	2.1			
41	2.0			
42	2.1			
43	2.0			
44	2.1			
45	2.0			
46	2.1			
47	2.0			
48	2.1			
49	2.0			
50	2.1			
51	2.0			
52	2.1			
53	2.0			
54	2.1			
55	2.0			
56	2.1			
57	2.0			
58	2.1			
59	2.0			
60	2.1			
61	2.0			
62	2.1			
63	2.0			
64	2.1			
65	2.0			
66	2.1			
67	2.0			
68	2.1			
69	2.0			
70	2.1			
71	2.0			
72	2.1			
73	2.0			
74	2.1			
75	2.0			
76	2.1			
77	2.0			
78	2.1			
79	2.0			
80	2.1			
81	2.0			
82	2.1			
83	2.0			
84	2.1			
85	2.0			
86	2.1			
87	2.0			
88	2.1			
89	2.0			
90	2.1			
91	2.0			
92	2.1			
93	2.0			
94	2.1			
95	2.0			
96	2.1			
97	2.0			
98	2.1			
99	2.0			
100	2.1			

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 #: 0/w / 620

MONTH/YEAR: Feb 05

1.5 th					4000 2" bluff @ east end of Aegean
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

4000

629

FROM :

FAX NO. :

Feb. 04 2005 08:32PM P15



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished Water Production for the Month Year of <u>79405</u>									
Community Water System (CWS) Name: <u>Grangewood</u>									
Public Water System (PWS) Identification Number: <u>6511311</u>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						555,000
47200	63700	42500							153,400
42700	25200	50200							118,100
64100	55900	5800							125,800
52600	42800	42300							117,700
35600	41000	12200							88,800
51300	57900	22200							131,400
45100	50900	25600							121,600
78300	59000	53500							190,800
47300	57800	20200							125,300
53300	48300	19200							120,800
47900	59000	18500							125,400
46600	46200	18500							111,300
61700	61200	19800							142,700
64500	50800	26900							142,200
47900	76200	27100							151,200
45000	42900	37400							125,300
42900	41200	23200							107,300
16500	52300	19900							137,700
86200	52500	1600							140,300
129300	92200	900							222,400
59200	48700	4000							108,300
79200	41700								120,900
74200	49400								123,600
73900	43800								117,700
55400	42500								97,900
172000	89600								271,600
									368,700
									116,500
									168,100

WATER LOSS RECORD

✓

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 0/w 629
 MONTH/YEAR: Jan 05

11	5	2000	2" main off Arcadia
12	5	1500	2" main off Cool Road new
13	5	2000	2" main off PALMWOOD main
26		3000	2" main off darlington
			Spivey construction hit the line
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			

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

total 8,500 o/w

Form Modified 10/2003

File: Flushing & Water Loss Record



620

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: January 2004										
Community Water System (CWS) Name: Orangewood										
Public Water System (PWS) Identification Number: 6511311										
Day of Month	Well 1 x100	Well 2 x100	Well 3/4 x100							
	240,000	210,000	75,000	0						525,000
1	547	469	344							13,600
2	339	308	230							8,770
3	528	445	305							12,780
4										0
5	545	1204	330							20,790
6	835	255	277							13,670
7	677	494	96							12,670
8	632	514	53							11,990
9	466	469	174							11,090
10	502	483	100							10,900
11										0
12	923	1018	338							22,800
13	413	501	263							11,770
14	419	514	260							11,930
15	434	520	269							12,230
16	435	481	283							11,990
17	339	512	336							11,870
18										0
19	691	1003	465							21,590
20	466	488	178							11,320
21	352	491	291							11,340
22	208	509	293							10,070
23	157	405	340							9,620
24	217	497	363							10,820
25										0
26	438	478	786							22,020
27	715	484	30							12,290
28	539	477	8							10,160
29	186	482	293							9,610
30	138	495	445							10,780
31	238	656	437							13,310
Total										351,780
Avg										11,340
Max										13,670

FROM :

FAX NO. :

Feb. 05 2004 10:25AM P7

629



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished Water Production for the Month/Year of: February 2004									
Community Water System (CWS) Name: Orangewood									
Public Water System (PWS) Identification Number: 6511311									
Well 1 X/00	Well 2 X/00	Well 3/4 X/00							
240,000	210,000	75,000	0						525000
302	295	595							169200
171	492	374							103700
205	525	339							112900
312	498	415							112500
284	504	391							118900
200	573	287							100000
									0
252	946	769							206700
322	507	291							112000
284	530	399							121300
175	469	332							97600
270	501	394							116500
358	561	430							124900
									0
427	903	650							198000
292	595	394							128100
207	420	267							89400
614	567	1							118200
175	424	311							91000
227	528	258							101300
									0
671	966	714							235100
134	497	416							109200
201	484	284							97400
201	501	263							96500
140	487	250							87700
293	626	432							135600
									0
									0
									0
									297700
									102600
									135600

FROM : FAX NO. : Mar. 08 2004 10:18AM P7

Well 1



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

See page 4 for instructions.

I. General Information for the Month Year of Feb 2004

A. Public Water System (PWS) Information

PWS Name: Orangewood PWS Identification Number: 6511311
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1475
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield Ave. City: Altamonte Springs State: Fl Zip Code: 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: Well 2 Plant Telephone Number: 800-272-1919
Plant Address: 4627 Darlington Rd. City: Holiday State: Fl Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 210,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Class	License Number	Days/Shift(s) Worked
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>40 hrs</u>
<u>Chris Ianni</u>	<u>C</u>	<u>13130</u>	<u>1</u>
<u>Tom Safford</u>	<u>C</u>	<u>12750</u>	<u>Weekends</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.

3-3-04 Signature and Date
Stephen Habery Printed or Typed Name
C 8012 License Number

PAGE 10

GARTH A

8136261090

23:08

02/22/2004

FROM :

FRAX NO. :

Mar. 08 2004 10:22AM P12

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

PWS Identification Number: 6511311

Plant Name: Well 1

Report Date: Feb 2004

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Days	Start	End	Time of Day	Location	Sample ID	Residual (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Notes
1						302	2.4				
2						171	2.6				
3						205	2.4				
4						212	2.5				
5						294	2.6				
6						204	2.9				
7						252	2.7				
8						332	2.6				
9						284	2.5				
10						175	2.3				
11						280	2.5				
12						332	2.6				
13						332	2.6				
14						332	2.6				
15						332	2.6				
16						422	2.5				
17						252	2.5				
18						302	3.0				
19						302	3.0				
20						612	2.7				
21						125	2.8				
22						227	2.8				
23						621	2.8				
24						129	2.5				
25						581	2.7				
26						301	2.7				
27						140	2.9				
28						293	2.9				
29						293	2.9				
30						293	2.9				
31						293	2.9				

20220 109700
24300
61400

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

02-7
Well II

FROM :

FRX NO. :

Mar. 08 2004 10:21AM P11

PAGE 08

GARTH A

02/22/2004 23:08 8136261030



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

See page 4 for instructions.

I. General Information for Month Year Feb 2004

A. Public Water System (PWS) Information

PWS Name: Orangewood PWS Identification Number: 6511311

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

Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

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

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

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

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

B. Water Treatment Plant Information

Plant Name: Well I Plant Telephone Number: 800-272-1919

Plant Address: 4730 Darlington Rd. City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water 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

Operator Name	License Class	License Number	Day(s) Shift(s) Worked
<u>Stephen Habery</u>	<u>SOI</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>Chris Igathi</u>	<u>C</u>	<u>13180</u>	<u>" "</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12230</u>	<u>weekends</u>

II. Certification by Licensed Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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.

9-3-04 Stephen Habery C-8012
 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: 6511311

Plant Name: Well 2

Days Data for this Month: Feb 2004

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

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

Day of the Month	Days Plant Operated	Days Plant Maintained	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
1	X	2.1	2.9	1.7				
2	X	2.2	3.0	1.8				
3	X	2.3	3.1	2.0				
4	X	2.4	3.0	2.0				
5	X	2.5	2.9	2.1				
6	X	2.7	2.7	2.2				
7	X	2.5	2.5	2.3				
8	X	2.7	2.7	2.1				
9	X	2.8	2.8	1.8				
10	X	2.8	2.8	2.0				
11	X	3.0	3.0	1.8				
12	X	3.0	3.0	2.0				
13	X	2.9	2.9	2.0				
14	X	2.9	2.9	1.8				
15	X	2.9	2.9	2.0				
16	X	2.9	2.9	1.8				
17	X	2.9	2.9	2.0				
18	X	2.9	2.9	1.8				
19	X	2.9	2.9	2.0				
20	X	2.9	2.9	1.8				
21	X	2.9	2.9	2.0				
22	X	2.9	2.9	1.8				
23	X	2.9	2.9	2.0				
24	X	2.9	2.9	1.8				
25	X	2.9	2.9	2.0				
26	X	2.9	2.9	1.8				
27	X	2.9	2.9	2.0				
28	X	2.9	2.9	1.8				
29	X	2.9	2.9	2.0				
30	X	2.9	2.9	1.8				
31	X	2.9	2.9	2.0				
Total		638	4940					
Average			47700					
Min			626					
Max			626					

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

629
Wells 3+4

FROM :

PAGE 12



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

See page 4 for instructions.

I. General Information for the Month Year of: Feb 2004

A. Public Water System (PWS) Information

PWS Name: Orangetown PWS Identification Number: 6511311
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 3-4 Plant Telephone Number: 800-272-1919
Plant Address: 2448 Arcadia Rd. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000

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

Operator	Name	License Class	License Number	Days/Shifts Worked
Lead Operator	<u>Stephen Hebery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs.</u>
Other Operator	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>40 hrs</u>
	<u>Chris (ahai)</u>	<u>C</u>	<u>13130</u>	<u>40 hrs</u>
	<u>Tom Stinson</u>	<u>C</u>	<u>12250</u>	<u>weekend</u>

II. Certification of Lead Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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.

3-3-04 Stephen Hebery C-8012
Signature and Date Printed or Typed Name License Number

GARTH A

08136261030

02/22/2004 2:31:08

FRX NO. :

Mar. 08 2004 10:20AM P9

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

PWS Identification Number: 6511311

Plant Name: Well 34

Feb 04

Means of Achieving Foot-Lob Virus Inactivation/Removal: Free Chlorine Chlorine 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 Operation	Plant	Shaded	or	Valid	by	Time of Sample	Location	Residual (mg/L)	Free Chlorine	Chlorine Dioxide	Combined Chlorine (Chloramines)
1	X							2.5			
2	X							2.4			
3	X							3.7			
4	X							3.9			
5	X							4.5			
6	X							2.2			
7	X							2.8			
8	X							2.4			
9	X							2.8			
10	X							3.6			
11	X							2.4			
12	X							2.9			
13	X							2.8			
14	X							2.9			
15	X							2.5			
16	X							3.3			
17	X							2.4			
18	X							2.5			
19	X							2.7			
20	X							4.0			
21	X							6.0			
22	X							3.8			
23	X							2.4			
24	X							2.6			
25	X							2.7			
26	X							2.4			
27	X							2.5			
28	X							2.6			
29	X							2.1			
30	X							2.5			
31	X							2.8			
32	X							1.5			
33	X							1.5			
34	X							1.6			
35	X							1.8			
36	X							1.5			
37	X							1.5			
38	X							1.5			
39	X							1.5			
40	X							1.4			
41	X							1.4			
42	X							1.4			
43	X							1.4			
44	X							1.4			
45	X							1.4			
46	X							1.4			
47	X							1.4			
48	X							1.4			
49	X							1.4			
50	X							1.4			
51	X							1.4			
52	X							1.4			
53	X							1.4			
54	X							1.4			
55	X							1.4			
56	X							1.4			
57	X							1.4			
58	X							1.4			
59	X							1.4			
60	X							1.4			
61	X							1.4			
62	X							1.4			
63	X							1.4			
64	X							1.4			
65	X							1.4			
66	X							1.4			
67	X							1.4			
68	X							1.4			
69	X							1.4			
70	X							1.4			
71	X							1.4			
72	X							1.4			
73	X							1.4			
74	X							1.4			
75	X							1.4			
76	X							1.4			
77	X							1.4			
78	X							1.4			
79	X							1.4			
80	X							1.4			
81	X							1.4			
82	X							1.4			
83	X							1.4			
84	X							1.4			
85	X							1.4			
86	X							1.4			
87	X							1.4			
88	X							1.4			
89	X							1.4			
90	X							1.4			
91	X							1.4			
92	X							1.4			
93	X							1.4			
94	X							1.4			
95	X							1.4			
96	X							1.4			
97	X							1.4			
98	X							1.4			
99	X							1.4			
100	X							1.4			

386.00
305.00
457.00

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

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

See page 4 for instructions.

I. General Information for the Month of March 04

A. Public Water System (PWS) Information

PWS Name: Orangewood PWS Identification Number: 6511311

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

Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 209 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 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@utilities-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919

Plant Address: 4730 Darlington Rd City: Holly State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water 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

Licensed Operator	Hours	Plant Class (per subsection 62-699.310(4), F.A.C.): C
<u>Stephen Haberz</u>	<u>80/2</u>	<u>C</u>
<u>Chad's Larr</u>	<u>C</u>	<u>1330</u>
<u>Robb Crow</u>	<u>C</u>	<u>1350</u>
<u>Tim 375 Ranch</u>	<u>C</u>	<u>12250</u>

II. Certification by the Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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: [Signature] 4-5-04 Printed or Typed Name: STEPHEN HABERZ License Number: C-8012

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

PWS Identification Number: 6511311

Plant Name: Well 1

Month: March 04

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide

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

Day of Month	Operating Pressure (PSI)	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	2785	4770	3.7				2.0
X		25500	2.6				1.8
X		27700	2.7				1.9
X		21500	2.5				1.4
X		27400	2.5				1.5
X		12600	2.3				1.4
X		75200	3.6				1.7
X		2500	3.0				1.3
X	Booster Pump		2.7				2.0
X	Pump		2.4				2.0
X	for		2.4				1.8
X	new		2.2				1.9
X	scum		2.2				2.0
X			2.4				1.7
X			2.4				1.6
X			2.5				1.4
X			2.3				1.4
X			2.1				1.3
X			2.3				1.7
X		1200	2.2				1.3
X		31000	2.2				1.6
X		27200	2.2				2.0
X		46600	3.0				2.2
X		52200	3.5				2.8
X		64500	3.4				2.2
X		55500	3.0				2.0
X		35200	2.4				2.0
X		57800					1.9
X		12200					
X		25300					

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

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511311

Plant Name: Well 2

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe):

Day	Sample	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
1	1018.00	3.1									
2	828.00	3.0									
3	486.00	3.0									
4	443.00	3.0									
5	720.00	3.0									
6	443.00	3.0									
7	443.00	3.0									
8	443.00	3.0									
9	443.00	3.0									
10	443.00	3.0									
11	443.00	3.0									
12	443.00	3.0									
13	443.00	3.0									
14	443.00	3.0									
15	443.00	3.0									
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93	443.00	3.0									
94	443.00	3.0									
95	443.00	3.0									
96	443.00	3.0									
97	443.00	3.0									
98	443.00	3.0									
99	443.00	3.0									
100	443.00	3.0									

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

629

See page 4 for instructions.

1. General Information for the Month Year: APR 04

A. Public Water System (PWS) Information

PWS Name: Orangewood PWS Identification Number: 6511311

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

Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 200 Weatherfield Ave. City: Altamonte Springs State: FL Zip Code: 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: Well 3-4 Plant Telephone Number: 800-272-1919

Plant Address: 2448 Arcadia Rd. City: Holaday State: FL Zip Code: 34690

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000

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 Operator	Name	License Class	License Number	Day(s) Staffed/Worked
Lead/Chief Operator	<u>Stephen Hebery</u>	<u>C</u>	<u>5012</u>	<u>40</u>
Other Operators	<u>Chad C. 14441</u>	<u>C</u>	<u>13130</u>	<u>"</u>
	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>Tom Stafford</u>	<u>C</u>	<u>12250</u>	<u>weekends</u>

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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.

Stephen Hebery 5-5-04 Stephen Hebery C-5012

Signature and Date Printed or Typed Name License Number



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: May 2004									
Community Water System (CWS) Name: Orangewood									
Public Water System (PWS) Identification Number: 6511311									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
50,760	45,500	35,600							131,860
106,500	105,200	77,100							288,800
327,000	46,800	23,500							111,000
52,100	52,100	37,100							141,300
324,000	39,800	36,800							109,000
33,800	44,000	59,700							137,500
284,000	48,200	76,600							153,200
358,000	77,100	44,000							704,000
199,000	41,000	73,900							156,900
22,700	29,000	31,100							134,800
395,000	51,700	55,800							828,000
249,000	433,000	584,000							1,470,000
365,000	50,700	69,400							1,266,000
69,600	81,800	118,000							1,568,000
14,000	49,800	59,200							0
10,000	45,600	55,300							2,694,000
33,100	35,000	32,300							1,230,000
44,500	44,000	53,600							1,109,000
45,200	44,900	64,200							1,604,000
66,000	63,700	78,700							1,421,000
25,800	57,100	67,000							1,543,000
16,000	35,300	50,600							0
36,100	111,100	81,200							2,294,000
30,200	29,300	61,100							1,325,000
20,000	47,000	24,700							966,000
130,200	84,300	84,600							1,614,000
									1,325,000
									1,914,000
									0
									2,491,000
									4,085,500
									131,700
									1,919,000

FROM :

FAX NO. :

Jun. 02: 2004 02: 20: 11 P20

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED

WATER



See page 4 for instructions

1 General Information for the Month Year: MAY 04

A Public Water System (PWS) Information

PWS Name: Orangeeol

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

Number of Service Connections at End of Month: 591

Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Ryan

Contact Person's Mailing Address: 209 Weatherfield Ave

Contact Person's Telephone Number: 407.859.1919

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

Water Treatment Plant Information

Plant Name: Well 1

Plant Address: 4730 Dartington Rd

City: TALLAHASSEE

State: FL

Zip Code: 34690

Plant Telephone Number: 800-272-1919

Type of Water Treated by Plant: Raw Ground Water 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

License Number: 4042

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

License Type: License Temporary License

Lead/Chief Operator: Stephen Hobben

Operator: Bobb Crow

Operator: Chris Gant

Operator: Tom Stafford

Operator: C

Month	Operator	License Number	License Class
May 04	Stephen Hobben	4042	C
Apr 04	Bob Crow	13150	C
Mar 04	Chris Gant	13130	C
Feb 04	Tom Stafford	12250	C

I, the undersigned water treatment plant operator licensed in Florida, and the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standards or other applicable standards referenced in subsection 62-699.310(4), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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 Title: _____
 Printed or Typed Name: _____
 License Number: _____

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

PWS Identification Number: 6511311

Plant Name: Well 1

Days Data for the Month Year: **MAY 04**

Days Data for the Month Year Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultra violet Radiation Other (Describe):

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

Day of Operation (Pluse 00)	Days Plant Started or Varied by	Flow (MGD)	Net Capacity of Residual (MG)	Type of Disinfectant Residual Maintained in Distribution System:				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)					
1	X	2745	50200	3.8								2.0
2	X		106500	3.2								2.4
3	X		38200	2.3								1.7
4	X		32400	2.3								2.4
5	X		33800	2.7								2.0
6	X		38400	2.8								1.9
7	X		35800	3.2								2.2
8	X		19900	3.0								2.0
9	X		22200	2.2								1.6
10	X		39500	2.8								2.8
11	X		24900	2.8								1.6
12	X		36700	2.8								1.4
13	X		69600	2.8								2.0
14	X		14000	2.2								1.3
15	X		10000	2.7								2.0
16	X		33100	2.7								1.8
17	X		65500	2.6								2.0
18	X		47200	2.5								2.0
19	X		68500	2.7								2.0
20	X		43800	2.5								1.8
21	X		6000	2.5								1.7
22	X		58700	2.2								1.7
23	X		32200	2.2								1.0
24	X		80000	2.3								1.3
25	X		120200	2.2								1.2
26	X		112340									
27	X		5000									
28	X		5000									
29	X		5000									
30	X		5000									
31	X		5000									

1.8

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

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



See page 4 for instructions.

1. Enter information on the Month covered by this report. **MAY 07**

A Public Water System (PWS) Information
 PWS Name: **Orangeeewood**
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 PWS Identification Number: **6511311**
 Total Population Served at End of Month: **1478**

PWS Owner: **Utilities Inc. of Florida**
 Contact Person: **Patrick C. Flynn**
 Contact Person's Mailing Address: **200 Wetherfield Ave**
 City: **Altamonte Springs** State: **FL** Zip Code: **32714**
 Contact Person's Title: **Regional Director**
 Contact Person's Telephone Number: **407.869.1919**
 Contact Person's E-Mail Address: **p.c.flynn@utilities-usa.com**

B Water Treatment Plant Information
 Plant Name: **Well 2**
 Plant Address: **4627 Darlington Rd**
 City: **Industry** State: **FL** Zip Code: **34690**
 Plant Telephone Number: **800-272-1919**

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, Gallons per day: **210,000**
 Plant Category (per subsection 62-699.310(4), F.A.C.): **V**
 Plant Class (per subsection 62-699.310(4), F.A.C.): **C**

Operator Name	Operator Title	Operator License No.	Operator License Expiration Date
STEPHEN HOBLEY	Operator	8072	4/04/05
ROBB CROW	Operator	13150	1/15/05
CHRIS LAVAL	Operator	13150	1/15/05
BOB SKIFFORD	Operator	12252	1/25/05

II Certification of Self Inspection
 I, the undersigned water treatment plant operator licensed in Florida, am the headwork operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referred to in subsection 62-555.300(3), F.A.C. I also certify that the following annual operations records for this plant were prepared each day that a licensed operator started or visited this plant during the month indicated above: (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 on the PWS owner's return with copies of this report, at a convenient location for at least ten years.

Signature and Date: **Stephen Hobley** **5-7-07**
 Printed or Typed Name: **Stephen Hobley**
 License Number: **8072**

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

PWS Identification Number: 6511311 | Plant Name: Well 2

III Date for the Month Year: MAY 04

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

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

Day	Start	End	Time	Location	Residual	Notes
1	7:45	8:50	2.2	Well 2	10.520	
2	7:45	8:50	3.3	Well 2	4.800	
3	7:45	8:50	2.9	Well 2	5.100	
4	7:45	8:50	3.1	Well 2	3.800	
5	7:45	8:50	3.0	Well 2	4.500	
6	7:45	8:50	3.1	Well 2	4.200	
7	7:45	8:50	3.0	Well 2	2.700	
8	7:45	8:50	3.2	Well 2	4.000	
9	7:45	8:50	3.0	Well 2	2.900	
10	7:45	8:50	2.9	Well 2	5.200	
11	7:45	8:50	2.8	Well 2	4.300	
12	7:45	8:50	2.8	Well 2	5.000	
13	7:45	8:50	2.8	Well 2	3.500	
14	7:45	8:50	2.9	Well 2	4.000	
15	7:45	8:50	2.9	Well 2	4.400	
16	7:45	8:50	2.9	Well 2	3.200	
17	7:45	8:50	2.9	Well 2	6.200	
18	7:45	8:50	2.9	Well 2	4.900	
19	7:45	8:50	2.9	Well 2	4.000	
20	7:45	8:50	2.8	Well 2	3.500	
21	7:45	8:50	2.8	Well 2	4.000	
22	7:45	8:50	2.8	Well 2	4.000	
23	7:45	8:50	2.8	Well 2	3.200	
24	7:45	8:50	2.8	Well 2	4.200	
25	7:45	8:50	2.8	Well 2	4.200	
26	7:45	8:50	2.8	Well 2	4.200	
27	7:45	8:50	2.8	Well 2	4.200	
28	7:45	8:50	2.8	Well 2	4.200	
29	7:45	8:50	2.8	Well 2	4.200	
30	7:45	8:50	2.8	Well 2	4.200	
31	7:45	8:50	2.8	Well 2	4.200	

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PLEASE PRINT THE IDENTIFICTIONS FOR THIS REPORT TO GOVERNANCE WHICH PLANTS MAKE 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.

General Information for the Month Year of May 09

A. Public Water System (PWS) Information

PWS Name: Oranewood PWS Identification Number: 6511311
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 3-4 Plant Telephone Number: 800-272-1919
Plant Address: 2448 Arcadia Rd. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator	Name	License Class	License Number	Days Shift Worked
Lead/Chief Operator	<u>Stephan Koberly</u>	<u>C</u>	<u>8012</u>	<u>90 hrs</u>
Other Operators	<u>Chris Tamm</u>	<u>C</u>	<u>13130</u>	<u>11</u>
	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>4</u>
	<u>Tom Steward</u>	<u>C</u>	<u>12250</u>	<u>weekends</u>

II. Certification of Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-554.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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: [Signature] 5-1-09 Printed or Typed Name: STEPHAN KOBERLY License Number: C-8012

FROM : FAX NO. : JUNE 02 2004 02:22:54 P22



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

See page 4 for instructions.

Report Month: JUNE 04

A. Public Water System (PWS) Information

PWS Name: Oxonewood PWS Identification Number: 6511311

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

Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478

PWS Owner: Utilities Inc. of Florida

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

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

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

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

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919

Plant Address: 4730 Durlington Rd. City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water 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

Operator Name	License Number	Plant Class	Plant Category
<u>Stephen Habeny</u>	<u>C-8012</u>	<u>C</u>	<u>V</u>
<u>Robb CAW</u>	<u>1250</u>	<u>C</u>	<u>V</u>
<u>TOM STEFFON</u>	<u>12750</u>	<u>C</u>	<u>V</u>

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

Signature and Date: [Signature] 6-5-04 Printed or Typed Name: Stephen Habeny License Number: C-8012

FROM :

FAX NO. :

Sep. 15 2004 12:18PM P1

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

PWS Identification Number: 6511311

Plant Name: Well 1

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

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

Line	Plant	Sample	Date	Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
1					2.5				
2					2.5				
3					2.6				
4					2.8				
5					2.6				
6					2.6				
7					2.5				
8					2.5				
9					2.4				
10					2.3				
11					2.4				
12					2.5				
13					2.5				
14					2.4				
15					2.5				
16					2.5				
17					2.4				
18					2.4				
19					2.5				
20					2.5				
21					2.4				
22					2.4				
23					2.5				
24					2.5				
25					2.5				
26					2.5				
27					2.5				
28					2.5				
29					2.5				
30					2.5				
31					2.5				
32					2.5				
33					2.5				
34					2.5				
35					2.5				
36					2.5				
37					2.5				
38					2.5				
39					2.5				
40					2.5				
41					2.5				
42					2.5				
43					2.5				
44					2.5				
45					2.5				
46					2.5				
47					2.5				
48					2.5				
49					2.5				
50					2.5				
51					2.5				
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64					2.5				
65					2.5				
66					2.5				
67					2.5				
68					2.5				
69					2.5				
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85					2.5				
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87					2.5				
88					2.5				
89					2.5				
90					2.5				
91					2.5				
92					2.5				
93					2.5				
94					2.5				
95					2.5				
96					2.5				
97					2.5				
98					2.5				
99					2.5				
100					2.5				

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

FROM : Sep. 15 2004 12:18PM P2 FAX NO. :



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

See page 4 for instructions.

Date: July 04

A. Public Water System (PWS) Information

PWS Name: OrangeWood PWS Identification Number: 6511311
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
 Plant Address: 4627 Darlington Rd. City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 210,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Operator Name	License Number	License Number	License Number
Lead Operator: <u>Stephen Habeny</u>	<u>C</u>	<u>8012</u>	<u>4248</u>
Other Operator: <u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>11</u>
Other Operator: <u>Tom Stafford</u>	<u>C</u>	<u>72250</u>	<u>weathersfield</u>

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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: [Signature] 7-5-04 Printed or Typed Name: Stephen Habeny License Number: C-8012

GARTH A 8136261830 02/22/2004 23:08

FROM : FAX NO. : Sep. 15 2004 12:19PM P3

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Orangeburg
 PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Cooperative
 PWS Identification Number: 6511311
 Number of Service Connections at End of Month: 591
 Total Population Served at End of Month: 1428
 PWS Owner: Uniflor Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Westchesterfield Ave.
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: pc.flynn@uniflorinc.com
 Water Treatment Plant Information
 Plant Name: Well 3-4
 Plant Address: 2448 Arcadia Rd.
 City: Holiday State: FL Zip Code: 34690
 Plant Telephone Number: 800-272-1919
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Plant Category	Plant Class	Plant Name	City	State	Zip Code
<u>C</u>	<u>C</u>	<u>STEPHEN HOBLEY</u>	<u>TOLEDO</u>	<u>FL</u>	<u>33520</u>
<u>C</u>	<u>C</u>	<u>ROSE NEW</u>	<u>TOLEDO</u>	<u>FL</u>	<u>33520</u>
<u>C</u>	<u>C</u>	<u>WEEKS</u>	<u>TOLEDO</u>	<u>FL</u>	<u>33520</u>

I, the undersigned water treatment plant operator located in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator started or visited this plant during the month indicated above: (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

7-5-04

Printed or Typed Name

STEPHEN HOBLEY

License Number

C-8012

Sep. 15 2004 12:21PM PS

FAX NO. :

FROM :

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511311

Plant Name: Wd134

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Date	Time	Location	Sample Type	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
9/15/04	11:0			1.9			
	11:4			1.9			
	2:0			2.0			
	2:2			2.1			
	2:3			2.0			
	2:4			2.4			
	2:5			2.8			
	2:6			2.6			
	2:7			2.2			
	2:8			2.4			
	2:9			1.0			
	2:10			1.8			
	2:11			2.0			
	2:12			2.0			
	2:13			2.0			
	2:14			2.4			
	2:15			2.5			
	2:16			2.6			
	2:17			2.5			
	2:18			2.5			
	2:19			2.5			
	2:20			2.5			
	2:21			2.5			
	2:22			2.5			
	2:23			2.5			
	2:24			2.5			
	2:25			2.5			
	2:26			2.5			
	2:27			2.5			
	2:28			2.5			
	2:29			2.5			
	2:30			2.5			
	2:31			2.5			
	2:32			2.5			
	2:33			2.5			
	2:34			2.5			
	2:35			2.5			
	2:36			2.5			
	2:37			2.5			
	2:38			2.5			
	2:39			2.5			
	2:40			2.5			
	2:41			2.5			
	2:42			2.5			
	2:43			2.5			
	2:44			2.5			
	2:45			2.5			
	2:46			2.5			
	2:47			2.5			
	2:48			2.5			
	2:49			2.5			
	2:50			2.5			
	2:51			2.5			
	2:52			2.5			
	2:53			2.5			
	2:54			2.5			
	2:55			2.5			
	2:56			2.5			
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* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 65-555 (00/2/2004)

Page 2



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

FROM :

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: <u>July</u> 2004									
Community Water System (CWS) Name: <u>Orangewood</u>									
Public Water System (PWS) Identification Number: <u>6511311</u>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525000
28000	39300	36800							104700
32100	45400	34200							116700
41400	52700	51100							145200
									0
45900	61400	58800							166100
35200	35100	38000							108800
41300	35300	43200							119800
41200	33800	42500							117500
46500	31200	52600							130300
40800	28100	42900							112800
									0
66200	68900	139200							274800
29700	31800	52800							123700
36400	29000	60600							126000
38500	30400	53900							122800
34800	26800	23200							124900
53000	31800	200							784800
									0
22100	60500	26500							209100
35800	31400	47100							114300
27900	28200	37900							94500
21100	18100	20400							109600
32200	22400	63000							118100
15600	19200	42400							77200
									0
61000	46700	122000							237200
22600	24600	52100							99800
23600	23200	63100							109900
26300	25100	53700							105800
23800	23200	48500							96000
29500	28600	48800							106900
									3491300
									112600
									751800

FAX NO. :

Aug. 06 2004 11:48AM P10

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

629

See page 4 for instructions.

Reporting Period: July 04

A. Public Water System (PWS) Information

PWS Name: Orangewood PWS Identification Number: 6511311
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: 4730 Dartington Rd. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water 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	
Operator Name	License Number	License Number	Days/Hours Worked
<u>Stephen Habery</u>	<u>C 8012</u>		<u>40 hrs</u>
<u>Robb Crow</u>	<u>C 13150</u>		<u>"</u>
<u>Tom Stafford</u>	<u>C 12750</u>		<u>week end</u>
<u>Race Ryback</u>	<u>C 12746</u>		<u>week end</u>

II. Certification of Lead/Chief Operator

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

Signature and Date: [Signature] 8-6-04 Printed or Typed Name: Stephen Habery License Number: C-8012

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

PWS Identification Number: 6511313

Plant Name: Well 1

July 04

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

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

Plant Name	Well	Sample Date	Sample Time	Sample Location	Sample Type	Sample Volume	Sample Temperature	Sample pH	Sample Turbidity	Sample Conductivity	Sample Total Hardness	Sample Total Solids	Sample Total Suspended Solids	Sample Total Dissolved Solids	Sample Free Chlorine	Sample Combined Chlorine	Sample Chlorine Dioxide	Sample Ozone	Sample Other Disinfectant	Sample Disinfection Byproduct	Sample Other
Well 1	1	7/1	12:00	Well 1	Tap	1.2	1.2	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	13:00	Well 1	Tap	1.3	1.3	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	14:00	Well 1	Tap	1.4	1.4	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	15:00	Well 1	Tap	1.5	1.5	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	16:00	Well 1	Tap	1.6	1.6	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	17:00	Well 1	Tap	1.7	1.7	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	18:00	Well 1	Tap	1.8	1.8	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	19:00	Well 1	Tap	1.9	1.9	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	20:00	Well 1	Tap	2.0	2.0	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	21:00	Well 1	Tap	2.1	2.1	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	22:00	Well 1	Tap	2.2	2.2	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	23:00	Well 1	Tap	2.3	2.3	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	24:00	Well 1	Tap	2.4	2.4	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	25:00	Well 1	Tap	2.5	2.5	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	26:00	Well 1	Tap	2.6	2.6	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	27:00	Well 1	Tap	2.7	2.7	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	28:00	Well 1	Tap	2.8	2.8	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	29:00	Well 1	Tap	2.9	2.9	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	30:00	Well 1	Tap	3.0	3.0	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	31:00	Well 1	Tap	3.1	3.1	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	32:00	Well 1	Tap	3.2	3.2	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	33:00	Well 1	Tap	3.3	3.3	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	34:00	Well 1	Tap	3.4	3.4	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	35:00	Well 1	Tap	3.5	3.5	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	36:00	Well 1	Tap	3.6	3.6	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	37:00	Well 1	Tap	3.7	3.7	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	38:00	Well 1	Tap	3.8	3.8	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	39:00	Well 1	Tap	3.9	3.9	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	40:00	Well 1	Tap	4.0	4.0	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	41:00	Well 1	Tap	4.1	4.1	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	42:00	Well 1	Tap	4.2	4.2	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	43:00	Well 1	Tap	4.3	4.3	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	44:00	Well 1	Tap	4.4	4.4	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	45:00	Well 1	Tap	4.5	4.5	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	46:00	Well 1	Tap	4.6	4.6	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	47:00	Well 1	Tap	4.7	4.7	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	48:00	Well 1	Tap	4.8	4.8	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	49:00	Well 1	Tap	4.9	4.9	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	50:00	Well 1	Tap	5.0	5.0	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	51:00	Well 1	Tap	5.1	5.1	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	52:00	Well 1	Tap	5.2	5.2	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	53:00	Well 1	Tap	5.3	5.3	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	54:00	Well 1	Tap	5.4	5.4	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	55:00	Well 1	Tap	5.5	5.5	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	56:00	Well 1	Tap	5.6	5.6	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	57:00	Well 1	Tap	5.7	5.7	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	58:00	Well 1	Tap	5.8	5.8	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	59:00	Well 1	Tap	5.9	5.9	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0
Well 1	1	7/1	60:00	Well 1	Tap	6.0	6.0	7.5	0.1	150	150	150	150	150	1.0	0.0	0.0	0.0	0.0	0.0	0.0

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

DEP Form 63 (05/00/03) Annual



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

See page 4 for instructions.

I. General Information for the Month/Year July 04

A. Public Water System (PWS) Information

PWS Name: <u>Orangetown</u>		PWS Identification Number: <u>651131</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>591</u>		Total Population Served at End of Month: <u>1478</u>	
PWS Owner: <u>Utilities Inc. of Florida</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weatherfield 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>Well 2</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>4627 Darlington Rd.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</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>210,000</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>	
Operator Name	Name	License Class	License Number
Lead/Chief Operator	<u>Stephen Hubery</u>	<u>C</u>	<u>8012</u>
Other Operator	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>
	<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>
	<u>Dave Ryback</u>	<u>C</u>	<u>12748</u>

II. Certification of Information

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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: 8-6-04 Printed or Typed Name: Stephen Hubery License Number: C-8012

FROM :

FRX NO. :

AUG. 06 2004 11:51AM P14

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

PWS Identification Number: 6511311

Plant Name: Well 2

III. Data for the Year of 2004

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

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

Day of Month	Plant	Staffed	Year	Visited	By Whom	Operator	Place	Time	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other	Notes
Y	24	MS	3900						2.6				
Y			45400						2.7				
Y			52200						2.7				
Y			61400						2.8				
Y			55700						2.5				
Y			25300						2.0				
Y			33800						2.5				
Y			51200						2.8				
Y			28100						2.4				
Y			68400						2.7				
Y			31800						2.6				
Y			29000						2.5				
Y			30400						2.8				
Y			26500						2.6				
X			31800						2.5				
S													
X			60500						2.2				
X			31400						2.8				
Y			28200						2.5				
Y			18100						2.3				
X			22400						2.5				
X			19200						2.4				
M													
X			48200						2.5				
Y			24600						2.4				
Y			23200						2.3				
Y			25100						2.6				
Y			25200						2.5				
E			29800						2.7				
			35200										
			30100										
			52700										

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



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

See page 4 for instructions.

Report Period: July 04

A. Public Water System (PWS) Information

PWS Name: <u>Orangewood</u>		PWS Identification Number: <u>6511311</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>591</u>		Total Population Served at End of Month: <u>1478</u>	
PWS Owner: <u>Utilities Inc. of Florida</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>Well 3-4</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>2448 Arcadia Rd.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</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>75,000</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>	
Operator Name	License Class	License Number	Days Worked
<u>Stephen Huberly</u>	<u>C</u>	<u>8015</u>	<u>40 hrs</u>
<u>Robb Cheln</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>Tom Stutzland</u>	<u>C</u>	<u>12750</u>	<u>weekends</u>
<u>Dave Ryhiate</u>	<u>C</u>	<u>12746</u>	<u>"</u>

C. Certification by Licensed Professional

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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>STEPHEN HUBERLY</u>	<u>C-8012</u>
Signature and Date	Printed or Typed Name	License Number

GARTH A

02/22/2004 23:08 0136261030

FROM :
FRX NO. :
Aug. 06 2004 11:49AM P12

Sep. 03 2004 09:04AM P14

FAX NO. :

FROM :



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: <u>August</u> 2004									
Community Water System (CWS) Name: <u>Orangewood</u>									
Public Water System (PWS) Identification Number: <u>6511311</u>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
45800	49400	114900							0
28300	32300	47600							210100
24200	26500	61500							108200
23700	31300	41800							172200
20900	21000	51100							97000
10900	24500	20000							93000
									35400
									0
37100	39400	175000							251500
20800	12600	61000							94400
17200	19800	72300							109300
22100	22800	61600							106300
26200	34600	65500							126300
37300	38700	5200							81200
									0
35100	40000	125000							200100
6200	30000	93200							129400
1600	17900	73600							93100
17200	25800	63400							106400
52000	32300	44900							129200
34400	29700	32500							96600
									0
89900	72200	85900							248000
22900	35300	55500							113700
23100	37000	44400							104300
3200	36900	54700							94800
30700	33700	48300							112900
0	46500	23100							99600
									0
0	90400	146400							236800
58500	49000	14900							122400
									3332600
									107500
									129400

629



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

See page 4 for instructions.

I. General Information for the Month Year of August 2004

A. Public Water System (PWS) Information

PWS Name: Orangeeewood PWS Identification Number: 6511311
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: 4730 Darlington Rd. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water 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.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Operator	Name	License Class	License Number	Days/Shifts/Week
Lead/Chief Operator	<u>STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>	<u>40hrs</u>
Other Operator	<u>ROBB CRAW</u>	<u>C</u>	<u>13150</u>	<u>Weekend</u>
	<u>TOM STAFFORD</u>	<u>C</u>	<u>12750</u>	<u>Weekend</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.

Signature and Date: [Signature] 9-2-04 Printed or Typed Name: STEPHEN HABERY License Number: C-8012

FROM : 02/22/2004 23:08 FAX NO. : GARTH A SEP. 03 2004 08:59AM PB PAGE 08

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511311

Plant Name: Well 1

August 2004

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

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

Day	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)
1	45800	2.8										
2	28500	2.7										
3	24200	2.6										
4	23900	2.5										
5	20900	2.2										
6	10900	2.0										
7	3120	2.6										
8	26800	2.1										
9	17200	2.2										
10	2100	2.2										
11	26200	2.4										
12	31300	2.7										
13	35100	2.5										
14	6200	2.5										
15	1600	2.1										
16	17200	2.2										
17	52000	2.3										
18	34400	2.0										
19	28900	2.4										
20	22900	2.5										
21	23100	2.3										
22	2200	2.2										
23	30900	2.0										
24	0	2.4										
25	0	2.0										
26	58500	1.8										
27	689100											
28	22200											
29	58500											
30	22200											
31	58500											

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



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

See page 4 for instructions.

I. General Information for the Month/Year of: AUGUST 2004

A. Public Water System (PWS) Information

PWS Name: <u>Orangetown</u>		PWS Identification Number: <u>6511311</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>591</u>		Total Population Served at End of Month: <u>1478</u>	
PWS Owner: <u>Utilities Inc. of Florida</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>407.869.6261</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Well 2</u>		Plant Telephone Number: <u>800-272-1919</u>		
Plant Address: <u>4627 Darlington Rd.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</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>210,000</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	Days/Shifts Worked
Lead/Chief Operator	<u>STEPHEN HARRY</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
Other Operators	<u>ROBB CREW</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>TOM STAFFORD</u>	<u>C</u>	<u>12750</u>	<u>weekends</u>

II. Certification of Lead/Chief Operator

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

Signature and Date: 9-2-04 Printed or Typed Name: Stephen Harry License Number: C-8012

Sep. 03 2004 09:01AM P10

FAX NO. : GARTH A

FROM : 02/22/2004 23:08 8136261030



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

See page 4 for instructions.

I. General Information for the Month Year of: August 2004

A. Public Water System (PWS) Information

PWS Name: <u>Orangetown</u>		PWS Identification Number: <u>6511311</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>591</u>		Total Population Served at End of Month: <u>1478</u>	
PWS Owner: <u>Utilities Inc. of Florida</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weatherfield 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>Well 3-4</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>2448 Arcadia Rd.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</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>75,000</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>	
Operator	License Class	License Number	Day(s) of Service
<u>Lead/Chief Operator: STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>	<u>40hrs</u>
<u>Other Operator: ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>TOM STAFFORD</u>	<u>C</u>	<u>12750</u>	<u>Weekends</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>9-2-04</u>	<u>STEPHEN HABERY</u>	<u>C-8012</u>
Signature and Date	Printed or Typed Name	License Number

SEP. 03 2004 09:02AM P12 PAGE 1

GARTH A

FAX NO. :

FROM : 02/22/2004 23:08 : 0136261030



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: <u>September 2004</u>									
Community Water System (CWS) Name: <u>Orangewood</u>									
Public Water System (PWS) Identification Number: <u>6511311</u>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
42,600	49,000	36,300							127,900
21,300	47,700	30,400							99,400
19,100	48,400	32,900							100,400
30,100	46,500	25,600							102,200
									0
50,600	118,800	56,000							225,400
3,500	29,200	30,200							67,900
37,500	46,700	39,700							123,900
47,500	51,700	21,900							121,100
46,300	47,700	24,600							118,600
22,900	39,700	33,900							97,500
									0
19,500	10,820	12,110							42,430
40,000	6,110	5,670							51,780
12,300	603.00	1,520.00							878.00
8,500	7,900	1,270							12,020
180.00	5,780	2,160							9,740
134.00	4,460	2,230							8,030
									0
34,300	10,560	4,480							18,470
9,700	7,520	2,120							10,610
13,900	6,530	1,970							9,790
8,800	5,870	1,920							8,670
16,800	7,110	2,650							11,440
16,600	6,180	3,300							11,140
									0
59,900	6,410	2,810							15,210
18,500	4,060	2,420							8,330
11,100	5,350	2,990							9,450
19,100	5,640	2,470							10,020
									0
									328,340
									10,940
									15,780

FROM :

FRX NO. :

Oct. 04 2004 01:05PM P17

62a

FROM :

FRX NO. :

Oct. 04 2004 01:01PM P11

PAGE 08

GARTH A

0136261030

02/22/2004 23:08



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 SEPTEMBER 2004

A. Public Water System (PWS) Information

PWS Name: <u>Orangeswood</u>		PWS Identification Number: <u>6511311</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>591</u>		Total Population Served at End of Month: <u>1478</u>	
PWS Owner: <u>Utilities Inc. of Florida</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Waverfield 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>Well 1</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>4730 Darlington Rd.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</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>240,000</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>	
Operator	License Number	License Number	License Number
<u>STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>TOM STARK</u>	<u>C</u>	<u>12750</u>	<u>weekend</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.

Signature and Date: [Signature] 10-4-04 Printed or Typed Name: STEPHEN HABERY License Number: C-8012

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

PWS Identification Number: 6511311

Plant Name: Well 1

Month: SEPTEMBER 2004

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

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

Days of Month	Plant	Staffed	Sec 91	Violated	by i/c	Operator	Plant	Flow (MGD)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X								42600	2.4		
X								21300	2.4		1.6
X								19100	2.2		2.0
X								30100	2.0		1.8
X								50600	2.3		1.6
X								8500	2.7		1.8
X								37500	2.5		1.6
X								47500	2.4		1.2
X								46300	2.6		1.4
X								23900	2.5		2.0
X								175000	2.0		1.1
X								40000	1.2		1.4
X								12300	1.8		1.2
X								8500	2.2		1.2
X								18000	2.6		1.3
X								13400	2.4		1.6
X								34300	2.7		1.4
X								9700	2.0		1.2
X								12900	2.1		1.7
X								8800	2.2		1.2
X								16300	2.2		2.0
X								16600	2.4		1.8
X								59900	2.4		1.6
X								8500	2.6		1.8
X								11100	2.8		2.0
X								19100	3.0		2.0
								822300			
								27400			
								47500			1.6

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

PAGE 09

GARTH A

8136261030

23:08

02/22/2004

FROM :

FAX NO. :

Oct. 04 2004 01:02PM P12

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Crosswood
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Concentrate
 PWS Identification Number: 6511311
 Total Population Served at End of Month: 1428

PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Title: Regional Director
 Contact Person's Address: 200 Westchesterfield Ave.
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's Fax Number: 407.869.6961
 State: FL Zip Code: 32714

Water Treatment Plant Information
 Contact Person's E-Mail Address: p.c.flynn@flwaterinc-usa.com
 Plant Name: Well 2
 Plant Address: 4627 Darlington Rd
 State: FL Zip Code: 34690
 Plant Telephone Number: 800-272-1919
 City: Holiday
 State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, Gallons per day: 210,000
 Plant Category (per subsection 62-699.310(4) F.A.C.): V
 Plant Class (per subsection 62-699.310(4) F.A.C.): C

Operator	Start Date	End Date	Days	Remarks
STEPHEN HABEKY	8/12	8/12	C	406'S
KORB LOW	12/15	12/15	C	" "
TOM STAFFORD	12/15	12/15	C	WEEKENDS

I, the undersigned water treatment plant operator licensed in Florida, am the lead/shift operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator started or visited this plant during the month indicated above: (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: 10-4-04
 Printed or Typed Name: STEPHEN HABEKY
 License Number: C-8012

Oct. 04 2004 01:03PM P13

FAX NO. :

FROM :

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511311

Plant Name: Well 2

SEPTEMBER 2004

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Sample No.	Date	Time	Location	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Ozone (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Ozone (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Ozone (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Ozone (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Ozone (mg/L)	
118700				2.8																				
89200				2.7																				
46700				2.5																				
51700				2.6																				
47700				2.4																				
48400				2.4																				
46500				3.0																				
118700				2.8																				
89200				2.7																				
46700				2.5																				
51700				2.6																				
47700				2.4																				
48400				2.4																				
46500				3.0																				
108200				2.7																				
61100				2.8																				
60300				2.8																				
99000				3.0																				
37800				2.9																				
44600				2.8																				
105600				3.0																				
73200				2.9																				
65300				2.7																				
58700				3.0																				
71100				3.0																				
61800				3.0																				
64100				3.0																				
40600				2.7																				
53500				2.8																				
54900				2.8																				
1608700																								
53600																								
79000																								

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

DEP Form 87-005-000-000-000-000

Page 2

02/22/2004 23:08 8136261030

GARTH A

PAGE 11

Oct. 04 2004 01:03PM P14

FAX NO. :

FROM :



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

See page 4 for instructions.

Report Period: SEPTEMBER 2004

A. Public Water System (PWS) Information

PWS Name: <u>Orangetown</u>		PWS Identification Number: <u>6511311</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>591</u>		Total Population Served at End of Month: <u>1478</u>	
PWS Owner: <u>Utilities Inc. of Florida</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>Well 3-4</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>2448 Arcadis Rd.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</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>75,000</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>	
Operator Name	License Class	License Number	License Expiration Date
<u>STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>	<u>48 hrs</u>
<u>ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>TOM STAFFORD</u>	<u>C</u>	<u>12750</u>	<u>Weekends</u>

C. Certification of Lead/Chief Operator

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

Signature and Date: [Signature] 10-4-04 Printed or Typed Name: STEPHEN HABERY License Number: C 8012

GARTH A

02/22/2004 23:08 8136261030

FROM :

FAX NO. :

Oct. 04 2004 01:04PM P15



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

62a.

See page 4 for instructions.

Reporting Month: OCT 04

A. Public Water System (PWS) Information

PWS Name: Omniswood PWS Identification Number: 6511311
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
 Plant Address: 4730 Dartington Rd. City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water 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	
Operator Name	License Number	Hours
<u>Stephen Haberix</u>	<u>C</u>	<u>80M</u>
<u>Rubb Crow</u>	<u>C</u>	<u>13150</u>
<u>Tom Stallord</u>	<u>C</u>	<u>12750</u>
<u>Jack Aelkins</u>	<u>C</u>	<u>12019</u>
		<u>40 hrs</u>
		<u>weekends</u>
		<u>40 hrs</u>

III. Certification of Information

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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: NOV 2 Printed or Typed Name: Stephen Haberix License Number: C-8012

Nov. 09 2004 12:20PM P1

PAGE 08

GARTH A

FAX NO. :

8136261030

02/22/2004 23:08

FROM :

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

PWS Identification Number: 651131

Plant Name: Well

051 09

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

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

Day	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
X	291K	2.8000				
X	17000	3.0				1.9
X	67700	2.3				2.0
X	57700	2.4				2.0
X	57700	2.5				1.8
X	17000	2.3				2.9
X	25700	2.4				2.0
X	6600	2.5				2.0
X	17200	2.4				2.0
X	2900	2.2				2.0
X	25700	2.3				1.8
X	27200	2.1				1.6
X	36000	2.2				1.6
X	10200	2.0				1.8
X	45200	2.5				1.7
X	22500	2.6				1.6
X	31200	2.5				1.7
X	22500	2.4				2.0
X	32000	2.3				2.1
X	34500	2.4				1.6
X	60300	2.4				1.2
X	36000	2.3				2.0
X	37000	2.5				2.0
X	36100	2.4				2.0
X	4200	2.3				2.0
X	25000	2.3				2.0
X	84200	2.7				2.0
X	27500					
X	55500					

1.8

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

OSP Form 65 (05/2004)

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



See page 4 for instructions

A Public Water System (PWS) Information

PWS Name: Orange
 PWS Type: Community Non-Community Transient Non-Community Concentrate Concentrate
 Number of Service Connections at End of Month: 591
 PWS Owner: Trinity Inc of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Westchesterfield Ave
 Contact Person's Telephone Number: 407 869 1919
 Contact Person's E-Mail Address: p.c.flynn@trinityinc.com
 Contact Person's Fax Number: 407 869 6961
 City: Alachua State: FL Zip Code: 32714
 Contact Person's Title: Regional Director
 Total Population Served at End of Month: 1475

B Water Treatment Plant Information

Plant Name: W-2
 Plant Address: 4827 Dunnington Rd
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant: 210,000 gallons per day
 Plant Class (see subsection 62-559.310(4) F.A.C.): V
 Plant Class (see subsection 62-559.310(4) F.A.C.): C

Operator Name	Operator Title	Operator License No.	Operator License Expiration Date
<u>Stephen Haberly</u>	<u>Operator</u>	<u>5012</u>	<u>40 hrs</u>
<u>Ruby C. Row</u>	<u>Operator</u>	<u>13150</u>	<u>11</u>
<u>Scott Adams</u>	<u>Operator</u>	<u>8019</u>	<u>11</u>
<u>Tom Skifford</u>	<u>Operator</u>	<u>12250</u>	<u>Weekends</u>

I, the undersigned water treatment plant operator licensed in Florida, am the head/lead operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all detaching water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator started or visited the plant during the month indicated above: (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 operator 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: Nov 2
 Printed or Typed Name: Stephen Haberly
 License Number: C-5012

DEP Form 62-559.310(4)

Page 1

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

PWS Identification Number: 6511311

Plant Name: W1134

OCT 04

Means of Achieving Your-Log Virus Inactivation/Removal: Free Chlorine Floc Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Combined Chlorine (Chloramines) Chlorine Dioxide

Type of Treatment Regimen Applied: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Time	Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
7:00	2.3					
7:15	2.3					
7:30	2.3					
7:45	2.3					
8:00	2.3					
8:15	2.3					
8:30	2.3					
8:45	2.3					
9:00	2.3					
9:15	2.3					
9:30	2.3					
9:45	2.3					
10:00	2.3					
10:15	2.3					
10:30	2.3					
10:45	2.3					
11:00	2.3					
11:15	2.3					
11:30	2.3					
11:45	2.3					
12:00	2.3					
12:15	2.3					
12:30	2.3					
12:45	2.3					
1:00	2.3					
1:15	2.3					
1:30	2.3					
1:45	2.3					
2:00	2.3					
2:15	2.3					
2:30	2.3					
2:45	2.3					
3:00	2.3					
3:15	2.3					
3:30	2.3					
3:45	2.3					
4:00	2.3					
4:15	2.3					
4:30	2.3					
4:45	2.3					
5:00	2.3					
5:15	2.3					
5:30	2.3					
5:45	2.3					
6:00	2.3					
6:15	2.3					
6:30	2.3					
6:45	2.3					
7:00	2.3					

Time	Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
7:00	2.3					
7:15	2.3					
7:30	2.3					
7:45	2.3					
8:00	2.3					
8:15	2.3					
8:30	2.3					
8:45	2.3					
9:00	2.3					
9:15	2.3					
9:30	2.3					
9:45	2.3					
10:00	2.3					
10:15	2.3					
10:30	2.3					
10:45	2.3					
11:00	2.3					
11:15	2.3					
11:30	2.3					
11:45	2.3					
12:00	2.3					
12:15	2.3					
12:30	2.3					
12:45	2.3					
1:00	2.3					
1:15	2.3					
1:30	2.3					
1:45	2.3					
2:00	2.3					
2:15	2.3					
2:30	2.3					
2:45	2.3					
3:00	2.3					
3:15	2.3					
3:30	2.3					
3:45	2.3					
4:00	2.3					
4:15	2.3					
4:30	2.3					
4:45	2.3					
5:00	2.3					
5:15	2.3					
5:30	2.3					
5:45	2.3					
6:00	2.3					
6:15	2.3					
6:30	2.3					
6:45	2.3					
7:00	2.3					

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

DEF Form 10 (01/01/2004)



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: <i>Nov 2004</i>									
Community Water System (CWS) Name: <i>Orangewood</i>									
Public Water System (PWS) Identification Number: <i>6511311</i>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						525,000
626 00	1033 00	684 00							2343 00
304 00	539 00	420 00							1263 00
347 00	475 00	442 00							1264 00
246 00	496 00	356 00							1096 00
412 00	518 00	225 00							1155 00
322 00	427 00	391 00							1140 00
1229 00	1124 00	0							2353 00
320 00	518 00	315 00							1153 00
266 00	581 00	519 00							1365 00
391 00	511 00	163 00							1065 00
423 00	519 00	242 00							1184 00
407 00	407 00	220 00							896 00
1365 00	1215 00	228 00							2808 00
322 00	521 00	235 00							1088 00
299 00	508 00	400 00							1207 00
490 00	382 00	539 00							970 00
312 00	499 00	420 00							1231 00
358 00	551 00	301 00							1210 00
569 00	943 00	1047 00							2559 00
803 00	483 00	472 00							1258 00
271 00	480 00	467 00							1218 00
212 00	511 00	453 00							1181 00
124 00	436 00	228 00							988 00
581 00	482 00	500							1068 00
1428 00	1039 00	230 00							2490 00
202 00	405 00	570 00							1177 00
									0
									3073 00
									12433
									136500

FROM : FHX INU

FROM :

1029



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

FILE COPY

See page 4 for instructions.

Report Month: NOV 04

A. Public Water System (PWS) Information

PWS Name: Craneswood PWS Identification Number: 6511311
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 591 Total Population Served at End of Month: 1478
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: 4730 Dartington Rd. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water 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		
Operator Name	License Number	Shift	Days
<u>Stephen Habery</u>	<u>C 8012</u>	<u>40 hrs</u>	<u>" "</u>
<u>Robb Crow</u>	<u>C 13150</u>	<u>" "</u>	<u>" "</u>
<u>Jack Adkins</u>	<u>C 13019</u>	<u>" "</u>	<u>" "</u>
<u>Tom Stafford</u>	<u>C 12750</u>	<u>Weekends</u>	<u>" "</u>

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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: [Signature] 12.1.04 Printed or Typed Name: Stephen Habery License Number: C 8012

Dec. 02 2004 01:36PM P1

PAGE 08

GARTH A

FAX NO. :

8135261030

02/22/2004 23:08

FROM :

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

PWS Identification Number: 6511311

Plant Name: Well 1

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

Type of Disinfectant Residual Measured in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Time	Residual (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	5:26:00	2.4	2.4				1.7
X	5:47:00	2.4	2.4				1.6
X	6:04:00	2.4	2.4				1.8
X	6:21:00	2.3	2.3				1.4
X	6:38:00	2.3	2.3				2.0
X	6:55:00	2.3	2.3				1.8
X	7:12:00	2.2	2.2				1.6
X	7:29:00	2.2	2.2				1.5
X	7:46:00	2.3	2.3				1.7
X	8:03:00	2.0	2.0				1.6
X	8:20:00	2.2	2.2				1.4
X	8:37:00	2.3	2.3				1.5
X	8:54:00	2.2	2.2				1.7
X	9:11:00	2.2	2.2				1.8
X	9:28:00	2.2	2.2				1.9
X	9:45:00	2.3	2.3				1.7
X	10:02:00	2.2	2.2				1.8
X	10:19:00	2.2	2.2				1.9
X	10:36:00	2.2	2.2				1.7
X	10:53:00	2.2	2.2				1.8
X	11:10:00	2.2	2.2				1.9
X	11:27:00	2.2	2.2				1.7
X	11:44:00	2.2	2.2				1.8
X	12:01:00	2.2	2.2				1.9
X	12:18:00	2.2	2.2				1.7
X	12:35:00	2.2	2.2				1.8
X	12:52:00	2.2	2.2				1.9
X	1:09:00	2.2	2.2				1.7
X	1:26:00	2.2	2.2				1.8
X	1:43:00	2.2	2.2				1.9
X	2:00:00	2.2	2.2				1.7
X	2:17:00	2.2	2.2				1.8
X	2:34:00	2.2	2.2				1.9
X	2:51:00	2.2	2.2				1.7
X	3:08:00	2.2	2.2				1.8
X	3:25:00	2.2	2.2				1.9
X	3:42:00	2.2	2.2				1.7
X	3:59:00	2.2	2.2				1.8
X	4:16:00	2.2	2.2				1.9
X	4:33:00	2.2	2.2				1.7
X	4:50:00	2.2	2.2				1.8
X	5:07:00	2.2	2.2				1.9
X	5:24:00	2.2	2.2				1.7
X	5:41:00	2.2	2.2				1.8
X	5:58:00	2.2	2.2				1.9
X	6:15:00	2.2	2.2				1.7
X	6:32:00	2.2	2.2				1.8
X	6:49:00	2.2	2.2				1.9
X	7:06:00	2.2	2.2				1.7
X	7:23:00	2.2	2.2				1.8
X	7:40:00	2.2	2.2				1.9
X	7:57:00	2.2	2.2				1.7
X	8:14:00	2.2	2.2				1.8
X	8:31:00	2.2	2.2				1.9
X	8:48:00	2.2	2.2				1.7
X	9:05:00	2.2	2.2				1.8
X	9:22:00	2.2	2.2				1.9
X	9:39:00	2.2	2.2				1.7
X	9:56:00	2.2	2.2				1.8
X	10:13:00	2.2	2.2				1.9
X	10:30:00	2.2	2.2				1.7
X	10:47:00	2.2	2.2				1.8
X	11:04:00	2.2	2.2				1.9
X	11:21:00	2.2	2.2				1.7
X	11:38:00	2.2	2.2				1.8
X	11:55:00	2.2	2.2				1.9
X	12:12:00	2.2	2.2				1.7
X	12:29:00	2.2	2.2				1.8
X	12:46:00	2.2	2.2				1.9
X	1:03:00	2.2	2.2				1.7
X	1:20:00	2.2	2.2				1.8
X	1:37:00	2.2	2.2				1.9
X	1:54:00	2.2	2.2				1.7
X	2:11:00	2.2	2.2				1.8
X	2:28:00	2.2	2.2				1.9
X	2:45:00	2.2	2.2				1.7
X	3:02:00	2.2	2.2				1.8
X	3:19:00	2.2	2.2				1.9
X	3:36:00	2.2	2.2				1.7
X	3:53:00	2.2	2.2				1.8
X	4:10:00	2.2	2.2				1.9
X	4:27:00	2.2	2.2				1.7
X	4:44:00	2.2	2.2				1.8
X	5:01:00	2.2	2.2				1.9
X	5:18:00	2.2	2.2				1.7
X	5:35:00	2.2	2.2				1.8
X	5:52:00	2.2	2.2				1.9
X	6:09:00	2.2	2.2				1.7
X	6:26:00	2.2	2.2				1.8
X	6:43:00	2.2	2.2				1.9
X	7:00:00	2.2	2.2				1.7
X	7:17:00	2.2	2.2				1.8
X	7:34:00	2.2	2.2				1.9
X	7:51:00	2.2	2.2				1.7
X	8:08:00	2.2	2.2				1.8
X	8:25:00	2.2	2.2				1.9
X	8:42:00	2.2	2.2				1.7
X	8:59:00	2.2	2.2				1.8
X	9:16:00	2.2	2.2				1.9
X	9:33:00	2.2	2.2				1.7
X	9:50:00	2.2	2.2				1.8
X	10:07:00	2.2	2.2				1.9
X	10:24:00	2.2	2.2				1.7
X	10:41:00	2.2	2.2				1.8
X	10:58:00	2.2	2.2				1.9
X	11:15:00	2.2	2.2				1.7
X	11:32:00	2.2	2.2				1.8
X	11:49:00	2.2	2.2				1.9
X	12:06:00	2.2	2.2				1.7
X	12:23:00	2.2	2.2				1.8
X	12:40:00	2.2	2.2				1.9
X	12:57:00	2.2	2.2				1.7
X	1:14:00	2.2	2.2				1.8
X	1:31:00	2.2	2.2				1.9
X	1:48:00	2.2	2.2				1.7
X	2:05:00	2.2	2.2				1.8
X	2:22:00	2.2	2.2				1.9
X	2:39:00	2.2	2.2				1.7
X	2:56:00	2.2	2.2				1.8
X	3:13:00	2.2	2.2				1.9
X	3:30:00	2.2	2.2				1.7
X	3:47:00	2.2	2.2				1.8
X	4:04:00	2.2	2.2				1.9
X	4:21:00	2.2	2.2				1.7
X	4:38:00	2.2	2.2				1.8
X	4:55:00	2.2	2.2				1.9
X	5:12:00	2.2	2.2				1.7
X	5:29:00	2.2	2.2				1.8
X	5:46:00	2.2	2.2				1.9
X	6:03:00	2.2	2.2				1.7
X	6:20:00	2.2	2.2				1.8
X	6:37:00	2.2	2.2				1.9
X	6:54:00	2.2	2.2				1.7
X	7:11:00	2.2	2.2				1.8
X	7:28:00	2.2	2.2				1.9
X	7:45:00	2.2	2.2				1.7
X	8:02:00	2.2	2.2				1.8
X	8:19:00	2.2	2.2				1.9
X	8:36:00	2.2	2.2				1.7
X	8:53:00	2.2	2.2				1.8
X	9:10:00	2.2	2.2				1.9
X	9:27:00	2.2	2.2				1.7
X	9:44:00	2.2	2.2				1.8
X	10:01:00	2.2	2.2				1.9
X	10:18:00	2.2	2.2				1.7
X	10:35:00	2.2	2.2				1.8
X	10:52:00	2.2	2.2				1.9
X	11:09:00	2.2	2.2				1.7
X	11:26:00	2.2	2.2				1.8
X	11:43:00	2.2	2.2				1.9
X	12:00:00	2.2	2.2				1.7
X	12:17:00	2.2	2.2				1.8
X	12:34:00	2.2	2.2				1.9
X	12:51:00	2.2	2.2				1.7
X	1:08:00	2.2	2.2				1.8
X	1:25:00	2.2	2.2				1.9
X	1:42:00	2.2	2.2				1.7
X	1:59:00	2.2	2.2				1.8
X	2:16:00	2.2	2.2				1.9
X	2:33:00	2.2	2.2				1.7
X	2:50:00	2.2	2.2				1.8
X	3:07:00	2.2	2.2				1.9
X	3:24:00	2.2	2.2				1.7
X	3:41:00	2.2	2.2				1.8
X	3:58:00	2.2	2.2				1.9
X	4:15:00	2.2	2.2				1.7
X	4:32:00	2.2	2.2				1.8
X	4:49:00	2.2	2.2				1.9
X	5:06:00	2.2	2.2				1.7
X	5:23:00	2.2	2.2				1.8
X	5:40:00	2.2	2.2				1.9
X	5:57:00	2.2	2.2				1.7
X	6:14:00	2.2	2.2				1.8
X	6:31:00	2.2	2.2				1.9
X	6:48:00	2.2	2.2				1.7
X	7:05:00	2.2	2.2				1.8
X	7:22:00	2.2	2.2				1.9
X	7:39:00	2.2	2.2				1.7
X	7:56:00	2.2	2.2				1.8
X	8:13:00	2.2	2.2				1.9
X	8:30:00	2.2	2.2				1.7
X	8:47:00	2.2	2.2				1.8
X	9:04:00	2.2	2.2				1.9
X	9:21:00	2.2	2.2				1.7
X	9:38:00	2.2	2.2				1.8
X	9:55:00	2.2	2.2				1.9
X	10:12:00	2.2	2.2				1.7
X	10:29:00	2.2	2.2				1.8
X	10:46:00	2.2	2.2				1.9
X	11:03:00	2.2	2.2				1.7
X	11:20:00	2.2	2.2				1.8
X	11:37:00	2.2	2.2				1.9
X	11:54:00	2.2	2.2				1.7
X	12:11:00	2.2	2.2				1.8
X	12:28:00	2.2	2.2				1.9
X	12:45:00	2.2	2.2				1.7
X	13:02:00	2.2	2.2				1.8
X	13:19:00	2.2	2.2				1.9
X	13:36:00	2.2	2.2				1.7
X	13:53:00	2.2	2.2				1.8
X	14:10:00	2.2	2.2				1.9
X	14:27:00	2.2	2.2				1.7
X	14:44:00	2.2	2.2				1.8
X	15:01:00	2.2	2.2				1.9
X	15:18:00	2.2					

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



See page 4 for instructions.

A Public Water System (PWS) Information

PWS Name: Grandwood
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 591
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Weatherfield Ave.
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: p.c.flynn@utilitesinc-usa.com
B. Water Treatment Plant Information
 Plant Name: Well 2
 Plant Address: 4627 Dartington Rd.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 210,000
 Plant Category (per subsection 62-699.310(4) F.A.C.): V
 Plant Class (per subsection 62-699.310(4) F.A.C.): C

Operator Name	Operator License No.	Operator License Expiration Date	Operator License Status
Stephen Hobley	802	12/15/04	C
8066 (PWS)	13150	11/11/04	C
JEFF AKKINS	15019	11/11/04	C
Tom Stafford	12750	11/11/04	C

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

Signature and Date

12.1.04

Printed or Typed Name

Stephen Hobley

License Number

C-8012

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

PWS Identification Number: 6511311

Plant Name: Wd12

NOV 04

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

UVaviolet Radiation Other (Describe):

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

Day	Plant	Sampled	Operator	Time	Location	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Other (mg/L)	Notes
1	X			10:30		2.7					
2	X			5:30		2.6					
3	X			4:25		2.7					
4	X			4:40		2.8					
5	X			5:35		2.9					
6	X			4:20		2.7					
7	X			11:27		2.6					
8	X			5:30		2.4					
9	X			5:31		2.3					
10	X			5:10		2.4					
11	X			5:10		2.3					
12	X			5:10		2.4					
13	X			11:27		2.6					
14	X			5:30		2.4					
15	X			5:31		2.3					
16	X			5:10		2.4					
17	X			5:10		2.3					
18	X			5:10		2.4					
19	X			11:27		2.6					
20	X			5:30		2.4					
21	X			5:31		2.3					
22	X			5:10		2.4					
23	X			5:10		2.3					
24	X			5:10		2.4					
25	X			11:27		2.6					
26	X			5:30		2.4					
27	X			5:31		2.3					
28	X			5:10		2.4					
29	X			5:10		2.3					
30	X			5:10		2.4					
31	X			11:27		2.6					
32	X			5:30		2.4					
33	X			5:31		2.3					
34	X			5:10		2.4					
35	X			5:10		2.3					
36	X			5:10		2.4					
37	X			11:27		2.6					
38	X			5:30		2.4					
39	X			5:31		2.3					
40	X			5:10		2.4					
41	X			5:10		2.3					
42	X			5:10		2.4					
43	X			11:27		2.6					
44	X			5:30		2.4					
45	X			5:31		2.3					
46	X			5:10		2.4					
47	X			5:10		2.3					
48	X			5:10		2.4					
49	X			11:27		2.6					
50	X			5:30		2.4					
51	X			5:31		2.3					
52	X			5:10		2.4					
53	X			5:10		2.3					
54	X			5:10		2.4					
55	X			11:27		2.6					
56	X			5:30		2.4					
57	X			5:31		2.3					
58	X			5:10		2.4					
59	X			5:10		2.3					
60	X			5:10		2.4					
61	X			11:27		2.6					
62	X			5:30		2.4					
63	X			5:31		2.3					
64	X			5:10		2.4					
65	X			5:10		2.3					
66	X			5:10		2.4					
67	X			11:27		2.6					
68	X			5:30		2.4					
69	X			5:31		2.3					
70	X			5:10		2.4					
71	X			5:10		2.3					
72	X			5:10		2.4					
73	X			11:27		2.6					
74	X			5:30		2.4					
75	X			5:31		2.3					
76	X			5:10		2.4					
77	X			5:10		2.3					
78	X			5:10		2.4					
79	X			11:27		2.6					
80	X			5:30		2.4					
81	X			5:31		2.3					
82	X			5:10		2.4					
83	X			5:10		2.3					
84	X			5:10		2.4					
85	X			11:27		2.6					
86	X			5:30		2.4					
87	X			5:31		2.3					
88	X			5:10		2.4					
89	X			5:10		2.3					
90	X			5:10		2.4					
91	X			11:27		2.6					
92	X			5:30		2.4					
93	X			5:31		2.3					
94	X			5:10		2.4					
95	X			5:10		2.3					
96	X			5:10		2.4					
97	X			11:27		2.6					
98	X			5:30		2.4					
99	X			5:31		2.3					
100	X			5:10		2.4					
101	X			5:10		2.3					
102	X			5:10		2.4					
103	X			11:27		2.6					
104	X			5:30		2.4					
105	X			5:31		2.3					
106	X			5:10		2.4					
107	X			5:10		2.3					
108	X			5:10		2.4					
109	X			11:27		2.6					
110	X			5:30		2.4					
111	X			5:31		2.3					
112	X			5:10		2.4					
113	X			5:10		2.3					
114	X			5:10		2.4					
115	X			11:27		2.6					
116	X			5:30		2.4					
117	X			5:31		2.3					
118	X			5:10		2.4					
119	X			5:10		2.3					
120	X			5:10		2.4					
121	X			11:27		2.6					
122	X			5:30		2.4					
123	X			5:31		2.3					
124	X			5:10		2.4					
125	X			5:10		2.3					
126	X			5:10		2.4					
127	X			11:27		2.6					
128	X			5:30		2.4					
129	X			5:31		2.3					
130	X			5:10		2.4					
131	X			5:10		2.3					
132	X			5:10		2.4					
133	X			11:27		2.6					
134	X			5:30		2.4					
135	X			5:31		2.3					
136	X			5:10		2.4					
137	X			5:10		2.3					
138	X			5:10		2.4					
139	X			11:27		2.6					
140	X			5:30		2.4					
141	X			5:31		2.3					
142	X			5:10		2.4					
143	X			5:10		2.3					
144	X			5:10		2.4					
145	X			11:27		2.6					
146	X			5:30		2.4					
147	X			5:31		2.3					
148	X			5:10		2.4					
149	X			5:10		2.3					
150	X			5:10		2.4					
151	X			11:27		2.6					
152	X			5:30		2.4					
153	X			5:31		2.3					
154	X			5:10		2.4					
155	X			5:10		2.3					
156	X			5:10		2.4					
157	X			11:27		2.6					
158	X			5:30		2.4					
159	X			5:31		2.3					
160	X			5:10		2.4					
161	X			5:10		2.3					
162	X			5:10		2.4					
163	X			11:27		2.6					
164	X			5:30		2.4					
165	X			5:31		2.3					
166	X			5:10		2.4					
167	X			5:10		2.3					
168	X			5:10		2.4					
169	X			11:27		2.6					
170	X			5:30		2.4					
171	X			5:31		2.3					
172	X			5:10		2.4					
173	X			5:10		2.3					
174	X			5:10		2.4					
175	X			11:27		2.6					
176	X			5:30		2.4					
177	X			5:31		2.3					
178	X										



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

See page 4 for instructions.

I. General Information for the Month: Year of NOV 04

A. Public Water System (PWS) Information

PWS Name: <u>Orangewood</u>		PWS Identification Number: <u>6511311</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>591</u>		Total Population Served at End of Month: <u>1478</u>	
PWS Owner: <u>Utilities Inc. of Florida</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weatherfield 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>Well 3-4</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>2448 Arcadia Rd.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</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>75,000</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 Operator	License Class	License Number	Days/Shift(s) Worked
<u>Stephen Hebery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb Chow</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>Jack Atkins</u>	<u>C</u>	<u>13019</u>	<u>" "</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>weekend ends</u>

II. Certification of Lead/Chief Operator

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

12.1.04
Stephen Hebery
C-8012

Signature and Date
Printed or Typed Name
License Number

Dec. 02 2004 01:53PM P3 PAGE 12

GARTH A

FAX NO. :

8136261090

02/22/2004 23:08

FROM :



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month of: <u>Dec 04</u>									
Community Water System (CWS) Name: <u>Orangewood</u>									
Public Water System (PWS) Identification Number: <u>6511311</u>									
Well 1	Well 2	Well 3/4							
240,000	210,000	75,000	0						555,000
27200	47400	42900							120000
26500	42800	38100							112400
41000	47700	30100							118800
23000	51700	34400							109100
									0
61400	92600	63400							217400
28100	46000	28900							103000
35100	48300	30700							121100
21100	45800	37400							104100
27600	47400	38900							114900
16900	45800	27100							89800
									0
48500	98900	59500							206900
20600	49200	38800							108600
11000	47500	51900							110400
17600	53600	20800							92000
23900	50400	39900							114200
33800	52100	26300							112200
									0
44200	89000	58400							191600
34900	57000	9100							95700
4700	51900	31700							88700
38900	48200	31200							119300
24100	52100	33000							109200
20200	41200	21500							82900
									0
40800	102100	45500							188400
21300	51600	20700							103600
27100	50400	34200							111700
18000	43700	25700							87500
36200	49000	28000							113200
									325300
									105000
									121100

Jan. 05 2005 09:52AM P28

FAX NO. :

FROM :

01/07/2005 10:18

8136261030

GARTH A

PAGE 11

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

PWS Identification Number: 651131

Plant Name: Well 1

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 = December 2004

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 =

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

Type of Sequestant (polyphosphate or sodium silicate): No Yes, and the type of sequestant, sequestant dose, etc., are as follows: Sequestant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

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 sequestant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Jan. 05 2005 09:55AM P32

FAX NO. :

FROM :

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

PWS Identification Number: 6511311 Plant Name: Well 2

A. Summary of Use of Polymer Containing Acrylamide Polymer¹ containing Epichlorohydrin and Iron or Manganese Sequestrant for the Year: December 2004

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):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

¹ 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.
² Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

01/07/2005 10:18

8136261030

GARTH A

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

PWS Identification Number: 6511311

Plant Name: Well 3-4

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

Date	Type of Disinfectant Residual Maintained in Distribution System	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Chlorine Dioxide (mg/L)	Chlorine Dioxide (mg/L)
1/1	X	2760	179.00	3.0					2.0
1/2	X	3700	37.00	2.8					2.2
1/3	X	30100	301.00	2.8					2.0
1/4	X	34400	344.00	2.7					1.9
1/5	X	63400	634.00	2.8					1.8
1/6	X	24700	247.00	2.5					1.5
1/7	X	36200	362.00	2.3					1.3
1/8	X	32400	324.00	2.4					1.4
1/9	X	31600	316.00	2.4					1.4
1/10	X	27100	271.00	2.5					1.5
1/11	X	52100	521.00	2.6					1.5
1/12	X	32800	328.00	2.5					2.0
1/13	X	51900	519.00	2.7					2.2
1/14	X	20800	208.00	2.5					2.0
1/15	X	38800	388.00	2.7					2.2
1/16	X	24800	248.00	2.6					2.2
1/17	X	58400	584.00	2.4					2.0
1/18	X	7100	71.00	2.2					1.3
1/19	X	32700	327.00	2.4					1.3
1/20	X	37200	372.00	2.5					1.6
1/21	X	32000	320.00	2.6					1.4
1/22	X	23500	235.00	3.5					1.5
1/23	X	45300	453.00	2.7					1.7
1/24	X	34200	342.00	2.7					1.6
1/25	X	34200	342.00	2.2					1.5
1/26	X	25800	258.00	2.0					1.1
1/27	X	46700	467.00	2.0					1.2
1/28	X	31100	311.00						
1/29	X	57900	579.00						

1-6

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

DO NOT WRITE IN THESE SPACES

MONTHLY OPERATION REPORT FOR PWS® TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511311

Plant Name: Wells 3-4

Summary of Significant Problems Encountered During Reporting Period (Date and Time of Occurrence, Severity, Location, etc.):
December 2004

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 (polyphosphates or sodium silicate):

Sequestrant Dose, mg/L of phosphates as P₂O₅ or mg/L of silicate as SiO₂ =

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.

Wis-Bar

Docket No. 060253-WS

25.30-440(5)
Inspection Reports

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

CC: PF ✓

Colleen M. Castille
Secretary

October 11, 2005

Mr. Michael T. Dunn, P.E.
Utilities Inc. of Florida
200 Weathersfield Avenue
Orlando, FL 32714

Re: Compliance Inspection
Buena Vista Manor
PWS-ID No. 651-5221
Pasco County

Dear Mr. Dunn:

The attached compliance inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 744-6100, extension 318.

Sincerely,

Peter Screnock
Environmental Specialist II
Drinking Water Section

PS

Attachment

"Clean Environment. Zero Politics"

Printed on recycled paper.

COMPLIANCE INSPECTION

OWNER/ADDRESS:
Mr. Michael T. Dunn, P.E.
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

SYSTEM NAME:
Buena Vista Manor
COUNTY: Pasco
SYSTEM TYPE: C

ID: #651-5221

DATE OF INSPECTION: 10/5/05
SUPERVISOR: Ed Watson
INSPECTOR: Peter Screnock

Check List:

- Well Protection - Housing Security Fencing
- Well Abandonment
- * Sanitary Seal Disinfection Port Conduit Piping
- * 6' x 6' x 4" Concrete Apron - Cracked Missing Inadequate size
- Raw Water Tap - Missing Threaded Wrong location
- * Check Valve - Inoperable Missing Wrong location
- Time Clock / Flow Meter - Missing Broken Make _____
- * Sanitary Hazard _____
- Water Pressure Gauge - Missing Broken/Cracked
- Water Pressure Adequate On/Off _____ P.S.I.
- * Disinfection Free Cl₂ Residual Plant _____ mg/l Remote 0.52 mg/l
A minimum of 0.2 mg/l chlorine residual must be maintained at all times throughout the distribution system Chlorinator make Buena Vista Civic Center _____ gpd
- * Gas Chlorination: Need Separate Room Cross-Ventilation
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- * Alarm Requirements Of New/Modified Systems After 1/1/93 _____
- * Cross-Connection - Location: _____
- * Auxiliary Power/Second Well (For 350 persons/150 connections) _____ Generator
Needs Auto Start Operated Monthly - Yes No
- * Certified Operator Name: Steve Habery Number: C-8012
- Maintenance Logs _____
- NSF or UL Approved Chlorine Yes No
- OTHER TREATMENT - Softeners Filters Aerators Other: _____
- Miscellaneous: _____
- NO DEFICIENCIES THIS DATE

* REQUIRES REINSPECTION

COMMENTS:

No deficiencies at time of inspection.

Orangewood

Docket No. 060253-WS

25.30-440(5)
Inspection Reports

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

January 31, 2006

ORIG: FILE
CC: PF, RR ✓

Colleen M. Castille
Secretary

Mr. Patrick Flynn
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32701

Re: Compliance Inspection
Orangewood S/D
PWS-ID No. 651-1311
Pasco County

Dear Mr. Flynn:

The attached compliance inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock
Environmental Specialist II
Drinking Water Section

PS/dm^c

Attachment

cc: Steve Habery

COMPLIANCE INSPECTION

OWNER/ADDRESS SYSTEM NAME Orangewood wells 3/4
Mr. Patrick Flynn ID# 6511311
Utilities Inc. Of FL SYSTEM TYPE C
200 Weathersfield Ave. COUNTY Pasco
Altamonte Springs, FL 32701

SUPERVISOR: Ed Watson
INSPECTOR: Peter Screnock
INSPECTION DATE: 11/2/05

Check List:

- Well Protection - Housing Security Fencing
- * Sanitary Seal/Disinfection Port
- * 6' x 6' x 4" Concrete Apron - Cracked Missing Inadequate size
- Raw Water Tap - Missing Threaded Wrong location
- * Check Valve - Inoperable Missing Wrong location
- Time Clock / Flow Meter - Missing Broken Make Badger 09902700 reading
- * Sanitary Hazard _____
- Water Pressure Gauge - Missing Broken/Cracked On/Off 50/60 P.S.I.
- * Disinfection Free Cl₂ Plant 2.24 mg/l Remote _____ mg/l Chlorinator Regal Gas 1-2 lb. gpd
- * Gas Chlorination: Need Separate Room Cross-Ventilation
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- * Cross-Connection - Location: _____
- * Auxilliary Power/Second Well Operated Monthly - Yes No
- Certified Operator Name: Steve Habery Number C-8010
- Maintenance Logs _____
- NSF or UL Approved Chlorine Yes No
- OTHER TREATMENT – Softeners Filters Aerators Other _____
- Tanks checked annually Yes No Date Cleaned _____ Date Inspected _____
- O & M manual Yes No Distribution Map Yes No N/A
- Emergency/response Plan Yes No N/A
- System flushing plan Yes No System flushed Yes No
- Preventative maintenance plan Yes No
- ARV/PRV testing on Hydro tank Yes No
- Exercising of isolation valves Yes No
- Miscellaneous _____
- NO DEFICIENCIES THIS DATE

***(X) REQUIRES REINSPECTION**

COMMENTS

No deficiencies at time of inspection. Water system is well operated and maintained.

Orangewood

Docket No. 060253-WS

25.30-440(6)
Permits

Test Year Ended December 31, 2005

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6999
(352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

UTILITIES, INC. OF FLORIDA

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714-

DECEMBER
1998
JW

SUBJECT: EXTENSION - WATER USE PERMIT NO. 4668.02

Orange wood.

DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 06/25/15. THROUGH A PROCESS OF RANDOM SELECTIONS BY COMPUTER, THE DISTRICT HAS EXTENDED THE EXPIRATION DATE OF CERTAIN PERMITS WITH ANNUAL AVERAGE DAILY WITHDRAWALS OF LESS THAN 500,000 GALLONS. THIS PROCESS WILL ENSURE THAT THE NUMBER OF RENEWAL APPLICATIONS RECEIVED IN ANY ONE YEAR DOES NOT EXCEED OUR CAPACITY TO EVALUATE AND PROCESS THE APPLICATIONS.

THIS EXTENSION OF PERMIT DURATION DOES NOT REQUIRE ANY ACTION ON YOUR PART AND IS AT NO COST TO YOU. HOWEVER, YOU WILL NEED TO UPDATE YOUR RECORDS SO THAT YOU WILL FILE AN APPLICATION FOR RENEWAL DURING THE YEAR PRIOR TO THE NEW EXPIRATION DATE.

ALTHOUGH THE EXPIRATION DATE OF YOUR PERMIT HAS BEEN EXTENDED, YOU ARE STILL REQUIRED TO COMPLY WITH ALL THE TERMS AND CONDITIONS OF YOUR PERMIT. FOR EXAMPLE, IF YOUR PERMIT WAS ISSUED WITH CONDITIONS REQUIRING DATA, REPORTS, ETC. TO BE SUBMITTED, YOU MUST CONTINUE TO SUBMIT ALL SUCH REQUIRED INFORMATION AT THE REGULAR INTERVALS SPECIFIED IN THE CONDITIONS OF YOUR PERMIT. FOR ANY PERMIT CONDITION THAT HAS THE EXPIRATION DATE AS THE DATE BY WHICH ACTION, REPORT SUBMISSION OR OTHER COMPLIANCE IS REQUIRED, THE PREVIOUS EXPIRATION DATE APPLIES, NOT THE NEWLY EXTENDED EXPIRATION DATE.

AS A FURTHER REMINDER, YOUR EXTENDED PERMIT IS STILL SUBJECT TO AND MUST COMPLY WITH ALL APPLICABLE DISTRICT RULES, INCLUDING THOSE RELATING TO:

- THE CONDITIONS OF ISSUANCE FOR WATER USE PERMITS, AND
 - RELEVANT ESTABLISHED MINIMUM FLOWS AND LEVELS AND ASSOCIATED PREVENTION AND RECOVERY STRATEGIES,
- AND CAN BE MODIFIED OR REVOKED FOR NONCOMPLIANCE WITH THE PERMIT, DISTRICT RULES, AND CHAPTER 373, FLORIDA STATUTES.

PAGE 2

IF THE WITHDRAWALS ON THE REFERENCED PERMIT ARE NO LONGER IN USE OR IF YOU HAVE SOLD THE PROPERTY, PLEASE INFORM US BY RETURN LETTER. ALSO, PLEASE PROVIDE THE NAME AND MAILING ADDRESS OF THE NEW OWNER.

IF YOU HAVE ANY QUESTIONS ABOUT THIS ONE-TIME EXTENSION OF YOUR PERMIT DURATION, PLEASE CONTACT STEVE DESMITH IN OUR BROOKSVILLE REGULATION DEPARTMENT AT (352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, INDICATING THAT YOUR PERMIT EXPIRATION DATE IS NOW 06/25/15. WE APPRECIATE YOUR ASSISTANCE IN THIS MATTER AND IT WILL HELP US TO SERVE YOU BETTER IN THE FUTURE WHEN YOU SUBMIT YOUR RENEWAL APPLICATION.

SINCERELY,

(SIGNED)
BJ JARVIS, DIRECTOR
RECORDS AND DATA DEPARTMENT

BJJ/

CC: FILE OF RECORD - WATER USE PERMIT NO. 4668.02

ORANGEWOOD



Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899
Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

Charles A. Black
Chairman, Crystal River
Roy G. Harrell, Jr.
Vice Chairman, St. Petersburg
Sally Thompson
Secretary, Tampa
Joe L. Davis, Jr.
Treasurer, Wauchula
Ramon F. Campo
Brandon
James L. Cox
Lakeland
John T. Hamner
Bradenton
Curtis L. Low
Land O Lakes
James E. Martin
St. Petersburg
Margaret W. Sistrunk
Odessa

Peter G. Hubbell
Executive Director
Mark D. Farrell
Assistant Executive Director

June 25, 1992

BARTOW 813-534-1448
BROOKSVILLE (Listed)
TAMPA 813-985-7481
VENICE 813-483-5970

Utilities, Inc. of Florida
Attn: Donald Rasmussen
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: Final Agency Action Transmittal Letter
General Water Use Permit No(s). 204668.02

Your Water Use Permit(s) was/were approved contingent on no objections being received within 14 days after receipt of this notice of Final Agency Action. Your Permit has been approved subject to all terms and conditions set forth in the approved Permit(s).

Any person who is substantially affected by the District's Final Agency Action concerning a Permit may challenge this Permit by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.), and Part V of Chapter 40D-1, Florida Administrative Code (F.A.C.). A request for hearing must (1) state any disputed issues of material fact; (2) explain how each petitioner's substantial interest will be affected by the District's action; and (3) otherwise comply with Rule 40D-1.521. A request for hearing must be filed with (received by) the Agency Clerk of the District at the address above within 14 days of receipt of this notice of Final Agency Action. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, F.S.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Standard Water Use Permit Conditions (Exhibit A), and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s) or any suspension of your Permit(s), or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit(s) and should be practiced at all times.

Excellence
Through
Quality
Service

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 204668.02

PERMIT ISSUE DATE: June 25, 1992
EXPIRATION DATE: June 25, 2002

IT IS THE PERMITTEE'S RESPONSIBILITY TO RENEW THIS
PERMIT BEFORE THE EXPIRATION DATE, WHETHER OR NOT
THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL.

This permit, issued under the provisions of Chapter 373, Florida Statutes, and Florida Administrative Code 40D-2 authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO: Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE: 200,000 PEAK MONTHLY: 260,000

<u>Use</u>	<u>Average</u>	<u>Peak Monthly</u>
Public Supply:	200,000 gpd	260,000 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Pasco County, approximately 4 miles south of New Port Richey on U.S. 19.

TYPE OF APPLICATION: Renewal

WATER USE CAUTION AREA:
Northern Tampa Bay

APPLICATION FILED: May 1, 1992

ACRES: 0.9 Owned
158.1 ± Serviced
158.1 ± Total

APPLICATION AMENDED: N/A

Permit No.: 204668.02
 Permittee: Utilities, Inc. of Florida
 Page 2 of 6

WATER USE: PUBLIC SUPPLY

<u>SERVICE AREA NAME</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
Orange Wood		
Residential Single Family	1275	130
Residential Multi-Family	54	130

Other Uses (Unmetered)
 Other Uses (Metered)

<u>I.D. NO.</u>	<u>PERMITTEE/ DISTRICT</u>	<u>LOCATION LAT/LONG</u>	<u>DIAM. (INCHES)</u>	<u>DEPTH TOTAL/CASED</u>	<u>USE</u>	<u>GALLONS PER DAY</u>	
						<u>AVERAGE</u>	<u>PEAK MONTHLY</u>
1 / 1		281140/824409	12	160/62	PS	80,000	100,000
2 / 2		281143/824414	12	130/65	PS	70,000	90,000
3 / 3		281142/824354	8	170/68	PS	25,000	35,000
4 / 4		281141/824354	8	170/68	PS	25,000	35,000

PS=Public Supply

<u>DISTRICT</u>	<u>I.D. NO.</u>	<u>SECTION/TOWNSHIP/RANGE</u>
	1, 2	30/26/16
	3, 4	29/26/16

SPECIAL CONDITIONS:

All conditions referring to the Permitting Department Director, Resource Regulation, shall be understood to refer to the Brooksville Permitting Department Director, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permits Data Section, Resource Regulation
 Southwest Florida Water Management District
 2379 Broad Street
 Brooksville, Florida 34609-6899

Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meters, or other flow measuring devices as approved by the Permitting Department Director, Resource Regulation, for District ID No(s). 1, 2, 3 and 4, Permittee ID No(s). 1, 2, 3 and 4. Such devices shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons. Prior to meter installation, non-use shall be documented with monthly pumpage reports indicating zero gallons withdrawn.

3. Water quality samples shall be collected and analyzed, for parameter(s), and frequency(ies) specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a Department of Health and Rehabilitative Services (DHRS) certified laboratory under Environmental Laboratory Certification General Category "1". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Permitting Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permits Data Section (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Permitting Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

<u>District I.D. No.</u>	<u>Permittee I.D. No.</u>	<u>Minimum Pumping Time (minutes)</u>	<u>Parameter</u>	<u>Sampling Frequency</u>
1, 2, 3, 4	1, 2, 3, 4	15	Chlorides, Sulfates and Total Dissolved Solids	Monthly

Water quality samples shall be collected based on the following timetable:

Weekly	Same day of each week
Monthly	Same week of each month
Quarterly	Same week of months specified
Semi-annually	Same week of months specified

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).

4 By January 1, 1993, the Permittee shall achieve a per capita water rate equal to or less than 150 gpd; this standard shall remain in effect until modified by rule. By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

- a. The population served;
- b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
- c. Total withdrawals;
- d. Treatment losses.
- e. Environmental mitigation quantities.
- f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point.
- g. Documentation of reuse and desalination credits, if taken.

As of January 1, 1993, if the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

5. The Permittee shall adopt a water conservation oriented rate structure no later than January 1, 1993. If the Permittee already has a water conservation oriented rate structure, a description of the structure, any supporting documentation, and a report on the effectiveness of the rate structure shall be submitted by January 1, 1993. Permittees that adopt a water conservation oriented rate structure pursuant to this rule shall submit the above-listed information by July 1, 1993.

6 The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. The initial audit shall be conducted no later than January 1, 1993. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permits Data Section by the following dates: April 1, 1993; April 1, 1997; April 1, 2001; and April 1, 2011. Water audit reports shall include a schedule for remedial action if needed.

7. Beginning April 1, 1993, and by April 1 of each year thereafter, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
 - a. The number of single family dwelling units served and their total water use,
 - b. The number of multi-family dwelling units served and their total water use,
 - c. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

8. At such time as the chloride concentration in any water sample reaches the designated concentration limits designated below, the Permittee shall take appropriate action to reduce concentrations to below those set for the particular well. These measures may include, but shall not necessarily be limited to those listed in wellfield management plan required by Condition No. 3. Sample concentration readings in excess of the concentrations designated below may occur, provided long-term upward trends or other significant water quality changes do not occur. If the District determines that long-term upward trends or other significant water quality changes are occurring, the District may reconsider the quantities permitted.

District ID No.	Permittee ID No.	Chloride Concentration Limit (mg/l)
1, 2, 3, 4	1, 2, 3, 4	100

Subsequent to permit issuance, the Permittee may request in writing, a review of the water quality concentration limits by the Permitting Department Director, Resource Regulation, on the basis that the limits are not feasible to attain. Prior to the request for concentration limits review, the Permittee shall document in writing to the District that all feasible wellfield management measures have been explored within reasonable limits to attain compliance with the concentration limits specified in this permit. The Permittee's written request for review of the limits must include a proposal (well by well) of the lowest feasible concentration limits (based on a review of observed field data) to the Director for consideration. This proposal shall include predictions of changes to the location of the saltwater interface, both laterally and vertically, which may result from the proposed increased limits. If the Permitting Department Director, Resource Regulation, accepts, in writing, that the Permittee has explored all feasible wellfield management measures within reasonable limits, that the Permittee cannot attain compliance with the concentration limits, and increasing the limits will not cause adverse impacts, the Director may consider modifying concentration limits for each well. If new limits are specified by the District, these shall supersede the limits listed in this permit.

Annual Report

Information regarding the development and implementation of the wellfield management plan, and compliance with water quality concentration limits shall be summarized in the annual report, as described in Condition No. 4.

9. The Permittee shall submit to the District within 30 days after each calendar quarter a record for each month within such quarter, showing (1) Total water withdrawn from all withdrawal facilities permitted herein; (2) Total water supplied from all sources to users within the service area in which the withdrawal facilities permitted herein are located; (3) Total water supplied from external sources, if any; (4) Total water supplied to external users, if any. In addition, as part of its first report each year, Permittee shall state the total number of connections served at the end of the previous calendar year within the subdivision in which the withdrawal facilities permitted herein are located.
10. The Permittee shall, to the maximum extent feasible, use the permitted withdrawal facilities to meet their water supply needs up to the permitted quantities.
11. The total quantity distributed by the system, from the permitted withdrawal facilities and any external sources, shall not exceed 200,000 gallons per day on an average annual basis.

STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.



Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

LETTER MODIFICATION
WUP NO. 20004668.003

*State, sampling
requirements will
modified.* *EP*
CC: EL-GARTH

ATTACHMENT A

MODIFICATIONS

The following constitutes modifications to the terms and conditions of this Water Use Permit No. 20004668.002, effective February 4, 2003.

The modification of the existing Water Use Permit No. 20004668.002 is to delete the water quality monitoring requirements associated with District ID Nos. 2, 3, and 4. Water quality monitoring and reporting will still be required for District ID No. 1 as specified by the condition below. For District ID No. 1, Total Dissolved Solids (TDS) has been changed to Specific Conductance. No increases in the total permitted withdrawal rates are proposed in this modification. No adverse impacts are anticipated due to this modification.

1. TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd) are
AVERAGE: 200,000 gpd PEAK MONTHLY: 260,000 gpd
2. WATER USE: Public Supply
3. SPECIAL CONDITION NO. 3 IS MODIFIED – Eliminate District ID Nos. 2, 3, and 4; and change TDS to Specific Conductance.
3. Water quality samples shall be collected and analyzed, for parameters, and frequency as specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible, the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a laboratory certified by the Florida Department of Health utilizing the standards and methods applicable to the parameters analyzed and to the water use pursuant to Chapter 64E-1, F.A.C., "Certification of Environmental Testing Laboratories". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Regulation Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Regulation Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

<u>District ID No.</u>	<u>Permittee ID No.</u>	<u>Minimum Pumping Time (minutes)</u>	<u>Parameter</u>	<u>Sampling Frequency</u>
1	1	15	Chlorides, Sulfates, and Specific Conductance	Monthly

LETTER MODIFICATION
WUP NO. 20004668.003
PAGE 2

Water quality samples shall be collected based on the following timetable:

Weekly	Same day of each week
Monthly	Same week of each month
Quarterly	Same week of months specified
Semi-annually	Same week of months specified

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).

All other terms and conditions of this permit shall remain the same as stated on WUP No. 20004668.002 and this permit will still expire on June 25, 2015.

Orangewood

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

Orangewood

Docket No. 060253-WS

25.30-440(8)
Field Employees

Test Year Ended December 31, 2005

Facilities:

The minimum staffing requirement at all Utilities, Inc. of Florida water systems is 6 visits per week provided by a minimum class "C" operator. The minimum staffing requirement at the Crownwood wastewater treatment plant in Marion County is ½ hour per day, 6 days per week.

Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

**Employees Involved in Utilities, Inc. of Florida Operations
During Test Year 2005:**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Bill Coates, Project Manager: Lake and Marion County systems.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

[Open], Project Manager: Seminole and Orange County systems.

Kathy Sillitoe, Area Manager: Seminole and Orange County Plants.

John Marinelli, Area Manager: Seminole and Orange County Field Maintenance.

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

Pasco and Pinellas Counties:

Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License)

Jack Adkins, Operator ("C" Water License)

Marion County:

Daniel Anderson, Operator ("A" Water License and "A" Wastewater License)

Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader
Terry Sillitoe, Operator, Part Time (“A” Water License and “A” Wastewater License)

Thomas W Abendroth, Field tech
James Roger Adlay, Operator
Robert K Cooper, Field Tech
Robb Douglas Crow, Operator
Michael John Gavaletz, Operator
Jimmie H. Hollister, Field Tech
Alexander Lorenzo, Operator
Roy Mericle, Operator
Raymond Alan Parrish, Operator
Jeffrey Pinder, Field Supervisor
Frederick E Quinlan II, Field Tech
Roberto Remigio, Meter Reader
Mickey A Shue, Field Tech
Ronald D. White, Field Supervisor
William B Willingham, Field Tech
James Dennis Yingling, PT Field Tech
James Howard Pendarvis, Field Tech
Preston S Boardway, PT Field Tech
James Edward Carroll, Operator
Leonard E Ledwell, Operator
David Ryniak, Operator

Orangewood

Docket No. 060253-WS

25.30-440(9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V8YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNNDT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

105 01 CHEV S10
314 03 CHEV C15 FULL
511 05 CHEV C15 REG CAB

1GCCS14WX18159350 JAMES YINGLING
1GCEC14X43Z114271 STEVEN PFOUTS
1GCEC14X75Z230180 DAN ANDERSON

\$15,998.46 Utilities, Inc. of Pennbrooke
\$19,053.10 Utilities, Inc. of Pennbrooke
\$18,064.18 Utilities, Inc. of Pennbrooke

Orangewood

Docket No. 060253-WS

25.30-440(10)
Customer Complaints

Test Year Ended December 31, 2005

CUSTOMER COMPLAINTS

Please refer to the CD provided to the
Commission Clerk with the filing.